

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that any medical records disclosed in any form, whether written, electronically, or orally, are kept confidential. This Act gives the patient rights to control how health information is used. At our office we are committed to health information privacy. Your private health information (PHI) may be used in the following ways:

- ☞ Treatment means providing or coordinating health care and related services in our office as well as in other specialists' offices where treatment is referred.
- ☞ Payment means obtaining reimbursement for services, confirming insurance coverage, billing, or collection activities.
- ☞ Health care operations include the business aspects of running our practice, such as quality assessment activities and financial analysis reviews.

We may, without prior consent, disclose health information to carry out treatment, payment, or health care operations in the following situations:

- ☞ If we are required by law to treat you, and we are unable to obtain such consent; or
- ☞ If substantial barriers prevent communications and we are unable to obtain consent, but in our professional judgment, consent for treatment is inferred from the circumstances, or if requested by HHS when it is undertaking a compliance investigation, review or enforcement action. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you do not want this information left on an answering machine or mailed to your home address you must inform us in writing. Any other disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- ☞ The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.

- ☞ The right to update your protected health information. * The right to amend information in your PHI
- ☞ The right to receive an accounting of disclosures of protected health information.
- ☞ The right to obtain a paper copy of this notice from us upon request. * The right to obtain a copy of your PHI records.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of November 14th, 2002 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

By signing below I acknowledge that I have reviewed this policy and understand my rights provided in it.

Patient Signature (or Guardian) _____ Date _____

Please contact us for more information or file a complaint:

Melissa R. Owen, PLLC

Attn: Jennifer Ludwig, Privacy Officer
1108 Eastowne Court / Leland, NC 28451
(910)371-5965

For more information about HIPAA or to file a complaint:
US Dept. of Health & Human Services, Office of Civil Rights
200 Independence Ave. SW
Washington, DC 20201
(877)696-6775