



**CVFP Immediate Care - Airport Plaza**  
 14005 S. Wards Road, STE A  
 Lynchburg, VA 24501  
 PH 434.239.0132  
 FX 434.239.0490

**CVFP Immediate Care - Lakeside Drive**  
 2137 Lakeside Drive  
 Lynchburg, VA 24501  
 PH 434.845.4175  
 FX 434.385.8616

**CVFP Immediate Care - Madison Heights**  
 118 Oakwood Drive  
 Madison Heights, VA 24572  
 PH 434.338.7780  
 FX 434.338.7781

**CVFP - Appomattox**  
 131 Jones Street  
 Appomattox, VA 24522  
 PH 434.352.8235  
 FX 434.352.5532

**CVFP - Forest**  
 1175 Corporate Park Dr  
 Forest, VA 24551  
 PH 434.525.6964  
 FX 434.525.4035

**CVFP - Liberty Mountain/Diagnostic Center**  
 2321 Wards Road  
 Lynchburg, VA 24502  
 PH 434.582.2273  
 FX 434.582.1363

**CVFP - Monelison**  
 118 Oakwood Drive  
 Madison Heights, VA 24572  
 PH 434.846.8421  
 FX 434.846.2655

**CVFP - New London**  
 1088 London Links Rd  
 Forest, VA 24551  
 PH 434.534.6868  
 FX 434.534.8808

**CVFP - Piedmont**  
 2019 Tate Springs Road  
 Lynchburg, VA 24501  
 PH 434.846.7374  
 FX 434.846.1910

**CVFP - Rustburg**  
 925 Village Highway  
 Rustburg, VA 24588  
 PH 434.332.7367  
 FX 434.332.1757

**CVFP - Staunton River**  
 527 Pocket Road  
 Hurt, VA 24563  
 PH 434.324.9150  
 FX 434.324.8248

**CVFP - Timberlake**  
 20304 Timberlake Road  
 Lynchburg, VA 24502  
 PH 434.237.6471  
 FX 434.237.8810

**Billing & Insurance**  
 1111 Corporate Park Drive, Ste. C  
 PO Box 2489  
 Forest, VA 24551  
 PH 434.534.6715  
 TF 800.317.4421  
 FX 434.525.5748

**CENTRAL VIRGINIA FAMILY PHYSICIANS, INC**  
**HIPAA CONFIDENTIALITY STATEMENT AND AGREEMENT**

**CONFIDENTIALITY STATEMENT**

Central Virginia Family Physicians may not disclose Protected Health Information without the consent of the patient who is the subject of the information, or as explicitly required or permitted by the Privacy Rule or as required by law. Where disclosure is permitted or required, only the minimum necessary amount of information to accomplish the intended purpose of the use, disclosure or request will be provided.

**AGREEMENT**

In keeping with Central Virginia Family Physicians policy and the Health Insurance Portability and Accountability Act of 1996;

- I am aware that patient records, Protected Health Information (PHI), in any format, electronic, paper, verbal, or otherwise, are completely confidential and I agree not to disclose Protected Health Information at any time without a signed consent from the patient or as required by law.
- I agree that discussions concerning Protected Health Information will only take place within the offices of Central Virginia Family Physicians, Inc. and will occur discreetly and privately.

\_\_\_\_\_ LU Athletic Training  
 Name (Please Print) School/Business

\_\_\_\_\_ \_\_\_\_\_  
 Signature Date

\_\_\_\_\_ \_\_\_\_\_  
 CVFP Compliance Officer Date

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