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Notice of Information Practices

Women's Health Services of Central Virginia, is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with the Notice of our legal duties and privacy practices with respect to protected health information. Women's Health Services is required by law to abide by the terms of this notice.

1. Women's Health Services may use and disclose protected health information for treatment, payment, and healthcare operations. Payment examples include, but are not limited to, insurance companies for claims including coordination of benefits with other insurers and collection agencies. Healthcare operations include, but are not limited to, internal quality control and assurance including auditing of records.
2. Women's Health Services is permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Two examples of such are for public health requirements or court orders.
3. Women's Health Services will not make any other use or disclosure of a patient's protected health information without the individual's written authorization. Such authorization may be revoked at any time. Revocation must be written.
4. Women's Health Services will abide by the terms of this notice currently in effect at the time of the disclosure.
5. Women's Health Services reserves the right to change the terms of its notice and to make new notice provisions effective for all protected health information that it maintains. Women's Health Services will provide each patient with a copy of any revisions of its Notice of Information Practices at the time of their next visit, or at their last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our office.
6. Any patient, guardian, or personal representative has the right to object to the use of their health information for directory purposes.
7. Any patient, guardian or personal representative has the right to request to inspect and obtain copies of their medical record.
8. Any patient, guardian or personal representative has the right to request amendments be made to their medical record.
9. Any patient, guardian or personal representative has the right to request to receive confidential communication of protected health information by alternative means or at alternative locations. Such request must be in writing and the practice must accommodate reasonable request.
10. Any patient, guardian or personal representative has the right to request a six year accounting disclosures of their medical record. The history will be provided within 60 days of the request and a reasonable charge may be assessed for any copies.
11. Any patient, guardian or personal representative has the right to request restrictions as to how their health information may be used or disclosed to carry out treatment, payment, or healthcare operations. The Practice is not required to agree to the restrictions requested, but if the Practice does agree, the Practice must abide by those restrictions.
12. Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with the practice, please contact the Privacy Officer, Laynee Knick, Administrator, at Women's Health Services, 114 Nationwide Drive, Lynchburg, Virginia 24502, Telephone 434-239-7890 and Fax Number 434-237-9255. All complaints will be addressed and the results will be reported to the Privacy Officer.
13. It is the policy of Women's Health Services that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.