

PISGAH FAMILY HEALTH, P.A.

NOTICE OF PRIVACY POLICY

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 HAVE THE RIGHT TO OBTAIN A COPY OF THIS NOTICE.

PATIENT HEALTH INFORMATION

Under federal law, your patient health information (PHI) is protected and confidential. PHI includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your PHI also includes payment, billing and insurance information.

HOW WE USE YOUR PATIENT HEALTH INFORMATION (PHI)

We use health information about you for treatment, to obtain payment and for healthcare operations, including administrative purposes and evaluation of the quality of care that you receive.

This notice gives examples of how we will use or disclose your PHI for treatment, payment, and healthcare operations (TPO). The notice also describes circumstances when we may have to use or disclose the information even without your consent. **EXAMPLES OF TPO**

TREATMENT: We will use and disclose your PHI to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers such as hospitals, consulting physicians and nurses, who are participating in your treatment, to pharmacists who are filling your prescriptions and to family members who are helping with your care.

PAYMENT: We will use and disclose your PHI for payment purposes. For example, we may use your PHI to obtain authorization from your insurance company or your employer before providing treatment or ordering testing. We will submit bills and maintain records of payments from your health plan.

HEALTHCARE OPERATIONS: We will use and disclose your PHI to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcome of your case and others like it.

SPECIAL USES: We may use your information to contact you with appointment reminders or changes.

OTHER USES AND DISCLOSURES: We may use and disclose identifiable PHI about you for other reasons, even without your consent.

Subject to certain requirements, we are permitted to give your PHI without your consent for the following purposes: **REQUIRED BY LAW:** We may be required by law to report gunshot wounds, suspected abuse or neglect or similar injuries or events.

PUBLIC HEALTH ACTIVITIES: As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products and other similar information to public health authorities.

HEALTH OVERSIGHT: We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose information in response to an appropriate subpoena or court order.

LAW ENFORCEMENT PURPOSES: Subject to certain restrictions, we may disclose information required by law enforcement officials.

DEATHS: We may report information regarding deaths to coroners, medical examiners, and funeral directors.

SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

MILITARY AND VETERANS: If you are a member of the armed forces, we may release information as required by military command authorities.

RESEARCH: We may use or disclose information for approved medical research as long as the data is reported with all identifying information removed.

WORKERS' COMPENSATION: We may release information about you for workers' compensation or similar programs providing benefits for work-related injuries or illness.

DRUG AND ALCOHOL SCREENS: We may release results of drug and alcohol screens mandated by your employer to your employer's designated agent.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization in writing to stop any future uses and disclosures.

INDIVIDUAL RIGHTS

You have the following rights with regard to your PHI. Please contact the person listed below to obtain the appropriate form for exercising these rights.

REQUEST RESTRICTIONS: You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

CONFIDENTIAL COMMUNICATIONS: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments of follow-up examinations. **INSPECT AND OBTAIN COPIES:** In most cases, you have the right to look at or get a copy of your PHI. There will be a charge for the copies.

AMEND INFORMATION: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information. It is our policy not to change or amend physician and nurse's notes and certain other documents once they are placed in the medical record; however, written addendums or notations or corrections are permissible.

ACCOUNTING OF DISCLOSURES: You may request a list of instances where we have disclosed PHI about you for reason other than TPO.

OUR LEGAL DUTY

We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI and to abide by the terms of the Notice currently in effect. **CHANGES IN PRIVACY PRACTICES**

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area. You can also request a copy of our Notice at any time. For questions about our privacy practices, contact the person listed below.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

CONTACT PERSON

If you have any questions, requests or complaints, please contact, preferably in writing:

Julie Austin, Office Manager
Pisgah Family Health, P.A.
220 Ridgefield Court
Asheville, NC 28806
(828) 670-7077