

NOTICE OF PRIVACY PRACTICES

Chapel Hill Family Medicine, PA

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.

You will be asked to sign a form to show that you received this Notice. If you choose not to sign the form, we will still provide you with treatment.

A federal regulation, known as the "HIPAA Privacy Rule", requires that we provide detailed notice in writing of our privacy practices. We know that this notice is long. The HIPAA Privacy Rule requires us to address many specific things in this notice.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

We are required to protect the privacy of health information about you, and that can be identified with you. This information is called "protected health information" or "PHI". This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you.
- Provide you with this Notice of our legal duties and privacy practices concerning PHI.
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post the Notice in a prominent place in our office and provide you with a copy of the revised Notice at your request.

II. HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION

Uses and disclosures for treatment, payment, and health care operations. The following categories describe the different ways we may use and disclose PHI for treatment, payment and health care operations without your authorization. The examples included do not list every type of use or disclosure that may fall within a category.

Treatment: We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating or managing your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, X-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan. Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with billing departments, claims management, collection agencies, insurance companies and health plans which provide you coverage,

hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness, and consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider, company, or health plan covered under the HIPAA Privacy Rule for the payment activities of that provider, company, or health plan.

Health Care Operations: We may use and disclose PHI in performing business activities which we call "health care operations". These allow us to improve the quality of health care we provide and reduce health care costs. Examples of the way we may use and disclose PHI about you include the following "health care operations":

- Reviewing and improving the quality, efficiency and cost of care that we provide to our patients. For example, we may use PHI to develop ways to assist our health care providers and staff in deciding how we can improve the medical treatment we provide to others.
- Improving health care and lowering costs for groups of people who have similar health problems and helping to manage and coordinate care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and other patients.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care we provide, for example, JCAHO and other accrediting agencies.
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified in a particular field of nursing such as pediatrics.
- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Planning for our organization's future operations.
- Resolving grievances within our practice.
- Reviewing activities and using or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our practice and the service it provides including compliance with the HIPAA Privacy Rule and other legal requirements.
- Creating "de-identified" information that is not identifiable to any individual, and disclosing PHI to a business associate for the purpose of creating de-identified information, regardless of whether we will use the de-identified information.
- Creating a "limited data set" of information that does not contain information directly identifying a patient. Our ability to disclose this information to others under limited conditions is discussed later in this Notice.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule also has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. These health care operations are listed above.

COMMUNICATIONS FROM OUR OFFICE: We may contact you to remind you of appointments and to provide you with information about treatment options or other health-related benefits and services that may be of interest to you.

III. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION.

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

- **Required by law:** For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- **Public Health Activities:** We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health. Examples include the following: reporting communicable diseases; prevention of disease, injury, or disability; report child abuse or neglect; product recall notification; report reactions to medications or problems with products regulated by the FDA; report to your employer, under limited circumstances, information related primarily to workplace injuries or illnesses, or workplace medical surveillance.
- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities:** For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- **Judicial and Administrative Proceedings:** For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- **Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes: if you are a suspected crime victim and incapacitated; to report a death we suspect was the result of criminal conduct; to report certain types of wounds and injuries as required by law; to identify or locate a suspect, fugitive, material witness, or missing person; to report a crime committed at our office; in response to a court order, warrant, subpoena, summons, or other authorized process; to report a medical emergency not occurring at our office if necessary to report a crime.
- **Coroners, Medical Examiners, Funeral Directors:** We may disclose PHI to identify a deceased person and determine the cause of death; to funeral directors, as authorized by law, so they may carry out their jobs.
- **Organ and Tissue Donation:** If you are an organ donor, we may disclose PHI to organizations that help procure, locate, and transplant organs.
- **Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

- **To Avert a Serious Threat to Health or Safety:** This disclosure can only be made in limited circumstances to a person who is able to help prevent the threat.
- **Specialized Government Functions:** Under certain conditions, we may disclose PHI if it relates to military or veterans activities, national security and intelligence activities, protective services for the President, medical suitability or determinations of the Department of State, correctional institutions having custody of you.
- **Workers' Compensation:** Only as authorized by workers' compensation laws or other similar programs that provide benefits for work-related illness or injury.
- **Disclosures Required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested to review our compliance with the HIPAA Privacy Rule.
- **Incidental Disclosures:** We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.
- **Limited Data Set Disclosures:** We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. The person receiving the information must sign an agreement to protect the information.

IV. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION FOR WHICH YOU HAVE THE OPPORTUNITY TO OBJECT.

Any objections should be discussed with your physician.

- We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object, then we may only use and disclose PHI if you do not object. If you are not present or unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are brought into this office and are unable to communicate normally with your physician, we may find it is in your best interest to give your prescription or other medical supplies to the friend or relative who brought you for treatment.
- We may share PHI about you with a public or private agency for disaster relief purposes (for example, the American Red Cross).
- We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other things that contain PHI about you.

V. OTHER USES AND DISCLOSURES OF PHI REQUIRE YOUR AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written Authorization before we use or disclose PHI about you. If you sign a written Authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

VI. YOUR RIGHTS REGARDING PHI ABOUT YOU

1. *Right to Request Restrictions*: You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in Section III of this Notice. To request restrictions, please ask for, read, and complete a Request for Restriction of Use and Disclosure of PHI available from any staff member.
2. *Right to Receive Confidential Communications*: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You have been asked to complete a Preference for Notification for inclusion in your record. The information you provide is used to communicate with you in your preferred manner.
3. *Right to Inspect or Receive a Copy of your PHI*: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances; we will notify you in writing of the reasons for the denial and describe any rights you may have to request a review of our denial. To inspect and/or receive a copy of your PHI, please ask for, read, and complete a Request for Access to Medical Records form available from any staff member. If you request a copy of your PHI, we may charge a reasonable fee.
4. *Right to Request Amendment to your PHI*: You have the right to request that we amend clinical, billing, and other records about you that are kept by our office. To make this type of request, please ask for, read, and complete a Request for Amendment form available from any staff member. You must explain your reason for the request. We may deny your request in certain cases: 1) if the information was not created by us; 2) this information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will notify you in writing of the reason for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.
5. *Right to Receive an Accounting of Disclosures*: You have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to 6 years before your request but not including disclosures made prior to April 14, 2003. This list does NOT include disclosures made: for treatment, payment, or health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an Authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of

information that does not directly identify you. To make this type of request, please ask for, read, and complete a Request to Receive an Accounting of Disclosures form available from any staff member. The first list that you request in a 12-month period will be free, but we may charge you a reasonable fee for providing additional lists in the same 12-month period.

6. Right to Receive a Copy of the Notice: You have the right to receive a paper copy of this Notice at any time. Please ask any staff member if you wish to have a copy.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with this office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

Office of Civil Rights
 US Dept. of Health and Human Services
 Atlanta Federal Center, Suite 3B70
 61 Forsyth St. SW
 Atlanta, GA 30303-8909
 Phone: 404-562-7886
 Fax: 404-562-7881
 TDD: 404-331-2867

VIII. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Official at the address and number listed below.

Privacy Official Contact Information:

Ashley Flowers
 120 Conner Dr. Suite 200
 Chapel Hill, NC 27514
 Phone: 919-967-8291
 Fax: 919-967-3627

This Notice was published and first became effective on April 14, 2003.

Notice of Privacy Practices Receipt

I acknowledge that I have been given the opportunity to view or was provided with a copy of the Notice of Privacy Practices of Chapel Hill Family Medicine.

Print Name of Patient _____

Signature of Patient _____

Date _____

Chart # _____