Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

Effective: 7/1/2013, Revised 1/15/2019

This notice describes how medical information about you may be used & disclosed & how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights & some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record & other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us to contact you in a specific way *(e.g., home or office phone)* or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, & may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, & why.
- We will include all the disclosures except for those about treatment, payment, & health care operations, & certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights & make choices about your health information.
- We will make sure the person has this authority & can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting *www.hhs.gov/ocr/privacy/hipaa/complaints/.*
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, & we will follow your instructions.

In these cases, you have both the right & choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference (e.g., if you are unconscious), we may go ahead & share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious & imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses & Disclosures

We typically use or share your health information in the following ways:

Treat you:

We can use your health information & share it with other professionals who are treating you *(e.g., a doctor treating you for an injury asks another doctor about your overall health condition.)*

Run our organization:

We can use & share your health information to run our practice, improve your care, & contact you when necessary (*e.g., we use health information about you to manage your treatment & services.)*

Bill for your services:

We can use & share your health information to bill & get payment from health plans or other entities *(e.g., we give information about you to your health insurance plan so it will pay for your services.)*
We can use & share your health information with other entities for benefits investigation, prior authorizations, appeals & reimbursement support.

We are allowed or required to share your information in ways that contribute to the public good. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: *www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.*

Help with public health & safety issues:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research:

We can use or share your information for health research.

Comply with the law:

We will share information about you if state or federal laws require it, including with the Department of Health & Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ & tissue donation requests:

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Respond to lawsuits & legal actions:

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Address workers' compensation, law enforcement, & other government requests:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, & presidential protective services

Our Responsibilities

- We are required by law to maintain the privacy & security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties & privacy practices described in this notice & give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: *www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.*

Changes to the Terms of this Notice

We can change the terms of this notice. The changes will apply to all information we have about you. The new notice will be available upon request, in our office, & on our website.

Contact Us

If you need more information or have any questions about this notice, please contact our privacy officer:

Name: Michelle Torak
Phone: (336) 448-2427
Fax: (336) 765-2869
Mailing Address: 1901 S. Hawthorne Rd. Suite 310, Winston-Salem, NC 27103