

**NOTICE OF PRIVACY PRACTICES
BECKFORD MEDICAL CENTER, P.A.**

**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.

**THIS NOTICE APPLIES TO ALL OF THE RECORDS OF
YOUR CARE GENERATED BY THE CENTER,
WHETHER MADE BY THE CENTER OR AN
ASSOCIATED ENTITY.**

For questions or concerns, please contact:

**Privacy Manager
Beckford Medical Center, P.A.
176 S. Beckford Dr.
Henderson, NC 27536
Telephone No. 252-492-2161**

D) OUR LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record that details the care and services you receive. We refer to this as protected health information (PHI). We need that record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to any medical records generated by our office. While we may sometimes care for you during a hospital stay, the hospital may have different policies and/or procedures and a separate notice about your medical information.

We must give you notice of our legal duties and privacy practices concerning PHI:

- ✓ To protect PHI created about your past, present, or future health condition; health care we provide to you; or payment for your health care
- ✓ To notify you about how we protect your PHI
- ✓ To explain to you how, when, and why we use and/or disclose PHI about you
- ✓ That we may only use and/or disclose PHI as we have described in this notice

This notice describes the types of uses and disclosures that we may make and gives you examples. Additionally, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. We are classified as an affiliation of covered entities (section 164.504(d) of the HIPAA regulations), and the affiliated providers will share PHI with each other, as necessary to carry out treatment, payment or health care operations relating to affiliation.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective all PHI that we maintain by first:

- ✓ Posting the revised notice in our offices;
- ✓ Making copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- ✓ posting the revised notice on our website www.BeckfordMedicalCenter.com

II) HOW WE USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations.

(i) Use and disclosing PHI for the purpose of health care treatment

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; performing a physical examination; performing therapeutic or diagnostic tests; referring you to another doctor or clinic for additional or specialist services; or getting copies of your health information from another professional that you may have seen before us.

North Carolina law (GS 8-53) protects not only your rights of privacy, but also your relationship with your physician. State law generally restricts our disclosure (and that of your physician) of your health information in most instances. However, we may disclose health information about you under State law with your permission, pursuant to a court order, or as otherwise may be

permitted or required by law. In instances in which your permission is required, we will request that you sign a consent form (which is different than an authorization that is mentioned in the other parts of this Notice).

(ii) Use and disclosing PHI to obtain payment for services

We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. Examples of how we use or disclose your health information for payment purposes are: asking you about your health insurance coverage or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney).

(iii) Use and disclosing PHI for health care operations

We may use and disclose PHI in performing business activities we refer to as "Health care operations." These are administrative and managerial functions that we have to do in order to run the Practice or the Center more efficiently and make sure that all of our patients receive quality care. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; reviewing our treatment and services to evaluate the performance of our staff; participation in managed care plans; training programs to improve staff and provider skills; defense of legal matters; business planning; and outside storage of our records.

In order to maintain the communications that allow for quick, effective, and high quality health care, we may release medical information about you to a family member or friend who accompanies you to your appointment unless you tell us not to.

Under most circumstances, we are not required to obtain a signed consent for Treatment, Payment, or Operations. However, we will ask you to sign an authorization for certain purposes such as release of PHI to a referring provider or for claims payment in order to comply with regulations.

We routinely use your health information inside the Practice and/or the Center for these purposes without any special permission. We will ask for special written permission in the following situations: research, legal requests, and marketing. We will also ask for your written authorization before we disclose PHI that pertains to HIV, AIDS, mental health treatment or substance abuse.

(iv) Use and disclosing PHI under other circumstances without your authorization or an opportunity to agree or object

The law allows or requires us to use or disclose your health information in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Not all of these situations will apply to us; some may never come up at our office or Center at all. Such circumstances include:

- ✓ When a state or federal law mandates that certain health information be reported for a specific purpose;

- ✓ For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;
- ✓ Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- ✓ Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- ✓ We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ✓ Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- ✓ Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at the Center; or to report a crime that happened somewhere else;
- ✓ Disclosure to a correctional institution or law enforcement officials if you are an inmate or under the custody of a law enforcement official;
- ✓ Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- ✓ Uses or disclosures for health related research;
- ✓ Uses and disclosures to prevent a serious threat to health or safety;
- ✓ Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- ✓ Disclosures of de-identified information;
- ✓ Disclosures of a "limited data set" for research, public health, or health care operations;
- ✓ Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- ✓ Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.
- ✓ Special Provision for Minors under North Carolina Law: Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis, and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. Regarding abortion services, however, North Carolina law requires the consent of both the minor and the parent, guardian or a grandparent with whom the minor has been living for at least six (6) months, unless a court has determined that the minor alone can consent to the abortion. IF you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all rights and authority included in this Notice for all services.

(v) Disclosures requiring your authorization and/or consent (except under certain circumstances)

- ✓ Treatment for drug dependence. If you request treatment and rehabilitation for drug dependence from one of our practitioners, your request will be treated as confidential. We will not disclose your name to any police officer or other law enforcement officer unless you consent to our sharing of it. Even if we refer you to another person for treatment and rehabilitation, we will continue to keep your name confidential.
- ✓ Mental health services. North Carolina law generally requires that we obtain your written consent before we may disclose health information related to you mental health, developmental disabilities, or substance abuse services. There are some exceptions to this

requirement. We may disclose information to the following people: (a) a healthcare provider who is providing emergency medical services to you and (b) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment.

If we determine that there is an imminent threat to your health or safety, or the health or safety of someone else, we may disclose information about you to prevent or lessen the threat.

We will also disclose information about you if the law requires us to do so, for example, when:

- (a) a court orders disclosure,
- (b) when we suspect abuse or neglect of a child or disabled adult, or

If we believe it is in your best interests, we may disclose information about you for a guardianship or involuntary commitment proceeding that involves you.

When you are admitted to, or discharged from, a mental health, developmental disabilities, or substance abuse facility, we may disclose that fact to your next of kin if we believe the disclosure is in your best interest, but only if you do not object. If you have a next of kin who is substantially involved in your care, upon his or her request we are required to provide this kin with information relating to your admission or discharge from a facility, including the identity of the facility, any decision on your part to leave a facility against a medical advise, and referrals and appointment information for treatment after discharge after we notify you that this information was requested.

If you have one of the several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), information about your disease will be treated as confidential, and will be disclosed without our written permission only in limited circumstances. We may not need to obtain your permission to report information about your communicable disease to State and local officials or to otherwise use or disclose information in order to protect against the spread of the disease. Please see [NC General Statute 130A-143](#) for a detailed description of the circumstances under which we may release your records.

(vi) You can object to certain uses and disclosures

Unless you object, we may use or disclose PHI in the following circumstances:

- ✓ We may share your name, room number, and general condition in our patient listing with clergy and with people who ask for you by name. We also may share your religious affiliation with clergy.
- ✓ We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- ✓ We may share with a public or private agency (example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for emergency circumstances.

(vii) Appointment reminders

We may call, write, or email to remind you of scheduled appointment that it is time to make a routine appointment or to follow up after a procedure. We may also call or write to notify you of other treatments or services available at our Center that might help you. Unless you object, this contact may be on an answering machine or other method, which could (potentially) be received or intercepted by others. This call or message may be to a home or work number. In writing, you can ask us to use other methods and we will consider your request and determine our ability to comply.

(viii) Other Uses and Disclosures

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." Federal law determines the content of an "authorization form". Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign the authorization, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the contact person named at the beginning of this Notice.

III) YOUR RIGHTS REGARDING YOUR PHI

The law gives you many rights regarding your health information.

(i) You have the right to request restrictions.

You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the contact person at the address shown at the beginning of this Notice.

(ii) You have the right to request different ways to communicate with you

You can ask us to communicate with you in a confidential way, such as phoning you at work rather than at home, by mailing health information to a different address, or, at some point in the future, we may be able to email to your personal email address. We will accommodate these requests if they are reasonable and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the contact person at the address shown at the beginning of this Notice.

(iii) You have the right to see and copy your PHI

You can ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or receiving a copy of your health information. For the most part, however, you will be able to review or receive a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You will be asked to pay a reasonable charge in advance for such access or copies. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of extension. If you want to review or get photocopies of your health information, send a written request to the contact person at the address shown at the beginning of this Notice.

(iv) You have the right to request amendments to your PHI

You can ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have on 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address shown at the beginning of this Notice.

(v) You have the right to a listing of disclosures we have made

You can get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment, or health care operations; disclosures that were made with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. You will be asked to pay a reasonable charge in advance for such access or copies. If you want a list, send a written request to the contact person at the address shown at the beginning of this Notice.

(vi) You have the right to a copy of this Notice

You can get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the contact person at the address shown at the beginning of this Notice.

IV) FILING A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the contact person at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

V) EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective on April 14, 2003.