

BOICE-WILLIS CLINIC'S NOTICE OF PRIVACY PRACTICES

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 provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that we protect the privacy of health information that identifies a patient. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of medical and billing information. All physicians, Boice-Willis Clinic employees, students or trainees, and any persons or companies with whom we contract for services to help operate our Clinic and who have access to our patients' information will follow this Notice. This Notice applies to all of the records of your care and billing for that care that are generated or maintained by Boice-Willis Clinic, whether made by Boice-Willis Clinic or other health care providers. Other healthcare providers may have different policies or notices regarding confidentiality and the use and disclosure of your medical information that apply to medical information created in their offices or at locations other than Boice-Willis Clinic.

Boice-Willis Clinic's Responsibility

Boice-Willis Clinic is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
- Follow the terms of the Notice that is currently in effect.

Boice-Willis Clinic reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain, as well as any information we receive in the future. Should our privacy practices change, we will post a notice of change in designated areas and on the Boice-Willis Clinic web site at www.boice-willis.com. The change to the policy will be available to you upon your request.

HOW WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION:

Following are examples of permitted uses and disclosures of medical information about you. This list does not include every type of use or disclosure that may be within that category.

For Treatment. We may use medical information about you to provide you with medical treatment or services; to physicians and other personnel who are involved in your care; and to people outside Boice-Willis Clinic who may be involved in your medical care after you have been treated.

For Payment. We may use or disclose medical information about you so that the treatment and services provided to you may be billed and payment may be collected from you, an insurance company, or a third party. For example, before providing treatment or services we may need to give your health plan information about your treatment to obtain prior approval to determine coverage. We may also disclose information about you to another healthcare provider, such as a hospital, for the payment activities concerning you.

For Healthcare Operations. We and our business associates may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to operate and insure all of our patients receive quality care. Licensing authorities may evaluate our qualifications and review our care to determine if we can be licensed, credentialed, certified, or approved under a health plan to treat patients. Members of the Boice-Willis Clinic medical staff or their designees may use information in your medical record to assess care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of

healthcare and services Boice-Willis Clinic provides. We may disclose information about you to other providers for use in their healthcare operations, if you have also received care from that provider.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend different ways to treat you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. Beginning on February 17, 2010, if we receive direct or indirect payment in exchange for such communications to you, we will obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by our business associate acting on our behalf and in accordance with our business associate agreement. You may elect not to receive any communication from us that encourages you to use a product or service, but notifying the HIPAA Officer or designee in writing.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. We may disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave Boice-Willis Clinic. All research projects, however, are subject to a special approval process. Beginning February 17, 2010, we will not be permitted to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the cost to prepare and transmit the medical information to the researcher, or unless we notify you in advance and obtain your written authorization.

Individuals Involved in Your Care or Payment for Your Care: Health professionals may disclose to a family member or friend, health information relevant to your care or payment related to your care, unless you tell us otherwise. In addition, if you are not present or cannot agree, we will use our professional judgment to disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

As Required or Permitted By Law. We will disclose medical information about you when required or permitted to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your and/or the public's health and safety. Disclosure will be limited to the information needed.

Special Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement, transplantations, or a donation bank as needed.

Workers' Compensation. In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

Public Health Risks. As required by law, we may disclose without your consent medical information about you for public health activities such as:

- Prevent or control disease, injury, or disability;
- Report births and deaths;

- Report reactions to medications or problems with products;
- Notify people of recalls of products they may be using;
- Report suspected abuse or neglect;
- Notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities. We may disclose without your consent medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. The government uses these to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose medical information about you in response to a court or administrative order, subpoena, or other lawful process from someone involved in a civil dispute.

Law Enforcement. We may disclose your medical information without your consent to a law enforcement official in response: to legal proceedings; to comply with mandatory reporting requirements for violent injuries; in response to a request for certain information to help locate a fugitive, material witness, suspect, or missing person; to report a death or injury suspected from criminal conduct; and to report suspected criminal conduct at any Boice-Willis Clinic location.

Coroners and Medical Examiners. We may disclose medical information to coroners and medical examiners to identify a deceased person or to determine the cause of death, or to funeral directors to carry out their duties.

Specialized Government Functions. We may disclose medical information for military and veterans' activities, national security, and intelligence activities. In addition, we may also disclose health information to a correctional institution in some circumstances. If you are in the custody of the North Carolina Department of Corrections (DOC), and the DOC requests your medical records, we are required to provide the DOC with access to your records.

Your Rights Regarding Medical Information About You

Although your health record is the physical property of Boice-Willis Clinic, you have the right to:

- Request to **Inspect and/or Receive a Copy** of your medical and billing information by completing an authorization, unless your treating physician determines it will be injurious to your well-being. If your request is denied, you can request a review of the decision in certain instances. Our Chief Medical Officer will then review the denial and either agree with the denial or grant access. If you are granted access at any point in the process, there will be a fee for copying. Beginning February 17, 2010, if we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.
- Request, in writing, to **Amend** your health record and provide a reason for your request. However, we may deny your request for the following reasons: the information was not created by Boice-Willis Clinic, unless the person or entity that created the information is no longer available to make the amendment; it is not a part of the medical record (designated record set); it is not part of the medical information that you would be permitted to inspect and copy; or it is complete and accurate. If your request is denied, you can submit a statement of disagreement and ask that it be included in your medical record.

- Request, in writing, to obtain an **Accounting of Disclosures** of your health information except for treatment, payment, and health care operations; made to or requested by you; and communications from our office and with your family. The accounting will include disclosures that occurred during the six years prior to the date of request, but no earlier than the Privacy Rule compliance date of April 14, 2003. The first request in a 12-month period is free and any additional requests within the same 12-month period will result in a fee.
- Request, in writing, a **Restriction** on certain uses and disclosures of your information, such as not receiving reminder calls for appointments. ***However, we are not required to agree to your requests.*** Beginning on February 17, 2010, you may request that we not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of ours. If you pay all such charges ***in full*** at the time of such request, we are required to agree to your request.
- Request, in writing, **Confidential Communications** of your health information by alternative means or at alternative locations. We must accommodate reasonable requests, but, when appropriate, may require you to provide us with an alternative address or other method of contact.
- Obtain a **Paper Copy of the Notice of Privacy Practices** or any revised notice upon request. If you prefer an electronic copy, one is available on our website at www.boice-willis.com.
- **Revoke** any and all authorizations you had given to us relating to the use or disclosure of your protected health information except to the extent that action has already been taken, and that we are required to retain our records of the care that we provided to you.

All forms to make the above requests can be obtained in the Medical Records Department.

Investigations of Breaches of Privacy. We will investigate any discovered unauthorized use or disclosure of your protected health information to determine if it constitutes a breach of the federal privacy or security regulations governing unsecured protected health information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

For More Information or to Report a Problem. If you believe your privacy rights have been violated, you can file a complaint with the Physician Coordinator at (252) 937-0312 or with the Secretary of Health and Human Services. If you have questions and would like additional information, you may contact the HIPAA Officer at (252) 937-0432. Boice-Willis Clinic will not retaliate for the filing of a complaint with the Clinic or the Secretary of the Department of HHS.

Effective: 4/14/03

Revised: 2/17/10