

**Carolina Mountain Gastroenterology Endoscopy Center**  
A Division of Digestive Health Partners, P.A.

**Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE READ CAREFULLY. This organization has a legal duty to safeguard your protected health information.

This Privacy Notice is being given to you as a requirement of a federal law. The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This notification describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. As a patient, you have the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information. We have prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

**Summary of Your Rights to Privacy**

You have the following rights with respect to your PHI:

- The right to see and copy your PHI with completion of a written request
- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you
- The right to reasonable requests to receive confidential communications of PHI by alternative means with completion of a written request
- The right to request an amendment of PHI about you except for information not created by us, information that we believe is correct and complete; or information that is no part of the record used to make decisions about your healthcare
- The right to receive a list of disclosures of your PHI within the last 6 years upon written request, but we charge a reasonable cost-based fee for the second or more request in any 12 month period
- The right to receive a paper copy of this notice from us upon request
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed
- The right to file a written complaint about our privacy practices or any perceived breach of healthcare information.

If you have paid for services "out of pocket", in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

**How We May Use or Disclose Your Information**

We may use and disclose your medical records for each of the following purposes: treatment, payment, health care operation, and legally required disclosure.

- A. **Treatment** means providing, coordinating, or managing health care and related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor. For example, we may share your PHI with the pharmacy to fill a prescription or to the lab to order blood tests.
- B. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and /or verifying coverage prior to a surgery. For example, we must share your PHI with the insurance company to get prior approval for your procedure.
- C. **Healthcare operations** include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example of this would be new patient survey cards. For example, training programs for employees, performance review, quality improvement activities, accreditation / inspections by regulatory organizations.

In all situations, we will do our best to assure continued confidentiality to the extent possible. For example, subpoena for records.

**Other Use and Disclosure Without Authorization of Opportunity to Object**

We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. Other uses include the following:

A. As Required by Law – disclosure will be made as required by any federal, state, or local law or other judicial or administrative proceeding.

B. Public Health Activities – disclosure will be made to prevent, control, or report diseases or injuries required by law; to report vital events such as death; to conduct public health surveillance or investigations; to collect and report adverse events and product defects or to enable recall of drugs, products, or equipment; to notify a person who has been exposed to a communicable disease; or to report information to an employer as legally permitted or required.

C. Victims of Abuse, Neglect, or Domestic Violence – disclosure will be made to notify governmental authorities if we believe a patient is a victim of abuse, neglect, or domestic violence only when specifically required or authorized by law or when a patient agrees to the disclosure.

D. Health Oversight Activities – disclosure will be made to a healthcare oversight agency including audits for civil, criminal, administrative investigations, proceedings, or actions and for inspections related to licensure or disciplinary actions. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. Judicial and Administrative Proceedings – disclosure will be made for judicial or administrative proceedings in response to a court order or subpoena to the extent authorized by law if we receive satisfactory assurances that you have been notified of the request or that efforts were made to secure a protective order.

F. Law Enforcement Purposes – disclosure will be made to law enforcement as required by law for reporting certain types of wounds or injuries; pursuant to a court order, warrant, subpoena, summons; for identifying or locating a suspect, fugitive, material witness, or missing person; and in an emergency to report a crime.

G. Coroner, Funeral Director, and Organ Donation – disclosure will be made to a coroner or medical examiner for identification, examination for cause of death; to a funeral director to allow the carrying out of their duties in reasonable anticipation of death; and to organ donation organization for donation purposes.

H. Research Purposes – disclosure will be made when disclosure had been approved by an institution review board.

I. Workers Compensation – disclosure will be made to comply with workers compensation laws.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Use and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosure that constitute a sale of PHI under HIPAA; and
- Other use and disclosure not described in this notice.

### **You Can Object to Certain Use and Disclosure**

You may revoke or object to certain disclosures 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 prior authorization. If you would like to object to disclosure of your health information to a family member, relative, or close friend who is directly involved in your care or for payment purposes, please contact the person listed below. We will request that you sign a written authorization and indicate persons who may have access to your health information. You may revoke or change this authorization in writing at any time. We will not disclose health information after we receive the revised authorization except for disclosures that were being processed before we received the revision.

It is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post/provide a copy in our waiting room and you may request a written copy of the Notice of Privacy Practice at any time.

### **Contact Information to Request Information or to File a Complaint**

The contact information for any request or to address issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer list below. We encourage you to express any concerns you may have regarding the privacy of information. You will not be retaliated against in any way for filing a complaint. All complaints will be investigated to help resolve any identified issues.

Name:

Phone Number:

Address:

You have recourse if you feel that our office has violated your privacy. You have the right to file a formal, written complaint with the practice and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

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