



Notice of Privacy

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. IT BECAME EFFECTIVE APRIL 14, 2003.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting your health information. We will create a record of the care and services you receive at Southern Family Medicine. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will apply to all of the records of your care generated by Southern Family Medicine. This notice will tell you about the ways we may use and disclose certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

1. Make sure that health information that identifies you is kept private.
2. Give you this notice of our legal duties and privacy practices with respect to your health information.
3. Follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE:

This notice describes Southern Family Medicine practices and that of:

1. All employees, staff, volunteers and other personnel.
2. In addition, we may share health information with each other for treatment, payment or healthcare operations purposes as described in this notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within at least one of the categories.

For Treatment. We may use your health information to provide you with medical treatment or services. We may disclose your health information to personnel who are involved in taking care of you. We may also use your information to coordinate different services such as; prescriptions, appointments, mental health appointments, dental appointments, referrals, etc.

For Treatment of Drug and Alcohol Use & Mental Health Issues. We will not release any of this treatment information to anyone unless you authorize us to do so or a court of law gives us an order to do so.

HIV & AIDS Treatment. If you are tested or receive treatment for HIV or AIDS, we will not release any information about your test results or treatment, except in the following circumstances:

1. You give us permission to release this information.
2. We are required or permitted by law to disclose this information.
3. A court order or subpoena requires us to release this information.

Unemancipated Minors – Treatment for Pregnancy; Drug and Alcohol Abuse; Venereal Disease; Emotional Disturbance. If you are under the age of 16 and are not married and have not been emancipated by a court of law, we will not reveal any information about any treatment you receive for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbances, except in the following circumstances:

1. Your treatment team determines that this information needs to be shared with your legally responsible person because there is a serious threat to your life or health.
2. If the legally responsible person contacts your treatment team and specifically asks about your treatment for one of the 4 conditions listed above.

For Payment. We may use and disclose your health information so that your treatment and services may be billed and payment may be collected from you, an insurance company or Medicaid.

For Health Care Operations. We may use and disclose your information for operational purposes. For example, we may use your information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine information about clients to decide what additional services we should offer, what services are needed, and whether certain treatments are effective.

Treatment Alternatives, Benefits and Services. We may use and disclose information to tell you about or recommend alternative services that may interest you or to tell you about related benefits or services of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release your information to a family member, other relative, close personal friend, or any other person who is involved in your care or payment related to your care.

To Avert a Serious Threat to Health or Safety. We may use and disclose your information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat.

SPECIAL SITUATIONS:

Public Health Risks. We may disclose your information for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.
2. To report births and deaths.
3. To report child abuse and neglect.
4. To report reactions to medications or problems with products.
5. To notify a person who has been exposed to a disease or condition.
6. To notify the appropriate government authority if we believe an adult client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law or in the case of a dependent adult.

Oversight Activities. We may disclose your information to an oversight agency for activities authorized by law. This includes audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the program and its compliance to civil rights law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your information in response to a court or administrative order. We may also disclose your information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process.
2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
4. About a death we believe may be the result of criminal conduct
5. About criminal conduct at Southern Family Medicine.
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Blood Testing. While receiving care, accidental exposure to blood or other bodily fluids may occur. If this happens, your blood can be tested for HIV, Hepatitis B and C. These tests are necessary to protect staff and associated with Southern Family Medicine. The result of these tests will be made a part of your record and not disclosed without your prior consent.

OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

North Carolina Law. In the event that North Carolina Law requires us to give more protection to your information than stated in this notice or required by Federal Law, we will give that additional protection to your information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

1. The right to inspect and copy your record or any part.
2. The right to request an amendment.
3. The right to request an accounting of disclosures.
4. The right to request restrictions.
5. The right to request confidential communications.
6. The right to a paper copy of this notice.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page. You can view the current notice at our website, www.SouthernFamilyMedicine.org. We will post copy of the current Notice of Privacy at our office.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Southern Family Medicine or with the Secretary of the Department of Health and Human Services. If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact our office. You will not be penalized for filing a complaint.