

NOTICE OF PRIVACY PRACTICE
HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPPA)
EFFECTIVE APRIL 14, 2003

This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information.

We are required by law to protect the privacy of health information about you, including information about your past and present physical and mental health, the health care that you have received or will receive, and the ways you have paid for, are paying for or will pay for your health care. All this information will be referred to in this notice as your **"Protected Health Information"**, or **PHI** for short. We must notify you about how we protect PHI about you and we must explain how, when and why we disclose PHI about you to other professionals and organizations.

In this office your PHI may include:

- Family and personal health history, employment, health habits
- Diagnoses and treatment plans (part of the progress note written with every visit)
- Information about medications, response to medications or adverse reactions to medication
- Diagnostic test results
- Records from other physicians or health care providers involved in your care
- Billing and insurance information

We use this information for many purposes, for example:

- To plan your care and treatment and to decide if treatment is working
- When we are coordinating care with other health care professionals
- To document services received for your insurance company
- For teaching and training other health care professionals
- To improve the way we take care of our patients
- For public health officials trying to improve health care in this area
- For medical research

We use and disclose (share) your PHI mainly for routine purposes and we share only the minimum PHI needed for other people to do their job. For certain uses we must tell you why we are sharing your PHI and obtain your written authorization to do so. In certain circumstances we may legally use and share your PHI without your written consent.

Purposes for which we can freely use and share your PHI:

- To provide health care treatment to you. For example, we may disclose PHI about you to a pharmacy when calling in a prescription, or to other specialists and physicians involved in your care.
- For payment. We may use and share your medical information to others to bill and collect payment for the services or treatment we provide. We may contact your insurance company to check on what services your plan covers and ask for approval of payment before we provide or arrange for certain services. Insurance companies may ask for diagnoses and treatment plans. We may share PHI with billing departments, collection agencies, insurance companies and health care plans.
- For health care operations. We may use and share PHI in business for activities that allow us to improve the quality of care we provide and reduce the cost of health care and to evaluate the performance of our providers. For example, we may share PHI with outside organizations that evaluate or certify our staff, or outside organizations and insurance auditors that access the quality of care that we provide. We may share PHI to let you know about other treatment options or research problems available to you.

We may use and share your PHI without first giving you an opportunity to agree or object under other circumstances:

- To comply with the law. We are required by law to report suspected abuse, neglect or domestic violence. If you are involved in a lawsuit or legal proceeding and we receive a court order, we may disclose some of your PHI. We have to disclose some information to government oversight agencies to let them know we are obeying the rules.
- For law enforcement purposes, we may disclose PHI if asked to do so by law enforcement officials to investigate a crime or criminal.
- For public health activities when certain communicable diseases are reported to the health department to try to decrease the spread of disease.
- To determine cause of death and to help coroners and medical examiners do their job
- To help make organ and tissue donations possible.
- To do research under certain circumstances, we may disclose PHI about you for medical research.
- To prevent a serious threat to health or safety (yours or others); we will only share your PHI to those who can prevent the danger and the people who are directly threatened.
- To help your employer provide you with benefits for example, in case of workers' compensation.

You have an opportunity to object.

We will only share information about you with your family or those involved in your care. We will ask you who we can give information to, and what kind of information may be shared; as long as it is not against the law, we will honor your wishes. If it is an emergency we can share information if we believe it will help you, and if we believe it is what you would have wanted.

Accounting of disclosures.

When we disclose your PHI we keep a record of what was sent and to whom it was sent. You can ask for a list of any of these disclosures.

Your rights regarding your health information.

- You have the right to ask us to limit what we tell family or friends. We will try to honor that request except if it is against the law, or in an emergency.
- You have the right to ask us to communicate with you about your PHI in certain ways; for example, you can state you only want to be contacted at home or via cell phone. We will do our best to do as you ask.
- You have the right to look at and copy your PHI. (We may have to charge you a fee.) Under very rare circumstances we may deny your request and you have the right to have a licensed health care professional review our decision.
- You have the right to ask for an amendment to your PHI if you do not feel it is complete or correct. You must request this in writing and explain why you think your PHI should be changed. We cannot change a record that was not created by us.
- You have the right to a copy of this notice. If we change this notice of privacy we will put the new version in our waiting room.
- You have the right to file a complaint if you believe your privacy rights have been violated. Complaints should be filed in writing with our privacy office or with the Department of Health and Human Services. Please know that your care here will not be limited if you complain.

If you have any questions about this notice or about our health information privacy policies, please contact our office and ask for the Privacy Officer for our practice.

Acknowledgement of Notice of Privacy Practices

To complete this process please print and sign the form and take it with you to your first visit.

**East Asheville Family Health Care, PA
Constance J. Sewell, MD
James H. Early, MD**

Acknowledgement of Notice of Privacy Practices

This is to acknowledge that I have been presented a copy of this practice's Notice of Privacy Practices explaining how my medical information may be used and disclosed I understand that this acknowledgement will be placed in my medical chart at Dr. Sewell and Dr. Early's office.

I have received and reviewed a copy of the Privacy Practices on the following date:_____

Patient Name (Please Print) _____

Patient Signature _____

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If patient is unable to sign or is a minor, signature of patient's:

Legal Representative:_____

Relationship to Patient:_____

***East Asheville Family Health Center, PA
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Asheville, NC 28805***