

## ARDMORE FAMILY PRACTICE, P.A.

### NOTICE OF PRIVACY PRACTICES

#### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The Notice of Privacy Practices and Policies outlines our practice's policies and legal duties to maintain confidentiality and protect against prohibited disclosure of protected health information (PHI) under the privacy regulations mandated by federal law known as the Health Insurance Portability and Accountability Act (HIPAA) and further expanded by the Health Information Technology for Economic Clinical Health Act (HITECH).

Effective: April 2003 Revised: September 2013, Revised: February 2016

#### **A. We Must Protect Health Information About You.**

We are required by law to protect the privacy of your health information about you that can be identified with you, sometimes called "PHI" for short. PHI includes information about your past, present, or future health, the healthcare we provide to you, and payment for your healthcare. Your PHI may be maintained by us electronically and/or paper. This Notice explains Ardmore Family Practice's legal duties with respect to PHI and how we can use and disclose PHI about you. In addition, we can make other uses and disclosures that occur as a byproduct of the uses and disclosures described in this Notice. This Notice also explains your privacy rights, and how you can file a complaint if you believe those rights have been violated. In the event that PHI about you is affected by a breach of unsecured PHI, Ardmore Family Practice will provide notice as required by HIPAA.

#### **Changes To This Notice.**

We must abide by the terms of this Notice. We may change this Notice and make the changes apply to PHI we already have if we: post the new notice in our office; make copies of the new notice available if someone ask for it (either at our office or through Ardmore Family Practice's Privacy Official); and post the new notice on our website: *ardmorefamilypractice*

#### **Investigations of Breaches of Privacy.** We will investigate any discovered unauthorized use or disclosure of you PHI

We will investigate any discovered unauthorized use or disclosure of your PHI to determine if it constitutes a breach of the federal or state privacy or security regulations governing unsecured PHI. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to alleviate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

**Your Authorization.** In addition to our use of your health information for the purposes listed herein, we will ask you for your written Authorization before we use or disclose your PHI. If you sign a written Authorization allowing us to disclose PHI, you can cancel it later. Your cancellation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except as described in this Notice.

#### **B. How We Can Use And Disclose PHI About You.**

**1. When We Can Use and Disclose PHI About You Without An Authorization.** We may use and disclose PHI about you without your Authorization in the following ways:

**Treatment:** We use and share PHI with others to provide and coordinate your healthcare treatment. This means we may disclose PHI about you to doctors, nurses, certified medical assistants, medical students, home health agencies, or other personnel who are involved in taking care of you at Ardmore Family Practice. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process.

**Payment:** We may use and disclose PHI so that the treatment and services you receive from Ardmore Family Practice may be billed by Ardmore Family Practice and payment may be collected from you, an insurance company, or third party. For example: we may need to give your health plan information about treatment you received from Ardmore Family Practice so your health plan will pay us or reimburse you for the treatment.

**Healthcare Operations:** We may use and disclose PHI to perform business activities that we call "healthcare operations" to help us improve the quality of care we provide and reduce healthcare costs: For example, we may use your health

information to evaluate the performance of our staff taking care of you. We may share PHI with governmental agencies, so they can review the care we provide. We also may share PHI with doctors, nurses, certified medical assistants, medical and nursing students, and other personnel for training purposes.

**Appointment Reminder:** We may use and/or disclose PHI to remind you about an appointment you have with us.

**Fundraising:** We may use and/or disclose PHI about you, in order to contact you for fundraising activities supported by our office. We will only share your demographic information, and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to be contacted in this way, please contact our Privacy Officer at (336) 659-0076.

**Business Associates:** We provide some services through other businesses we call business associates. We may give business associates health information about you so they can do the job we asked them to do. For example: we might use a copy service to make copies of requested medical records. When we do this, we require the business associate to safeguard health information about you.

**Treatment Options and Services:** We may use and/or disclose PHI to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, if you have diabetes, we may tell you about nutritional services that might help you.

**2. When We May Use And Disclose PHI About You Without An Authorization Or An Opportunity To Object.** We may use or disclose your protected health information in the following situations without your Authorization or providing you the opportunity to agree or object. These situations include when the use or disclosure:

- **Is Required Or Permitted By Law.** We will disclose PHI about you when required or permitted to do so by federal, state, or local law. This may include: (1) Pursuant to legal order, such as a subpoena or other lawful order; or (2) Law Enforcement needs; such as a warrant, jury demand, or similar process; or (3) To report suspected criminal activity, assist in missing persons issues, or to report name and address in motor vehicle accident cases; or (5) To avert a serious threat to health or safety, whereby we may use and disclose PHI about you when it appears necessary to prevent serious threat to your health and safety or the health and safety of the public or another person, Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.
- **For Public Health Risks.** We may disclose PHI about you for public health activities. These activities generally include disclosing PHI in order to: prevent or control disease, injury or disability; report births and deaths; report child and disabled adult abuse or neglect; report reactions to medicine or problems with medical products; tell people that a medical product they are using has been recalled; and support public health surveillance and combat bioterrorism.
- **For Health Oversight Activities.** We may disclose PHI about you to a state or federal oversight agency that is authorized by law to oversee our operations.
- **For Medical Examiner or Funeral Director.** We may disclose PHI about you to a coroner or medical examiner to identify you or determine cause of death. We may also release PHI to funeral directors so they can carry out their duties.
- **For Organ, Eye or Tissue Donation Purposes.**
- **For Medical Research.** We will not use or disclose PHI about you unless we have your written Authorization. Research at Ardmore Family Practice must be approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **For Specialized Government Functions.** We may disclose PHI about you for military and veterans' activity, national security and intelligence activities, protective services for the President, or medical suitability/determinations for the Department of State.
- **Active Duty Military Personnel and Veterans.** If you are an active duty member of the armed forces or Coast Guard, we must release certain information about you to your commanding officer or other command of authority so that your fitness for duty or for a particular mission may be determined. We may also release information about foreign military personnel to the appropriate foreign military authority We may use and disclose to components of the Department of Veterans Affairs PHI about you to determine whether you are eligible for certain benefits.

- **Worker's Compensation.** In accordance with state law, we may release your PHI about your treatment for a work-related injury or illness or for which you claim worker compensation.
- **Law Enforcement Custodial Situations.** We may disclose PHI about you to a correctional institution that has custody of you.

**3. When You Can Object To A Use Or Disclosure:** Unless you tell us not to, we may use or share your PHI:

- **People Involved In Your Care Or Payment For Care.** We may share PHI with a friend, family member or others identified by you, who are involved in your care or payment for your care, unless you ask not to. If you are not present or cannot object, we will use our professional judgment to decide whether it is in your best interest to release information to someone who is involved in your care.
- **Agencies For Disaster Relief.** We may share your PHI with agencies like the Red Cross for disaster relief efforts. If you are not present or cannot object, we will use our professional judgement to decide whether it is in your best interest to release information to someone to assist in a disaster relief effort.
- **NC Health Information Exchange (NC HIE).** We participate in NC Health Information Exchange (NC HIE), the statewide health information exchange (HIE) designated by the State of North Carolina. The HIE is a secure network for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a NC HIE participating health care facility not affiliated with health care providers there will be able to see important health information held in our electronic medical record systems. Your NC HIE record includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name, birth date, sex, and last four digits of your social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations such as mandated disease reporting to the North Carolina Division of Public Health. You do not have to participate in the HIE to receive care. For more information about NC HIE and your choices regarding participation, visit [www.nchie.org](http://www.nchie.org) or call 855-926-1042.

**C. Other Uses And Disclosures.** In some cases, other laws require us to give more protection to your health information than HIPAA does. Even if one of these social rules apply to your health information, we may still be required to report certain things and we will follow these laws. For example, we are required to report suspected cases of child or disabled adult abuse or neglect, and we may share the information listed below when we make the report.

- **Communicable Disease.** If you have a communicable disease like tuberculosis, syphilis or HIV/AIDS, we generally will not share that information unless we have your written permission. But, we do not need your permission to report information about your disease to State and local health officials or to prevent the spread of the disease.
- **Psychotherapy Notes.** Regardless of the other parts of this Notice, psychotherapy notes, will not be disclosed outside Ardmore Family Practice except as authorized by you in writing. There are some exceptions to this rule. For example, we may disclose information to: (1) a healthcare provider or service provider who is treating you or coordinating your care, and/or; (2) workers to coordinate your care and to agencies or individuals that help us serve you. We may share this information with medical workers in an emergency. If you commit a crime, or threaten to commit a crime on our property or against our employees, we may report that to the police.
- **Minors.** Generally, a parent or guardian has access to their minor's health records, However, state law provides that minors can be either emancipated or may consent to certain classes of treatment, including (1) the right to consent to medical health services for the prevention, diagnosis and treatment of communicable disease as defined by state law, (2) pregnancy, (3) abuse of controlled substances or alcohol, and (4) emotional disturbance. If a health care provider treats

either an emancipated minor or a minor upon their own consent to one of those classes of treatment, than the provider must not disclose information about the treatment to the minor's parent or guardian. A provider may disclose the minor's health information if the minor gives permission for the disclosure, the disclosure is essential to protect the life or health of the minor, or the parent contacts the provider and asks about the treatment being provided to the minor.

## Your Privacy Rights

You have the following rights about the health information we maintain about you. If you want to exercise your rights, you must fill out a form. Please contact Ardmore Family Practice privacy officer at 336-659-0076 or at 2805 Lyndhurst Ave, Winston Salem, NC 27103-4109 for the form or more information.

- 1. Right to Ask for Restrictions.** You have the right to ask us to limit the ways we use and disclose your PHI for treatment, payment or healthcare operations. You also have the right to ask us to limit the health information we share about you to someone involved in your care or the payment for your care. Your request must be in writing. We do not have to agree to your request in most cases. But, we do have to agree if you ask us not to disclose PHI to your health plan or for our healthcare operations if the PHI is about an item or service you paid for, in full, out-of-pocket. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.
- 2. Right to Ask for Different Ways to Communicate with You.** You have the right to ask us to contact you in a certain way or at a certain location. For example, you can ask us to only contact you at your work phone number. If your request is reasonable, we will do what you ask. In some situations, we may require you to explain how you will handle payment and give us another way to reach you.
- 3. Right to See and Copy PHI.** You have the right to see and get a copy of the health information about you. You must sign a special form called an Authorization. We may charge you a fee if you have asked for a copy of records. We can deny your request in some situations. If we deny your request, we will notify you in writing and explain how you can ask for a review of the denial.
- 4. Right to Ask for Changes.** You have the right to ask us to change PHI about you if you do not believe it is correct or complete. You must ask us in writing. You must explain why you want the change. We can deny your request in some situations. If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.
- 5. Right to Ask for an Accounting of Disclosures.** If you ask in writing, you can get a list of some, but not all, the disclosures we made of your health information. For example, the list will not include disclosure made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six (6) years. We cannot give you a list of any disclosure made before April 14, 2003. If you ask for a list of disclosure more than once in 12 months, we can charge you a reasonable fee.
- 6. Right to a Paper Copy of this Notice.** We will give you a paper copy of this Notice on the first day we treat you at our office. You can also get a copy of this Notice from website.

**D. You May File A Complaint About Our Privacy Practices.** If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact our privacy officer at 336-659-0076 or at 2805 Lyndhurst Ave, Winston Salem, NC 27103-4109. You may also write to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

