

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 disclosures, 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:

Tamara Adell
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 August 30, 2004.