

GOLDSBORO SKIN CENTER, P.A. NOTICE OF PRIVACY POLICY

Effective Date: April 8, 2003

Updated/Revised August, 2013

This notice describes how medical information about you may be used and disclosed. As well as how you can obtain access to this information. Please review it carefully!

If you consent, Goldsboro Skin Center is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnosis, treatment, and plans for future care or treatment. It also includes billing documents for these services.

Examples of uses of your health information for treatment purposes area;

A nurse obtains treatment information about you and records it in a health record.

During the course of your treatment, the physician or physician assistant may send a copy of your office visit clinical notes to the primary care physician that referred you to this practice. Or perhaps the physician or physician assistant determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Examples of use of your health information for payment purposes;

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) request information from us regarding medical care given. We will provide information to them about you and the care given in order to obtain payment for services rendered.

08/2013 Patients have the right to restrict certain disclosures of PHI to a health plan where the patient, or a person on behalf of the patient other than the health plan, has paid the practice in full for the service. The practice policy is to document separate EMN (electronic Medical notes) for the patient's PHI that they do not wish to be disclosed to their health plan.

Example of use of your information for health care operations;

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, computer software services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of Goldsboro Skin Center, P.A. The information in it, however, belongs to you. You have a right to;

Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office – we are not required to grant the request but we will comply with any request granted;

Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at our office.

Request that you be allowed to inspect and copy your health record and billing record – you may exercise your right by delivering the request in writing to our office using the form we provide to you upon request to be picked-up within 3 business days. The practice is allowed to charge for the copying of records.

Under the new “Health Care Law” you can request an electronic copy of your health care record. We have 3 business days in which to provide you with an electronic copy of your health care record. We are allowed by law to charge you for the cost of producing the electronic record.

Appeal a denial of access of your protected health information except in certain circumstances;

Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. Please understand this does not mean the physician or physician assistant is required to make such amendments;

File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;

Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you, or disclosures made to approved family members or friends in the course of providing care. This disclosure will be made available within 3 days of receiving your request.

Request that communication of your health information be made by alternative means, withheld from family members, or at an alternative location by delivering the request in writing to our office.

Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact Brooke W. Norris, MHS, PA-C, our HIPAA Privacy Officer, in writing or via telephone at 919-736-0222 extension 113, during normal business hours. She will provide you with assistance on the steps to take to exercise your rights. You have the right to review this Notice as well as our Policies and Procedures before signing the consent authorizing us and disclosure of your protected health information for treatment, payment, and health care operations purposes.

Goldsboro Skin Center's Responsibilities

The office is required to:

Maintain the privacy of your health information as required by law;

Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;

Abide by the terms of this Notice;

Notify you if we cannot accommodate a requested restriction or request; and

Accommodate your reasonable requests regarding methods to communicate health information with you.

08/2013 Individuals will be notified following the discovery of a breach of unsecured PHI.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice. You can pick up a copy at our office or a copy will be available on our website www.goldsboroskincenter.com.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Brooke W. Norris, MHS, PA-C, our HIPAA Privacy Officer via telephone at 919-736-2222 extension 113.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Brooke W. Norris, MHS, PA-C, our HIPAA Privacy Officer. You may also file a complaint by mailing it to or calling the Secretary of Health and Human Services whose street address and phone number is: US Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201. Telephone: 202-619-0257, Toll Free: 1-877-696-6775.

We cannot and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.

We cannot, and will not, retaliate against you for filing a complaint with Secretary of Health and Human Services.

Other Disclosures and Uses

Notification – Unless you object, we may use or disclose your protected health information to notify, or assist in notifying a family member, personal representative, or other person responsible for your care, about your location or about your general condition.

Communication with Family - Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other persons you identify, health information, such as a biopsy or pathology result if relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Research – We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information and your consent has been given.

Disaster Relief – We may use and disclose your protected health information to assist in disaster relief efforts.

Funeral Directors or Coroners – We may disclose your protected health information to funeral directors or coroners, consistent with applicable law to allow them to carry out their duties.

Organ Procurement Operations – Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing – We may contact you to provide you with appointment reminders, with information about treatment alternatives or new treatment methods, or with information about other health-related benefits and services that may be of interest to you via telephone, mail or email.

Worker Compensation - If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws, relating to Workers Compensation.

Public Health – As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Food and Drug Administration (FDA) - As required by law, we may disclose your protected health information to report adverse events and other information related to the quality, effectiveness and safety of FDA- regulated products both to the manufacturers and directly to FDA.

Abuse & Neglect – We may disclose your protected health information to public authorities as allowed by law to report abuse and neglect.

Correctional Institutions – If you are an inmate of a correctional institution, we may disclose to the institution or its agents, the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement – We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight – Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceeding – We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.

Serious Threat to Health or Safety – To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions – We may disclose your protected health information for specialized government functions authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses – Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization and you may revoke the authorization as previously provided.

Website – We maintain a website that provides information about our entity and HIPAA Policy. www.goldsboroskincenter.com