



Notice of Privacy Practices

Effective: April 21, 2003

Introduction:

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health operations, and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information (PHI). Your PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. You may request at any time a copy of the revised Notice of Privacy Practices by calling the office and we will be happy to furnish you a copy by mail or upon your next visit to our office.

Uses and Disclosures of Protected Health Information: Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bill and to support the operations of our practice.

Treatment: We will disclose PHI to provide, coordinate, or manage your health care and management of health care with a third party that has already obtained your permission to access your PHI. Example: We may disclose PHI to other physicians who may be treating you. We may also disclose your PHI to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician (e.g., a specialist or laboratory).

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend. For example, obtaining approval for a referral to a specialist may require that relevant PHI be disclosed to the health plan to obtain approval.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, and training of medical students.

For example, we may disclose your PHI to medical school students that see patients at our office under the guidance of our clinical providers. We may also call you by name in the waiting room when the physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of a follow up with our office or with a physician that we have referred you to.

We will share your PHI with our office staff that performs various activities (e.g. billing and collections, data entry, or those participating in your care such as nursing, lab, or radiology personnel).

Uses and Disclosures of PHI Based upon your Written Authorization: Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your clinician or practice has taken an action in reliance on the use or disclosure indication in the authorization.

Other Permitted and Required Uses and Disclosures that May Be Made with Your Authorization or Opportunity to Object: We may use and disclose your PHI in the following instances. You have the opportunity to agree or object as to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, the clinician may, using professional judgment,

determine whether the disclosure is in your best interest. In this case only the PHI that is relevant to your health care will be disclosed. For example, at your verbal request, we may disclose your prescription to another pharmacy rather than the pharmacy on record.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative of any other condition or death. Finally, we may use or disclose your PHI information to an authorized public or private entity to coordinate uses and disclosure to family or other individuals involved in your health care.

Other Permitted and Required uses and Disclosure That May Be Made Without Your Authorization or Opportunity to Object: Situations include:

Required by Law: We may disclose PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care systems.

Abuse of Neglect: We may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect or if we believe you have been a victim of abuse, neglect or domestic violence. Disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose PHI to a person or company required by the FDA to report adverse events, product defect or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements.

Legal Proceedings: We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. The law enforcement purposes include, (1) legal processes and otherwise required by law, (2) limited information request of identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donations: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Research: We may disclose your PHI to researcher when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal official for conducting national security and intelligence activities, including for the provision of protected services to the President.

Workers' Compensations: Your PHI may be disclosed by us, as authorized by law, to comply with workers' compensation laws and other similar legally established programs.

Required Usage and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq

Your Rights: Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect a copy of your protected health information. This means you may obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical records and any other records that the clinician and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. Please contact in writing our Medical Director or HIPPA Officer if you have any questions about access to your medical record. There is a nominal charge for obtaining a copy of your PHI (in addition to a signed authorization for release of PHI) for attorneys, insurance policy applications, disability determination, and certain other situations. There is no charge to a patient obtaining a copy of their own PHI; however, an authorization for release is still required.

You have the right to request a restriction of your PHI: This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may ask that any part of your PHI not be disclosed to a family member or friends who may be involved in your care. Your request must state the **specific** restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician feels it is in your best interest not to restrict your PHI, your PHI will not be restricted.

Your physician may agree to the restricted request, unless it is needed for an emergency situation. Our office will provide you with a form for completion to request a restriction to your PHI.

You have the right to request that you receive confidential communications from us by alternative means or at an alternate location. We will accommodate reasonable requests. Please make your request in writing. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternate address or other method of contact.

You have the right to have our physician amend your PHI: You may request an amendment of PHI about you in a designated record set for as long as we maintain the information. In certain cases, we may deny your request for amendment. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Contact our Medical Director or HIPPA Officer in writing if you have questions about amending your PHI.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI: This right applies to disclosure for purposes other than treatment such as payment to support the business activities of our practice as previously described in this NOTICE OF PRIVACY PRACTICES. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions and limitations.

Complaints: Please contact our Medical Director or HIPPA Officer at Tremont Medical Center, 8312 Creedmoor Road, Raleigh, NC, 27613. We will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated: Contact: Office of Civil Rights Region IV, US Department of Health and Human Services. Voice Phone: (404) 562-7886, Fax: (404)562-7881

You have the right to a copy of this notice from us. A copy of our HIPPA Policy will be provided to you upon check-in.