



Dear: _____

Welcome to Parkway Medical Group. On behalf of our physicians and staff we appreciate the opportunity to be part of your healthcare, and we look forward to meeting you.

At your first appointment, a detailed medical history will be taken to carefully evaluate your condition. Before your appointment, there are several important steps you can take to make this process as easy as possible:

- 1. Bring all your current medications.**
- 2. Bring enclosed forms, completed.**
- 3. Ask your previous family physician to forward copies of your medical records to Parkway.** These should include recent lab reports, electrocardiograms, and chest X-rays. It is very important that this information is available at your first appointment.
- 4. Bring all your insurance cards and a copy of your picture ID.** Not covered by insurance? Your entire balance will be expected at the time of service. Please speak with our Billing Department if there are questions about this policy.

We request payment at the time of service, unless you provide complete insurance information so we can file for reimbursement. All applicable co-payments, co-insurance and deductibles are due at the time of service.

Please plan on arriving 15 minutes prior to your appointment. This will allow you time for parking, checking in and verifying all paperwork is complete.

If you are unable to keep your appointment, please call us at least 24 hours in advance at (828) 298-0333, option #4.

We appreciate your cooperation and look forward to seeing you soon.

Sincerely,

Parkway Medical Group

Parkway Medical Group

Parkway Medical Group
Patient Registration

Patient Information:

Today's Date: _____

Name: Last: _____ First: _____ MI: _____

Previous Last Name: _____

Sex: () M () F **Date of Birth:** _____ **SS#:** _____

Marital Status: () Single () Married () Separated () Divorced () Widowed

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Email Address: _____

Emergency Contacts:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Guardian:

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Patient Employment:

() Employed () Retired () Unemployed () Other _____

Employer: _____

Contact Person: _____ Phone: _____ Ext.: _____

Primary Insurance:

Insurance Company: _____

Company Address: _____

Insured Party: _____ Relationship to Patient: _____

Insured SS#: _____ Insured Date of Birth: _____

Insured Employer: _____ Insured Phone: _____

Secondary Insurance:

Insurance Company: _____

Company Address: _____

Insured Party: _____ Relationship to Patient: _____

Insured SS#: _____ Insured Date of Birth: _____

Insured Employer: _____ Insured Phone: _____

Patient Name: _____
Date of Birth: _____

1. Please list all medications/supplements along with the dosage and how often you take them.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Do you have any medication allergies? Please list and describe the reaction. _____

3. Are you allergic to anything else such as eggs, latex, bees, peanuts, etc.? Please list. _____

4. Have you ever had any of the following medical conditions? Please list year diagnosed.

Heart Disease _____	HIV _____	Migraine Headache _____
High Blood Pressure _____	Anemia _____	Kidney Problems _____
Diabetes _____	High Cholesterol _____	Cancer (any kind) _____
Blood Clots _____	Liver Problems _____	MRSA _____
Stroke or TIA _____	Hepatitis _____	Asthma/COPD _____
Other _____		

5. Has anyone in your family been treated/diagnosed with the following? Relation to you?

Sudden Cardiac Arrest _____	High Cholesterol _____	Age of Parents living/deceased _____
Heart Disease/Attack _____	Colon Cancer/Polyps _____	_____
Stroke _____	Breast Cancer _____	Diabetes _____
Blood Clots _____	High Blood Pressure _____	Prostate Cancer _____

Any other conditions you are aware of that might be hereditary? _____

6. Please list household members and their relationship to you. _____

7. Do you exercise? If yes, how often and what type of activities? _____

8. Have you ever used tobacco? _____ How much? _____ How long? _____ When did you quit? _____

Patient Name: _____

Date of Birth: _____

9. Do you drink alcohol? _____ How much? _____ Per week/per month.

10. Have you ever had a problem with alcohol or substance abuse of any kind? _____

11. Please give dates for most recent vaccinations.

Tetanus Booster _____ Pneumonia Vaccine (Over age 65) _____ Flu Shot _____

Hepatitis _____ Shingles Vaccine _____

12. Have you completed routine childhood vaccinations? _____

13. Please list any surgeries or hospitalizations along with the dates. _____

14. Have you had any mental health treatment or been treated for depression/anxiety? _____

15. Date of last colonoscopy: _____

For Females:

15. Date of last mammogram? _____ Was it normal? _____

16. Date of last pap smear? _____ Was it normal? _____

17. Date of last menstrual period _____

17. When was your last Bone Density scan? _____

For Males:

17. When was your last prostate exam? _____



Parkway Medical Group
Authorization to Release Medical Records

Patient's Name _____

Patient's Address _____

Patient's Daytime Telephone Number _____

Patient's DOB _____

Patient's Social Security Number _____

Requested from: _____ Fax Number: _____

I do hereby consent and authorize you to release copies of my medical records, including current and previous medical records. **This authorization includes consent for release of alcohol, drug, psychiatric, pregnancy, sexually transmitted diseases, HIV testing, AIDS, cancer, cancer testing. I agree that a copy of this authorization or a fax of this authorization shall be as valid as the original.**

_____ SEND ALL MY RECORDS
_____ SEND ONLY RECORDS REQUESTED _____

SEND RECORDS TO: _____

**PARKWAY MEDICAL GROUP
MEDICAL RECORDS
333 GASHES CREEK ROAD
ASHEVILLE, NC 28803**

Patient's Signature: _____

Date _____ Witness _____

THIS AUTHORIZATION EXPIRES ON _____



Dear Parkway Patient:

Parkway Medical Group takes your healthcare seriously. Our commitment to outstanding medical care at our offices is unwavering; however, we realize that there might come a time when hospitalization is the best option to improve your health.

So that we can be more accessible in our offices to you and your family, Parkway Medical Group had made arrangements with several hospitalist groups to assist our inpatient population. Hospitalists are a group of board-certified physicians who specialize in seeing hospitalized patients. This arrangement provides better on-site care for our patients and affords us the opportunity to focus on our out-patient population.

Parkway utilizes two hospitalist groups:

- Asheville Hospitalist Group
<http://www.ashevillehospitalist.com> (828) 213-4401
- MAHEC Family Practice Residency
<http://www.mahec.net> (828) 257-4400

If you or a loved one is hospitalized, please be assured that there will be ongoing communications between your provider at Parkway Medical Group and the physician(s) providing care in the hospital.

Once again, Parkway Medical Group utilizes hospitalists for in-patient care. Please feel free to discuss any questions regarding this arrangement with your Parkway provider.

Sincerely,

Robert Barker, M.D.
Medical Director

I have read and understand that Parkway Medical Group utilizes hospitalists for inpatient care. These physicians will be in open communication with my Parkway provider in the event that I am hospitalized.

Patient Signature _____ Date _____

Directions to Parkway Medical Group
(do not use MapQuest, Google Maps, or other internet mapping source)

ASHEVILLE OFFICE

From the East:

Take I-40 West bound to exit 53A (74 south to Bat Cave towards Blue Ridge Parkway)
Loop around and go under I-40
Take your first left onto the on-ramp of I-40 East
Go halfway up on-ramp to I-40 East
Take a right onto Gashes Creek Road
Proceed up hill, you will see Parkway Medical Group on the right

From the West:

Take I-40 East to exit 53A
Go down on-ramp and across 74-A as if you are heading back onto I-40 East
Go halfway up on-ramp to I-40 East
Take a right onto Gashes Creek Road
Proceed up hill, you will see Parkway Medical Group on the right

From Downtown Asheville:

Take I-240 toward Tunnel Road/Home Depot
At the conjunction of I-40, I-240, and 74-A, take 74-A toward Bat Cave
Go under I-40
Take your first left onto the on-ramp of I-40 East
Go halfway up on-ramp to I-40 East
Take a right onto Gashes Creek Road
Proceed up hill, you will see Parkway Medical Group on the right

From the South:

Take I-26 West to I-40 East
Take I-40 East to exit 53A
Go down on-ramp and across 74-A as if you are heading back onto I-40 East
Go halfway up on-ramp to I-40 East
Take a right onto Gashes Creek Road
Proceed up hill, you will see Parkway Medical Group on the right

BLACK MOUNTAIN OFFICE

From the West:

Take I-40 East to exit 64
Turn right onto Hwy. #9
Go ¼ mile and take left fork, staying on Hwy. #9
Take right onto Jane Jacobs Drive, 500 yards past fork
Parkway Medical Group is located in the Lakey Creek Medical Complex in front of the Cheshire Fitness and Racquet Club

From the East:

Take I-40 West to exit 64
Turn left onto Hwy. #9
Go ¼ mile and take left fork, staying on Hwy. #9
Take right onto Jane Jacobs Drive, 500 yards past fork
Parkway Medical Group is located in the Lakey Creek Medical Complex in front of the Cheshire Fitness and Racquet Club

Parkway Medical Group
333 Gashes Creek Road
Asheville, N.C. 28803
(828) 298-0333

Parkway Medical Group
15 Jane Jacobs Lane
Black Mountain, N.C. 28711
(828) 298-0333

Triple Authorization Form

ASSIGNMENT & RELEASE

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions whether manual or electronic.

I further authorize Parkway Medical Group to disclose the information in my medical records including current and previous medical records from other practices and practitioners, hospitals, and/or clinics which are part of my medical records, to other physicians and health care providers to whom Parkway Medical Group may refer me for treatment.

(Date)

(Signature of Patient/Guardian)

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of treatment, unless other arrangements are made. I agree that parents/guardians are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges not covered by insurance.

(Date)

(Signature of Patient/Guardian)

MINOR/CHILD CONSENT FOR TREATMENT

I, being the parent or guardian of _____ do hereby request, and authorize
(Name of Minor/Child)

Parkway Medical Group and their staff to perform necessary services for my child, including, but not limited to, x-rays, and administration of anesthetics which are deemed advisable by the physician, whether or not I am present at the actual appointment when the treatment is rendered.

(Date)

(Signature of Parent/Guardian)

Patient Name: _____ DOB _____

Privacy Notice Receipt Acknowledgment

I, _____, the undersigned, hereby acknowledge that I have received
(Patient or Guardian Name)
a copy of Parkway Medical Group's "Privacy Notice" that describes the practice's procedures for use and disclosure of my protected health information and my rights regarding this information. I have been encouraged to review this NOTICE thoroughly and forward any questions or concerns to the Privacy Officer who is identified therein.

(Patient or Guardian Signature)

(Date)

The following person(s) have my permission to obtain and/or receive information regarding the patient:

(Name of contact person)

(Relationship to patient)

(Name of contact person)

(Relationship to patient)

(Signature of patient or guardian)

(Date)

I grant permission to Parkway Family Physicians, P.A. to call the phone number(s) listed below and leave recorded messages:

() -

() -

() -

(Signature of patient or guardian)

(Date)

(Witness)

(Date)

A Patient's Guide To Parkway Medical Group (Office Policies as of 05/23/2011)

Welcome!

Thank you for choosing Parkway Medical Group (PMG) for your primary healthcare needs. Our mission is to fulfill our calling by providing excellent, compassionate healthcare. Please let us know how we can best assist you and your family. This guide has been developed as a reference tool outlining the basic information you and your family need about our medical office.

Normal Operating Hours:

- Monday – Friday: 8:00 am to 5:00 pm
- Saturday: 8:30 am to 12:00 pm

Telephone & Fax:

- Phone: 828-298-0333 (Phones are open 8:00am-12:30pm and 1:00pm-4:30pm M-F)
- Fax: 828-298-0050

Please keep in mind that our call volume is greatest from 8:00am to 10:00am. Please listen carefully to the menu options and select the one that best meets your needs.

Emergencies:

If you or a family member is experiencing a medical emergency, please dial 911 for Emergency Medical Services or go to the nearest hospital emergency center.

After Hours Care:

When we are closed, a provider is “on-call” via telephone to advise you about urgent matters. After hours calls are answered by our answering service. The answering service will page our “on-call” provider who will then call you.

Prescription Refills:

Please bring all prescriptions and requests for refills with you whenever you come for an office visit. It is Parkway Medical Group's preference that you call your pharmacy to request refills as this will expedite the refill request.

Telephone requests for prescription refills will be handled as quickly as possible; however we may need up to **2 business days** to process your request. When leaving refill information on the prescription voice-mail, be sure to provide the patient's name, date of birth, prescribing physician, medication, quantity, pharmacy, your name and telephone number. Parkway does not acquire preauthorization forms for patients, but are happy to fill them out once they are obtained by the pharmacy or the patient. All prescriptions picked-up at our office require a government issued picture ID for release.

Pain Management/Narcotics/Scheduled Drugs/Controlled Drugs:

Parkway Medical Group does not, nor any of its providers, offer long-term pain management services. Additionally, Parkway Medical Group does not accept new patients who are on narcotics, scheduled drugs, or controlled drugs. All patients receiving short-term prescriptions for narcotics or scheduled drugs will be asked to sign a *Controlled Substance Contract*, which outlines our expectations and requirements for continued short-term pain management/scheduled drugs services. Any violation of the Controlled Substance Contract will result in immediate termination from the practice and potential disclosure to law enforcement personnel.

Antibiotics:

Due to our high standard of quality medical care, it is Parkway Medical Group's policy to require all patients requesting a prescription for antibiotics to first see a provider at an office visit. Parkway Medical Group does not prescribe antibiotics over the telephone.

Urgent Care Needs:

When you call because you or a family member is acutely ill, please select the “Speak to a Nurse” option on the phone menu. Our Triage nurse will assist you with getting an appointment the same day as your call. Parkway Medical Group has a provider whose sole responsibility is to see “work in” appointments for our acutely ill or injured patients.

Insurance:

PMG participates with many major insurance programs and managed care plans. Currently these include, but are not limited to: BCBS of North Carolina, United Healthcare, CIGNA, Aetna, Partners, Medicare, Medcost, Crescent, and First Health. As a courtesy, we will file your insurance claim for you, but you will be financially responsible for all non-covered services. Be sure to keep us updated regarding any and all changes with your insurance policies and be prepared to present us with your insurance card so we can scan it into our computer system. There is certain information that we need to be able to file your insurance claim, including your Social Security Number, if you are unable or unwilling to disclose all needed information to file a claim then we will consider you as a self-pay patient and payment for services will be expected at the time of service. We will, however, provide you with the necessary form to file your own insurance.

Referrals to Specialists, Insurance Coverage, and Prior Authorizations:

We will do our best to ensure we refer you to in-network specialists, obtain authorization when required, and provide treatment with sensitivity to insurance coverage and cost. However, **YOU** are the best and only person who truly understands your health insurance coverage and can guide us on how we can best serve you. Parkway Medical Group does not perform prior authorizations for insurance coverage via the telephone, rather we will fax the required information to your insurance company for prior authorization, if required. Again, Parkway does not acquire preauthorization forms for patients, but is happy to fill them out once they are obtained by the pharmacy or the patient. Before seeing a specialist, check with your insurance company to determine if that particular provider is “in-network”.

Payment:

We expect payment at time of service. Please come to your visit prepared to make all insurance co-payments, which will be collected prior to your visit. For self pay patients, we can establish payment plans under certain conditions, but do require a payment before services are rendered. If you have any questions about your account, please ask to speak to a representative in our Billing Department. We accept cash, checks, Visa, MasterCard, Discover, American Express and debit cards. There is a \$25.00 fee for returned checks.

Bad Debt/Collections:

Parkway Medical Group expects payment for services rendered. Failure to pay outstanding balances in a timely manner will result in having your account assessed an additional \$10 collection fee. Additionally, past due accounts will be turned-over to an outside collection agency, which will damage your credit rating. If you have billing related issues, speak with a member of our billing team immediately.

Cancellations and No Shows:

When you need to cancel a visit, please contact us at least 24 hours prior to your scheduled appointment so someone else may use your slot. We reserve the right to assess a \$35.00 fee to patient's accounts that do not show for an appointment and fail to notify us. This will be the patient's responsibility and will not be filed with the insurance. Excessive no-showing for appointments may result in termination from the practice.

Medical Records:

We are committed to do our very best to protect patient confidentiality through proper handling of medical records and requests for information. If you need copies of your records, you will be asked to complete a form that includes your signature authorizing us to release your records. In certain situations there is a charge to obtain a copy of your medical records. Keep in mind that once a child turns 18 years of age, parents or legal guardians no longer have access to the child's medical records without prior consent. If you have any questions about how we handle your medical information, please ask.

Motor Vehicle Accidents:

Motor Vehicle Accident (MVA) claims are usually paid by auto insurance, not your medical insurance. Usually, the policy of the driver at fault is the insurance that pays for the medical claims. Parkway Medical Group does not file insurance claims with auto insurers and therefore expects payment from you at the time of service. At the completion of the visit PMG will then give you the necessary information for you to file your own claim against the insurance of the at-fault driver. Parkway Medical Group is willing to file claims for you under the following situation only: If you provide confirmation, in writing, from your medical insurance carrier, that it is willing to process your MVA claims under the

subrogation clause. Please note that it is your responsibility to follow up with your insurance to see if your insurance is willing to process your MVA claims under the subrogation clause.

Services:

We are proud to provide our patients from newborn to geriatric with a wide array of primary care services including: acute care, minor surgery, preventive health exams, complete physicals, full laboratory, x-ray, bone densitometry, pulmonary function testing, and general and cardiac ultrasound. All of these services are available right here within our facility! Parkway Medical Group does not perform pain management services.

Hospitalists

Parkway Medical Group utilizes hospitalists when in-patient (hospital) care is required. In the event you are hospitalized the hospitalists will be in contact with our office to coordinate care.

Our Providers:

The physicians at Parkway Medical Group are all Board-Certified so you can rest assured that you and your family members are in capable hands, fully committed to providing the highest quality of care.

- Robert A. Barker, M.D.
- Shelli E. Cannon, M.D.
- Daniel S. Hey, M.D.
- M. Wes Hite, D.O.
- Kellie N. Kendall, FNP
- John S. Rouchard, P.A.-C
- Sissel K. Topple, M.D.
- John C. Wander, M.D.
- Don E. Wilkinson, P.A.-C
- Melissa K. Zepp, M.D.

Advisement of Outsource Invoices:

Parkway Medical Group may use a variety of professional services for diagnosis and treatment. Please be advised that you may receive a bill for services from one or more of the following depending upon the care you require.

Professional Services to include, but are not limited to the following:

Reference Laboratories:

- LIPOSCIENCE- 2500 Sumner Blvd, Raleigh, NC 27616
- Pathologists' Medical Laboratory, P.A.- 10 Medical Park Drive Asheville, NC 28803
- Solstas Laboratories- 4380 Federal Drive, Suite 100 Greensboro, NC 27410
- Berkeley HeartLab, Inc. - 960 Atlantic Avenue, Suite 100 Alameda, California 94501

Imaging Services:

- Sonocare-125 B Wamsutta Mill Road, Morganton, NC 28655
- Asheville Radiology- 534 Biltmore Avenue Asheville, NC 28801

If you have questions regarding the potential for additional service bills, please talk with your healthcare provider.

HIPAA NOTICE REGARDING PRIVACY OF PERSONAL HEALTH INFORMATION

Parkway Medical Group, throughout this NOTICE will be referred to as PMG.

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 describes (1) how PMG may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) PMG duties and contact information.

I. Protected Health Information

“Protected health information” is health information created or received by your health care provider that contains information that may be used to identify you, such as demographic data. It includes written or oral health information that relates to your past, present or future physical and mental health; the provision of health care to you; and your past, present or future payment for health care.

II. The Use and Disclosure of Protected Health Information in Treatment, Payment, and Health Care Operations

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law.

Treatment PMG 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 a third party. For example, we would disclose your protected health information, to a pharmacy to fill a prescription for high blood pressure or to an imaging center to provide diagnostic services. In addition, PMG may disclose protected health information to other physicians or health care providers for treatment activities of those other providers.

Payment Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a recommended treatment or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, PMG may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your other provider where that provider is involved in your care and requires the information for treatment or to obtain payment.

Healthcare Operations PMG may use or disclose your protected health information when needed for PMG health care operations for the purpose of management or administration of the practice and of offering quality health care services. Health care operation may include: quality evaluations and improvement activities; employee review activities; accreditation, certification, licensing or credentialing activities; reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs; business management and general administrative activities.

Other Uses and Disclosures As part of treatment, payment, and healthcare operations, PMG may also use or disclose your protected health information to remind you of an appointment; inform you of potential treatment alternatives or options, or inform you of health related benefits or services that may be of interest to you.

III. Additional Uses and Disclosures Permitted Without Authorization or An Opportunity to Object

In addition to treatment, payment and healthcare operations, PMG may use or disclose your protected health information without your permission or authorization in certain circumstances, including:

When Legally Required. PMG will comply with any Federal, State or local law that requires it to disclose your protected health information.

When There Are Risks to Public Health. PMG may disclose your protected health information for public health purposes, as permitted or required by law.

To Report Abuse, Neglect, or Domestic Violence. As required or authorized by law with the patient’s agreement, PMG may inform government authorities if it is believed that a patient is the victim of abuse, neglect or domestic violence.

To Conduct Health Oversight Activities. PMG may disclose your protected health information to a health oversight agency for use in audits, civil, administrative, or criminal investigation, proceedings or action, inspection, licensure or disciplinary actions, or other necessary oversight activities as permitted by law. However, if you are the subject of an investigation, PMG will not disclose protected health information that is not directly related to your receipt of health care or public benefit.

For Judicial and Administrative Proceedings. PMG may disclose your protected health information for any judicial or administrative proceeding if the disclosure is expressly authorized by an order of a court or administrative tribunal as expressly authorized by such order or a signed authorization is provided.

For Law Enforcement Purposes. PMG may disclose your protected health information to a law enforcement official for law enforcement purposes when it is required by law to report of certain types of physical injuries; required by court order, court ordered warrant, subpoena, summons or similar process; needed to identify or locate a suspect, fugitive, material witness, or missing person; needed to report a crime in an emergency situation; you are the victim of a crime in specific limited instances; your death is suspected by PMG to be the result of criminal conduct.

To Coroners, Funeral Directors and for Organ Donation. PMG may disclose protected health information to a coroner or medical examiner for the purpose of identification, determination of cause of death, performance of the coroner or medical examiner’s other duties as authorized by law. In addition, as permitted by law, PMG may disclose protected health information, including when death is reasonably anticipated, to a funeral director to enable the funeral director to carry out his or her duties. Protected health information may also be used and disclosed for the purpose of cadaver organ, eye or tissue donation.

For Research Purposes. PMG may use or disclose your protected health information for research if such use or disclosure has been approved by an institutional review board or privacy board that has examined the research proposal and the research protocols which maintain the privacy of your protected health info.

To Prevent or Diminish a Serious and Imminent Threat to Health or Safety. If in good faith, PMG believes that use or disclosure of your protected health information is necessary to prevent or diminish a serious and imminent threat to your health or safety or to the health and safety of the public, PMG may use or disclose your protected health information as permitted under the law and consistent with ethical standards of conduct.

For Specified Government Functions. As authorized by the HIPAA privacy regulation, PMG may use or disclose your protected health information to facilitate specified government functions related to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

For Worker’s Compensation. PMG may disclose your protected health information to comply with worker’s compensation laws or similar programs.

IV. Uses and Disclosure Permitted With an Opportunity to Object

Subject to your objection, PMG may disclose your protected health information to a family member or close personal friend if the disclosure is directly relevant to the person’s involvement in your care or payment related to your care; or when attempting to locate or notify family members or others involved in your care to inform them of your location, condition, or death. PMG will inform you orally or in writing of such uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be oral or in writing. If you do not object to these disclosure, PMG is able to infer from the circumstances that you do not object, or PMG determines, in its professional judgment, that it is in your best interests for PMG to disclose information that is directly relevant in the person’s involvement in your care, then PMG may disclose your protected health information. If you are incapacitated or in an emergency situation, PMG may exercise its professional judgment to determine if the disclosure is in your best interests and, if such a determination is made, may only disclose information directly relevant to your health care.

V. Uses and Disclosure Authorized by You

Other than the circumstance described above, PMG will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time except to the extent that PMG has taken action in reliance upon the authorization.

VI. Your Rights

You have certain rights regarding your protected health information under the HIPAA privacy regulation. These rights include:

The right to inspect and copy your protected health information. For as long as PMG holds your protected health information, you may inspect and obtain a copy of such information included in a designated record set. A "designated record set" contains medical and billing records as well as any other records that your physician and PMG use to make decisions regarding services provided to you. PMG may deny your request to inspect or copy your protected health information if PMG determines in its professional judgment that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referred to in the information. You have a right to request a review of this decision.

In addition, you may not inspect or copy certain records by law, including information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. You may have the right to have a decision to deny access reviewed in some situation.

You may submit a written request to PMG Privacy Officer to inspect and copy your health information. PMG may charge you a fee for the costs of copying, mailing, or other costs incurred by the practice in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record at the number listed on the last page of this NOTICE.

The right to request a restriction on uses and disclosures 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 the NOTICE. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your request should be directed to PMG Privacy Officer.

PMG may choose to deny your request for a restriction, in which case, PMG will notify you of its decision. Once PMG agrees to a requested restriction, PMG may not violate that restriction unless use or disclosure of the relevant information is needed to provide emergency treatment. PMG may terminate the agreement to a restriction in some instances.

The right to request to receive confidential communication from the Practice by alternative means or at an alternative location. You have the right to request to PMG communicate with you via alternative means or at an alternative location. PMG will make every effort to comply with reasonable requests. However, PMG may condition its compliance by asking you for information regarding the procurement of payment or specific information regarding explanation for your request. Requests should be made in writing to the Practice's Privacy Officer.

The right to request an amendment to your protected health information. During the time that PMG holds your protected health information, you may request an amendment of your information in a designated record set. PMG may deny your request in some instances. However, should PMG deny your request for amendment, you have the right to file a statement of disagreement. In turn, PMG may develop a rebuttal to your statement and provide you with a copy of the rebuttal. Requests for amendment must be submitted in writing to PMG Privacy Officer. Your written request must supply a reason to support the requested amendments.

The right to request an accounting of certain disclosures. You have the right to request an accounting of PMG disclosures of your protected health information made for purposes other than treatment, payment or health care operations as described in this NOTICE. PMG is not required to account for disclosures which you requested, which you authorized by signing an authorization form, for a facility directory, to friends or family members involved in your care, and certain other disclosures PMG is permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer and should state the time period for which you wish the accounting to include, up to a six year period. PMG is not required to provide an accounting for disclosures that take place prior to April 14, 2003. PMG will not charge you for the first accounting request of any 12 month period. Subsequent accountings may require a fee based on PMG reasonable costs for compliance of the requests.

The right to obtain a paper copy of this NOTICE. PMG will provide a separate paper copy of this NOTICE upon request even if you have previously been given a copy of it or have agreed to review it in an electronic form.

VII. PMG's Duties

PMG is required to ensure the privacy of your health information and to provide you with this NOTICE of your rights and the practice's duties and procedures regarding your privacy. PMG must abide by the terms of this NOTICE, as may be amended periodically. PMG reserves the right to change the terms of this NOTICE and to make the new NOTICE provisions effective for all protected health information that PMG collects and maintains. If PMG alters its NOTICE, PMG will provide a copy of the revised NOTICE through regular mail or to patients in person.

VIII. Complaints

If you believe that your privacy rights have been violated, you have the right to bring forth complaints to PMG and to the Secretary of the Department of Health and Human Services. You may provide complaints to PMG verbally or in writing. Such complaints should be directed to PMG Privacy Officer. PMG encourages you to relate any concerns you may have regarding the privacy of your information and you will not be retaliated against in any fashion for filing a complaint.

IX. Contact Person

PMG contact person regarding the practice's duties and your rights under HIPAA privacy regulations is the Privacy Officer. The Privacy Officer can provide information regarding issues related to this NOTICE by request. Complaints to PMG should be directed to the Privacy Officer at the following address:

Brant Taylor
Parkway Medical Group
333 Gashes Creek Road
Asheville, NC 28803

The Privacy Officer can be contacted by telephone at (828) 298-0333.

X. Effective Date

This original NOTICE is effective on April 14, 2003. Revision on Contact Person is effective March 30, 2011.