

Biltmore Family Medicine
One St. Dunstons Road, Suite 100
Asheville, NC 28803

“Notice of Patient Information Practices”

Effective Date: March 1, 2004

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

Our Obligations:

We are required by law to:

- Maintain the privacy of health information
- Inform you of our privacy practices regarding your health information
- Follow the terms of our privacy notice that is currently in effect

How we may use and disclose health information:

Except for the following listed purposes, we will disclose Private Health Information only with your written permission. You may revoke such permission at any time, in writing, to our practices Privacy Officer.

Treatment. We may use and disclose health information for your treatment and to provide you with treatment-related health services. We may disclose health information to doctors, nurses, and other personnel outside our office who are involved in your medical care and need the information to provide such medical care.

Payment. We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services that you receive.

Health Care Operations. We may use and disclose health information for health care operation purposes. For example, we may disclose information to other entities that have a relationship with you (for example, your health plan) so that they may assure that the obstetric and gynecologic care that you receive is of the highest quality.

Appointment Reminders. We may use and disclose health information to contact and remind you of an appointment that you have with us.

Treatment Alternatives and Health-Related Benefits and Services. We may disclose health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in your Care or Payment for your Care. When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or significant other. We may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose health information for research, for example, disclosing the health outcomes of patients who received one treatment versus those who received another treatment for the same condition. Personal information will not be given.

As Required By Law. We will disclose health information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information when necessary to prevent a serious threat to your health and safety, the health and safety of another person, or the public. Disclosures will only be made to someone who may be able to help prevent the threat.

Business Associates. We may disclose health information to our business associates who perform business functions on our behalf or provide us with business services, if the information is necessary for such functions and services. All of our business associates are obligated to protect the privacy of your health information and are not allowed to disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release health information to organizations that handle organ procurement, banking, or transportation to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release health information as required by military command authorities. We may also release health information to the appropriate foreign military authority if you are a member of a foreign military.

Worker's Compensation. We may release health information for worker's compensation or similar programs which provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose health information for public health activities which include: disclosures to prevent or control disease (for example, to inform a person who may have been exposed to a disease or may be at risk for contacting and/or spreading a disease or condition); injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products as to notify patients of recalls of products or medications they may have been using; and, to report to the appropriate agency when we believe a patient to be the victim of neglect, abuse, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

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

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information in response to court or administrative order, subpoena, discovery request, or other lawful process by another party involved in the dispute.

Law Enforcement. We may release health information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons, or similar process, (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person, (3) about a death we believe may be the result of criminal conduct, (5) about criminal conduct on our premises, and (6) in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner or medical examiner if this is necessary to identify a deceased person or determine cause of death. We may also release health information to funeral directors as necessary.

National Security and Intelligence Activities. We may release health information to authorized federal officials for intelligence, counter-intelligence, and other security measures as outlined by law. We may also disclose health information to authorized federal officials who provide protection to the President or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the institution or law enforcement official, if necessary, to (1) protect your health and the safety of others, (2) so that the institution may provide you with health care and (3) for the safety and security of the correctional institution.

Birth Registrations and Death Certificates. As required by North Carolina law, our Physicians may be required to sign a Certificate of Live Birth or a Death Certificate as applicable, which becomes public record.

NC State Law/10 NCAC 18D.0209. A minor client may sign for consent for release of confidential health information under the following conditions: (1) when seeking services for venereal disease, other reportable communicable diseases, pregnancy, substance abuse, or emotional disturbance; (2) when married or divorced, (3) when emancipated by a decree issued by a court of competent jurisdiction; or (4) when a member of the armed forces.

You Have The Following Rights Regarding Your Health Information:

Right to Inspect and Copy. You have a right to inspect and copy your health information including medical and billing records, other than psychotherapy notes, that may be used to make decisions about your care or the payment for your care. To inspect and copy this health information you must make your request in writing to the privacy officer.

Right to Amend. If you feel the health information we have is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must make your request in writing to the privacy officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your health information for purposes other than treatment, payment, health care operations, or for which you have provided written authorization. To request an accounting of disclosures, you must make your request, in writing to the privacy officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on health information we disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or in the payment of your care, for example a family member or significant other. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the privacy officer. **We are not required to agree with your request.** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication. You have the right to ask that we communicate with you about medical matters in a certain way or location, for example, only by mail or only at work. To request confidential communication you must make your request in writing to the privacy officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice and may ask for one at any time.

Our Right to Change This Notice. We reserve the right to change this notice and have the new notice apply to health information we already have as well as that we receive in the future. We will post a copy of our current notice in our office with the effective date clearly indicated on the first page. You may ask for a copy of this notice to be given or mailed to you at any time.

Concerns and Complaints. If you are concerned that Biltmore Family Medicine may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice administrator at the address below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Biltmore Family Medicine's health information practices, or if you have a complaint, please contact the office.