



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 REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment for service, and health care operations. For example:

Treatment: We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. Your PHI may be provided to a physician or other health care provider (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

Payment: We may use and disclose your Protected Health Information to be able to bill for the treatment and services you receive from us and collect payment from you, a health plan, or a third party. This use and disclosure 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 determining eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Ex: we may need to give your health care plan information about your treatment in order for your health plan to agree to pay for that treatment.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

To You and on Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

To Your Family and Friends: We must disclose your medical information to you, as described in the Individual Rights section of this notice. We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree that we may do so.

Appointment Reminders: We may use your PHI to contact you to provide appointment reminders, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Minors: We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Persons Involved In Care: We may use or disclose medical information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your medical information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose protected health information based on a determination using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

Disaster Relief: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such disclosure whenever we practicably can do so.

Research: We may use or disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without special approval, we may permit researchers to look at your PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project as long as they do remove or copy any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information. We will only disclose the limited data set if we enter into a data use agreement with the recipient who must first agree to (1) use the data set only for the purposes for which provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

Death, Organ/Tissue-Donation: We may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for organ and / or tissue procurement as necessary to facilitate organ or tissue donation and transplantation.

Required by Law: We may use or disclose your medical information when we are required to do so by law. For example, we must disclose your medical information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your medical information when authorized by workers' compensation or similar laws. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Law Enforcement: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials. We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the PHI of an inmate or other person in lawful custody to a law enforcement official or correctional institution if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Lawsuits and Disputes: If you are involved in a lawsuit of dispute, we may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may use or disclose your PHI to defend ourselves in the event of a lawsuit.

Abuse, Neglect or Domestic Violence: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others, but we may only disclose the information to someone who may be able to help prevent the threat. We may disclose PHI when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

National Security and Military Activity: We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities. If you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law. We may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.

Public Health Risks: We may disclose PHI for public health activities. This includes: (1) a person subject to the jurisdiction of the Food & Drug Administration for purposes related to quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births or deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These include for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Fundraising: We may use or disclose you're PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications by submitting a written request to the Privacy Officer.

Business Associates: We may disclose PHI to our business associates who perform functions on our behalf or provide services if the PHI is necessary for those functions or services. For example: we may use another company to do our billing, provide transcriptions or consulting services for us. All our business associates are obligated, under contract with us, to protect the privacy and security of your PHI.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. **You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you for each page, plus per hour for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.**

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations or pursuant to an authorization and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. **{You must make your request in writing, and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location you want.}** We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. **{Your request must be in writing, and it must explain why the information should be amended.}** We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to an Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. We may charge you a reasonable, cost-based fee for the labor associated with transmission.

Health Information Technology for Economic and Clinical Health ACT (HITECH ACT): On Aug. 24, 2009, the Department of Health and Human Services published an interim final rule implementing new notification requirements for breaches of unsecured protected health information. The rule requires covered entities to report breaches to affected individuals without unreasonable delay but no later than 60 days of discovery of the breach. Covered entities must also notify HHS within 60 days of discovery for large breaches, i.e. those affecting 500 or more individuals, and must notify HHS annually for those impacting fewer than 500 individuals. In some cases, notification to the media is required as well. To be reportable, an incident must pose a significant risk of financial, reputational, or other harm to the individual. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact our practice using the information listed at the end of this notice. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. We support your right to the privacy of your medical information. You will not be penalized or retaliated against for filing a complaint.

Contact our Medical Records Department:

Guilford Medical Associates, P.A.

2703 Henry Street

Greensboro, NC 27405

Office: (336) 621-8911

Fax: (336) 621-6322

Secure Patient Portal: www.guilfordmedical.com

Request Medical Records via "Ask a Question" option. Select "Request Medical Records".