

**East Carolina Neurology
and
MRI of Eastern Carolina
Notice Of Privacy Practices
Effective 4/14/2003
Revised 2/17 2010**

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 is being provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996. This notice describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, and healthcare operations and for other purposes that are permitted or required by law. PHI includes any of your written or oral health information including demographic data that can be used to identify you. This is PHI that is created or received by East Carolina Neurology and/or its subsidiary MRI of Eastern Carolina, and that relates to your past, present or future physical or mental condition.

Understanding Your Health Information

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a :

- basis for planning your care and treatment.
- means of communicating among the many health professionals who contribute to your care.
- legal document describing the care you received.
- means by which you or a third-party payer can verify that services billed were actually provided.
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation.
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Your Health Information Rights

Although your health record is the physical property of the facility, in this case, East Carolina Neurology, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
We are not required to agree to your requested restrictions; however, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, for example. You may request a restriction by contacting the Privacy Officer and completing a Request for Restriction of Protected Health Information form.
- request a restriction for a health care item or service, paid for in full, out of pocket as provided by (ARRA) H.R. 1-150, section 13405.
Patients who pay for treatment in full out of their own pockets have the right to request that the information pertaining to this encounter not be released to their insurance companies. You may request this restriction by contacting the Privacy Officer and completing a Request for Restriction of Protected health Information form and providing proof that the encounter has been paid in full.
- receive confidential communications of protected health information as provided by 45 CFR 164.522, as applicable
You have the right to request how and where we contact you about your protected health information. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by completing a Request for Restriction of Protected Health Information form. Your request must specify how or where you wish to be contacted.
- inspect and copy your health record as provided for in 45 CFR 164.524
You have the right to request to see and receive a copy of the protected health information (PHI) contained in clinical, billing, and other records used to make decisions about you. Your request must be in writing and you must provide a photo identification record, such as a driver's license, or notarized signature to obtain access. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by contacting the Health Information Management Services Department.
- amend your health record as provided in 45 CFR 164.526

You have the right to request that we make amendments to clinical, billing, and other records used to make decisions About you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your Request if: 1) the information was not created by us; 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described elsewhere. You may request an amendment of the PHI about you by completing the Request for Amendment form which is available from the Privacy Officer.

- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures

For up to six (6) years before your request. We are required to provide a listing of all disclosures except the following:

-For treatment, payment, and healthcare operations*

-For those made to or requested by you, or that you authorized

-Made to individuals involved in your care, for directory or notification purposes, or for other purposes as described elsewhere in this document.

-Allowed by law when the use and/or disclosure related to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations and

-As part of a limited set of information which does not contain certain information which would identify you

- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

You have the right to revoke (cancel) an authorization you have signed. We will not disclose PHI about you after we

Receive your cancellation except for disclosures which were being processed before we received your cancellation.

- obtain a paper copy of the notice from us upon request

You have the right to request a paper copy of this Notice at any time by contacting the Privacy Officer. We will provide a

Copy of this Notice no later than the date you first receive service from us (except for emergency services, and then

We will provide the Notice to you as soon as possible.).

Our Responsibilities

- maintain the privacy of your health information

- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

This notice describes the types of uses and disclosures that we may make and gives you examples. In addition, we may make

Other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this notice. If we

Participate in an “organized health care arrangement”, we will share information with each other as necessary to carry out treatment, payment, and healthcare operations.

- abide by the terms of this notice

- notify you if we are unable to agree to a requested restriction, and

- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice:

We will use your health information for treatment.

For example, information obtained by a nurse, physician or other member of the healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of the healthcare team will also record information about your response to treatment. We will also provide copies of various reports that should assist your physician or subsequent healthcare provider with treating you. We may send copies of reports to the doctor who referred you to us for consultation. In addition, we may disclose PHI about you when referring you to another health care provider. We may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other healthcare service.

We will use your health information for payment.

A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Before you receive scheduled services, we may share information with your healthplan(s). Sharing information is to allow us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of medical information about you with the following:

-billing departments

-collection departments or agencies, or attorneys assisting us with collections

-insurance companies, health plans and their agents which provide you coverage

-hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and

-Consumer reporting agencies (e.g. credit bureaus)

We will use your health information for regular healthcare operations.

Generally these activities allow us to improve the quality of care we provide and reduce health care costs. We may also disclose PHI for the healthcare operation of any organized health care arrangement in which we participate. An example is the care provided by a hospital and the physicians who see patients at the hospital. Other examples of health care operations include different business activities such as:

- **Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill your third party payer for services rendered. Another example includes the use of our legal counsel. To protect your health information, however, we require the business associate to appropriately safeguard your information. These business associates have agreed in writing to protect the privacy of any medical information they receive.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member, other relative, close personal friend, or another person responsible for your care, your location and general condition. We may verify that you have an appointment with people who ask for you by name. You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interest for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.
- **Communication with family:** Health professionals using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also communicate with you via telephone, answering machine, postcard or other methods unless you have requested an alternative method of communication which we can reasonably accommodate.
- **Research:** We may disclose health information to researchers when the executive committee of the practice has approved their research. There will be established protocols to assure the privacy of your information. You will be requested to sign an authorization for participating in the research if any information that identifies you is used.
- **Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.
- **Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives of other health related benefits and services that may be of interest to you. We may tell you about treatments, services, products and/or other healthcare providers. We may also use/disclose PHI to give you gifts of small value. We will seek your written authorization for participation in any other types of marketing activities.
- **Worker's Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Food and Drug Administration:** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, to post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Correctional institutions:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.
- **Education** We may use your information as we provide training for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- **Disaster Relief:** We may share with a public or private agency (for example, The 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 the emergency circumstances.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised notice and have a copy available for you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we receive a written revocation of the authorization according to the procedures included in the authorization.

NORTH CAROLINA STATE LAW AND OTHER ISSUES

Some North Carolina laws provide you with more protection than federal laws protecting the privacy of medical information about you, and where applicable, we will follow the requirements of those state laws. The following North Carolina laws may apply to our treatment of you:

- North Carolina law protects not only your rights of privacy, but also your relationship with your physician. State law generally restricts our disclosure of your health information in most instances. However, we may disclose health information about you as otherwise may be permitted or required by law.
- North Carolina law protects the privacy of communications regarding mental health treatment between you and your mental health provider. Before disclosing mental health information about you to others for treatment, payment, or health care operations, we will request that you sign a written form giving us permission to make the disclosure.
- If you have one of several specific communicable diseases (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential, and will not be disclosed without your written permission only in limited circumstances. However, 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 release information in order to protect against the spread of the disease.
- North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement. We can disclose this health information to members of our workforce, our professional advisors, and to agencies or individuals that oversee our operations or that help us carry out our responsibilities in serving you. We also may disclose information to the following people:
 - (i) a health care provider who is providing emergency medical services to you and
 - (ii) 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 also will disclose information about you if the law requires us to do so, for example, when a court orders disclosure, when we suspect abuse or neglect of a child or disabled adult, and when one of our physicians believes that a client has a communicable disease or is infected with HIV and is not following safety measures. If we believe it is in your best interests, we may disclose information about you to start 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 medical advice, and referrals and appointment information for treatment after discharge.
- If you apply for or receive substance abuse services from us, federal law generally requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient of substance abuse services. There are some exceptions to this requirement. We can disclose this information within our program to members of our workforce as needed to coordinate your care and to agencies or individuals that help us carry out our responsibilities in serving you. We may disclose information to medical personnel in a medical emergency.
- If we suspect that a child is abused or neglected, state law requires us to report the abuse or neglect to the Department of Social Services, and we may disclose substance abuse treatment information when making thereport. We will disclose information about you if a court orders us to do so. If you commit a crime, or threaten to commit a crime, on the premises of our program or against our program personnel, we may report information about the crime or threat to law enforcement officers.

Special Provisions 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.

For More Information or to Report a Problem

If you have questions or believe that your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Office for Civil Rights. There will be no retaliation for filing a complaint with the practice's Privacy Officer or the Office for Civil Rights. The address for the Privacy Officer and OCR is listed below.:

East Carolina Neurology
2280 Hemby Lane
Greenville, NC 27834
Attention: Privacy Officer

OR

Region IV, Office for Civil Rights
US Department of Health and Human Services
Atlanta Federal Center
Suite 3B70, 61 Forsyth Street, SW
Atlanta, GA 30303-8909
e-mail: OCRComplaint@hhs.gov

If you need additional information, please contact our Privacy Officer at (252) 752-4848 or (800)775-4840 (extension 245)