Your information. Your rights. Our responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Privacy contact: Privacy Officer, Virginia Surgical Services, 3650 Joseph Siewick Drive, Suite 205B, Fairfax, Virginia 22033; 703-594-1583; administrator@va-ss.org. Do not include detailed medical information in ordinary email.

Your rights

When it comes to your health information, you have certain rights. This section explains those rights and some of our responsibilities.

Get an electronic or paper copy of your medical record

- You may ask to see or receive a copy of your record and other health information we maintain about you. Ask the office how to make a written request and verify your identity.
- We generally respond within 30 days. If permitted by law, we may charge a reasonable, cost-based fee.

Ask us to correct your record

- You may ask us to correct information that you believe is incorrect or incomplete. We may deny the request, but we will explain the reason in writing within the time required by law.

Request confidential communications

- You may ask us to contact you in a particular way or at a different address. We will agree to reasonable requests.

Ask us to limit what we use or share

- You may ask us not to use or share certain information for treatment, payment, or operations. We are not always required to agree, particularly if a restriction could affect care.
- If you pay in full out of pocket for a service, you may ask us not to share information about that service with your health plan for payment or health-care operations. We will agree unless the law requires disclosure.

Receive an accounting of disclosures

- You may ask for a list of certain disclosures made during the six years before your request. The list does not include many disclosures for treatment, payment, operations, or disclosures you authorized.
- We provide one accounting in a 12-month period without charge and may charge a reasonable fee for another accounting during that period.

Receive a copy of this notice

- You may request a paper copy at any time, even if you agreed to receive the notice electronically.

Choose someone to act for you

- A personal representative with legal authority, such as an authorized health-care agent or guardian, may exercise your rights. We will verify that authority before acting.

File a complaint

- You may contact the Privacy Officer at 703-594-1583 or at 3650 Joseph Siewick Drive, Suite 205B, Fairfax, Virginia 22033 if you believe your privacy rights were violated.

- You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, DC 20201; 1-877-696-6775; or hhs.gov/hipaa/filing-a-complaint.
- We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you may tell us your preferences. If you cannot tell us your preference, we may share information when we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.

- You may direct whether we share information with family, friends, or others involved in your care or payment for care.
- You may direct sharing in a disaster-relief situation.
- We do not maintain a hospital directory.

We will obtain your written authorization for marketing, sale of health information, and most uses or disclosures of psychotherapy notes. You may revoke an authorization in writing, except to the extent we already relied on it. We do not sell patient information. We do not use patient information for fundraising.

How we typically use or share information

Treat you

We may use your health information and share it with other professionals who are treating you. For example, we may send relevant information to a surgeon, anesthesiologist, primary-care clinician, facility, laboratory, or imaging service involved in your care.

Run our organization

We may use and share information to operate the practice, improve care, train staff, manage services, conduct quality and safety activities, and contact you when necessary.

Bill for services

We may use and share information to bill and obtain payment from health plans, patients, and other responsible payers, and to coordinate authorization and benefits.

Other uses and disclosures allowed or required by law

We may use or share health information in the circumstances below after meeting the conditions required by law.

- Public health and safety activities, including disease prevention, product recalls, adverse-event reporting, suspected abuse or neglect, and prevention of a serious threat.
- Health research that meets applicable legal and ethical requirements.
- Compliance with federal or state law and review by the U.S. Department of Health and Human Services.
- Organ and tissue donation requests.
- Work with a coroner, medical examiner, or funeral director after a person dies.
- Workers' compensation, authorized health oversight, lawful law-enforcement requests, and special government functions.
- Court or administrative orders and, when legally permitted, subpoenas or other lawful process.

Additional protections for certain records

Some information receives additional protection under federal or Virginia law. We will follow the more protective rule when it applies. This may include certain substance-use-disorder records, psychotherapy notes, genetic information, communicable-disease information, and records concerning minors.

To the extent we maintain substance-use-disorder patient records subject to 42 CFR Part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and subpoena, as required by law.

Our responsibilities

- We are required by law to maintain the privacy and security of protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- We must follow the duties and privacy practices described in this notice and provide a copy on request.
- We will not use or share information other than as described here unless you authorize us in writing. You may revoke that authorization in writing, subject to actions already taken in reliance on it.

Changes to this notice

We may change this notice and make the revised terms apply to information we already have as well as information we receive later. The current notice will be available in the office, on va-ss.org, and upon request.

Questions

Contact the Privacy Officer at 703-594-1583, administrator@va-ss.org, or 3650 Joseph Siewick Drive, Suite 205B, Fairfax, Virginia 22033. Do not send protected health information through ordinary email. For records, clinical questions, or patient-specific matters, call the office for the approved channel.

Effective date: July 19, 2026. This notice is based on the HHS model notice for covered health-care providers revised in February 2026 and is intended to be read with applicable federal and Virginia law.