



## PHYSICIAN ELERCARE, PA

### NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES 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 this Notice of Privacy Practices, please contact our Privacy Officer, by telephone at (336)-251-1114 or in writing at 4692 Brownsboro Rd, Winston-Salem, NC 27106.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

#### WE MUST PROTECT YOUR PROTECTED HEALTH INFORMATION.

We are required by law to:

1. Maintain the privacy of your protected health information and notify you in the event of a breach if the breach poses a significant risk of financial, reputation or other harm to you;
2. Provide you with this Notice of Privacy Practice describing our legal duties and privacy practices with respect to your protected health information;
3. Abide by the terms of this Notice of Privacy Practices.
4. Notify you if we are unable to agree to a requested restriction on how your protected health information is used or disclosed;
5. Accommodate reasonable requests you make to communicate protected health information by alternate means or to alternative locations; and
6. Obtain your written authorization to use or disclose your protected health information for reasons other than those listed in this Notice of Privacy Practice and permitted by law.

#### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

Your protected health information may be used and disclosed by our office staff and others outside of our office involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice.

Following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information to other healthcare providers who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred, to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to other health care providers (*e.g.*, a specialist or laboratory) who become involved in your care.

**Payment.** We may use and disclose protected health information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about a procedure to be performed by us so that your health plan will pay us or reimburse you for the cost of the procedure. We may also tell your health plan about a procedure that you are going to receive, to obtain prior approval or to determine whether your health plan will cover the costs of the procedure. As further described below, you may restrict the disclosure of protected health information sent to your health plan for payment or health care operations purposes if the disclosure relates to products or services that were paid for out-of-pocket in full.

**Healthcare Operations.** We may use or disclose, as needed, your protected health information for healthcare operations. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many patients to decide what additional services our practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning the identities of specific patients. We may share your protected health information with third party "business associates" that perform various activities (for

example, billing or transcription services) for our practice. Whenever an arrangement between our practice and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Appointment Reminders.** We may use and/or disclose protected health information to contact you to remind you about an appointment you have for treatment or medical care.

**Treatment Alternatives.** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives.

**Health Related Benefits and Services.** We may use and disclose your protected health information to tell you about health-related benefits and services that may be of interest to you.

**Required By Law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by federal, state or local 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, if required by law, of any such uses or disclosures.

**Public Health.** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Communicable Diseases.** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight.** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect.** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings.** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement.** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and as otherwise required by law; (2) limited information requests for identification and location purposes; (3) information pertaining to victims of a crime; (4) in the event that a crime occurs on the premises of our practice and we believe that your protected health information is evidence of the crime, and (5) in an emergency healthcare situation if necessary to report a crime.

**Research.** We may disclose your protected health information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity.** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information 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 protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation.** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Funeral Directors, Coroners and Medical Examiners.** We may disclose protected health information to a coroner or medical examiner consistent with applicable law to carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information about patients to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** Consistent with applicable law, we may disclose protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Others Involved in Your Health Care or Payment for your Care.** Unless you object, we may disclose protected health information to a member of your family, a relative, a close friend or any other person who is involved in your medical care. We may also disclose protected health information to someone who helps pay for your medical 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 protected health information 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 protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Uses and Disclosures of Protected Health Information Requiring Your Written Authorization.** The following uses and disclosures will be made only with your written authorization, unless otherwise permitted or required by law.

1. Uses and disclosures of your protected health information not described in this Notice of Privacy Practices;
2. Most uses and disclosures of psychotherapy notes;
3. Uses and disclosures for marketing purposes; and
4. Uses and disclosures that constitute a sale of your protected health information.

You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you, or a third party designated by you in writing, may inspect and obtain a copy of your protected health information. Usually this includes medical records and billing records, but not psychotherapy notes. If we maintain your protected health information in an electronic format, you may request an electronic copy of your protected health information. You must provide us with a written request in order to inspect or obtain a copy of your protected health information. If you request a copy of your protected health information, we may charge you a reasonable cost based fee for a copy of your records. We may deny your request to inspect and/or copy in certain limited circumstances.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Except as provided in this Notice of Privacy Practices, we are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. If we disclose your protected health information for emergency treatment, we must request that the healthcare provider receiving your information not further use or disclose the information. With this in mind, please discuss any restriction you wish to request with your health provider. You may request a restriction by making your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We must agree to your request to restrict disclosure of protected health information to your health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or someone other than your health plan, paid out of pocket in full.

We may terminate a restriction requested by you if you agree to or requests the termination in writing. We may also terminate a restriction if you orally agree to the termination and the oral agreement is documented by us.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have a right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must submit your request for confidential communication in writing to the Privacy Officer. We will not request an explanation from you as to the basis for the request.

**You may have the right to have us amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. The right to receive this information is subject to certain exceptions, restrictions and limitations. To obtain a list of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may be no longer than six years.

**You have the right to obtain a paper copy of this Notice of Privacy Practices from us.** You have a right to obtain a paper copy of this Notice upon request. You may ask us for a copy of this Notice by contacting the Privacy Officer.

**Complaints.** You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer for further information about the complaint process.

**Changes to this Notice of Privacy Practices.** We may change the terms of our Notice of Privacy Practices at any time. The new Notice of Privacy Practices will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling or writing our Privacy Officer and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

This Notice of Privacy Practices was published and becomes effective on \_\_\_\_\_.

### PATIENT ACKNOWLEDGMENT AND CONSENT

I acknowledge that I have been provided a copy of the Notice of Privacy Practices for Physicians Eldercare, P.A. I consent to the uses and disclosures of my protected health information as outlined in the Notice of Privacy Practices. I understand that I have the right to request restrictions as to how my protected health information may be used or disclosed and that the practice is not required to agree to the restrictions I request.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Print Name of Representative (if applicable)

Date: \_\_\_\_\_

Please describe the Representative's authority to act on behalf of Patient (initial one):

( ) The representative is the guardian of the patient, who has been adjudicated incompetent.

( ) The representative is acting under a Durable Power of Attorney for Health Care for the patient, and has presented a copy of this document to Physicians Eldercare, PA personnel.

Physicians Eldercare, P.A. requests two witnesses' signature to be obtained when a patient cannot sign or uses an "X" as a signature. Each witness hereby verifies that the patient understands the above and agrees to the content.

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Witness	Date	Witness	Date
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File: Original mailed to: Physicians Eldercare, P.A.  
4692 Brownsboro Rd  
Winston-Salem, NC 27106

Copies to: Patient or Responsible Party  
Facility Patient Chart