

# Notice of Privacy Practices

For CoVA Care, PLLC – Telehealth Services

Effective Date: Feb 1, 2026

This Notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.



## Our Commitment to Your Privacy

Your health information is protected by the Health Insurance Portability and Accountability Act (HIPAA). As a virtual/telehealth practice, we use secure technology to protect your information during online visits, messaging, and electronic communication. We are committed to safeguarding your privacy and ensuring you understand your rights.

## Your Rights

You have the right to:

### 1. Access Your Medical Records

You may request to view or obtain a copy of your health information, including telehealth visit notes, test results, and billing records.

### 2. Request Corrections

If you believe your information is incorrect or incomplete, you may request an amendment.

### 3. Request Confidential Communications

You may ask us to contact you in a specific way (e.g., email only, phone only) or at a specific location.

### 4. Request Restrictions

You may request limits on how your information is used or shared. While we will consider your request, we are not required to agree to all restrictions.

## **5. Receive a List of Disclosures**

You may request a list of certain disclosures we have made of your health information.

## **6. Receive a Paper or Electronic Copy of This Notice**

You may request this Notice at any time.

## **7. File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

## **Our Responsibilities**

We are required to:

- Maintain the privacy and security of your protected health information (PHI).
- Notify you promptly if a breach occurs that may have compromised your information.
- Follow the duties and privacy practices described in this Notice.
- Provide you with a copy of this Notice.

We may update this Notice at any time. The updated version will apply to all PHI we maintain.

## **How We Use and Disclose Your Information**

### **For Treatment**

We use your information to provide telehealth services, coordinate care, and communicate with other healthcare providers involved in your treatment.

### **For Payment**

We may use and share your information to bill and receive payment from health plans or other entities.

### **For Healthcare Operations**

We may use your information to improve our services, conduct quality assessments, train staff, and manage our practice.

## **Other Uses and Disclosures Allowed by Law**

We may share your information without your authorization in situations such as:

- Public health reporting
- Reporting abuse, neglect, or domestic violence
- Health oversight activities
- Legal proceedings or law enforcement requests
- Preventing or reducing a serious threat to health or safety
- Workers' compensation claims
- Specialized government functions (e.g., military, national security)

## **Uses and Disclosures Requiring Your Authorization**

We will obtain your written permission before:

- Using your information for marketing
- Sharing psychotherapy notes (if applicable)
- Selling your health information
- Any other use or disclosure not described in this Notice

You may revoke your authorization at any time in writing.

## **Telehealth-Specific Privacy Practices**

### **Secure Technology**

We use HIPAA-compliant platforms for video visits, messaging, and electronic document exchange.

### **Electronic Communication**

You may choose to communicate with us via email or the patient portal. While we take steps to secure these communications, no electronic method is completely risk-free.

### **Location Privacy**

We do not record telehealth sessions unless required for clinical or legal reasons and only with your written consent.

## **Third-Party Technology**

Some telehealth tools may involve third-party vendors who are bound by Business Associate Agreements (BAAs) to protect your information.

## **Contact Information**

If you have questions about this Notice or wish to exercise your rights, contact:

**CoVA Care, PLLC**

**Privacy Officer:** Vilma Corbin, Practice Manager

**Email:** [vcorbin@covavirtualcare.com](mailto:vcorbin@covavirtualcare.com)

**Address:** 2601 Colley Ave Norfolk, VA 23517

—