

PINE RIDGE URGENT CARE and OCCUPATIONAL MEDICINE CENTER

HIPPA / 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.

If you have any questions about the Notice please contact our office, Pine Ridge Urgent Care and Occupational Medicine Center at (919) 775-3020 and ask for our privacy official.

Introduction: We (the practice) are required by law to maintain the privacy of “protected health information” (PHI). Protected health information (PHI) includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time to make the revised notice effective for all PHI that we maintain. You can always request a copy of your most current privacy notice by calling our office at (919) 775-3020.

Permitted Uses and Disclosures: Following are examples of the types of uses and disclosures of your PHI that may be made by the Practice.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: Your PHI will be used as needed to obtain payment for your healthcare 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 you, such as; making a determination of eligibility coverage for insurance benefits, reviewing services provided for your medical necessity and undertaking utilization review activities. When we bill the health plan for the services rendered to you, we provide information regarding your care, if necessary to obtain payment.

HealthCare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our practice. This includes activities related to treatment and payment such as quality assurance activities, case management receiving and responding to patient complaints, Physician reviews, compliance programs, audits, business planning, development management and administrative activities. We will share your PHI with third party “business associates” that perform various activities (e.g. billing, transcription services) for the Practice. Whenever an arrangement between the and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. We may use or disclose your PHI as necessary to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to

you. We may also use and disclose your PHI for other marketing activities. For example your name and address may be used to send you a newsletter about our practice and the services that we offer. You can contact our privacy officer to request that materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made With An Opportunity To Object. We may use and disclose your PHI in the following instances. You have the opportunity to agree or object 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, then the Practice 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.

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 persons involvement in your health care. 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 or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist disaster relief efforts and to coordinate uses and disclosures to family and other individuals involved in your health care.

Other Permitted And Required Uses and Disclosures That May Be Made Without Your Authorization Or Opportunity To Object: We may use or disclose your PHI in the following situations without your authorization. These situations include: **Required By Law:** We may use or disclose your 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. We may also disclose your PHI, if directed by the public health authority and in this case the disclosure will be made consistent with the requirements of applicable federal and state laws. **Food and Drug Administration:** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biological deviations, track products to enable product recalls, to make repairs or replacements or to conduct post marketing surveillance, as required. **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court of administrative tribunal (to the extent such disclosure is expressly authorized), if certain conditions in response to a subpoena, discovery request or other lawful process. **Law Enforcement:** We may also 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 requests for 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 and it is likely that a

crime has occurred. **Coroners, Funeral Directors and Organ Donation:** We may disclose PHI to a Coroner or Medical Examiner for identification purposes, determining cause of death or for other duties as authorized by law. We may also disclose PHI to a Funeral Director, as authorized by law, in order for their duties to be carried out. We may also disclose such information in reasonable anticipation of death. PHI may also be used and disclosed for cadaveric organ, eye or tissue donation purposes. **Research:** We may disclose your PHI to researchers. Your PHI may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death or if you authorize the use or disclosure. **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 or 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 individuals who are Armed Forces personnel, (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of determination by the Department of Veteran 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 officials for conducting national security and intelligence activities, including to the provision of protective services to the President or other legally authorized. **Worker's Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other legally established programs. **Inmates:** We may use or disclose your PHI if you are an inmate or in a correctional facility and your physician created or received your PHI: the course of providing care to you. **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of Department of Health and Human Services to investigate or determine our compliance with the requirements of Sections 164.500 et.seq.

Uses and Disclosures 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 the Practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: (1) You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your request. (2) You have the right to reasonably request to receive communications of PHI by alternative means or at alternative locations. (3) Subject to payment of a reasonable copying charge, you have the right to inspect and copy the PHI contained in your medical and billing records and in any records used by us to make decisions about you, except for: (i) psychotherapy notes, which are notes recorded by mental health professional documenting or analyzing the contents of conversations during private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record. (ii) Information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. (iii) PHI involving laboratory tests when your access is

required by law: (iv) If you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee or other person at the correctional institution or person responsible for transporting you; (v) if we obtained or created PHI as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research; (vi) your PHI is contained in records kept by a federal agency or contractor when your access is required by law; and if you cannot afford to pay for copies, you will not be denied access or (vii) if the PHI was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information. (4) We may deny a request for access to PHI if: (i) a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety of that of another person; (ii) the PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person. If we deny a request for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law. (5) You have the right to request a correction to your PHI but we may deny your request for correction, if we determine that the PHI or record that is the subject of the requested amendment (i) is not part of your medical or billing record; (ii) is not available for inspection as set forth above; or (iii) is accurate and complete. In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing record. (6) You have the right receive an accounting of disclosures of PHI made by us to individuals or entities other than to you except for disclosures for our own uses for treatment, payment and healthcare operations, (as those functions described above) and with certain other expectations pursuant to the law. (7) You have the right to request and receive a paper copy of this notice from us.

Complaints: If you believe that your privacy rights have been violated, you should immediately contact Gail Collins at 919-775-3020. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services. This notice is effective as of November 3, 2003.