

NOTICE OF PRIVACY POLICY

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.

The providers, medical staff and employees of NC Neuropsychiatry are committed to respecting and preserving the privacy and confidentiality of patient information. This Privacy Policy describes the personal information we collect, and how and when we use or disclose that information.

Understanding Your Medical Record

Each time you visit NC Neuropsychiatry, a record of your visit is made. Typically, this medical record contains your health and medication history, symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. The information contained in your medical record serves as a:

- Basis for planning your care and treatment,
- Means of communication among the health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A source of information for public health officials charged with improving the health of the nation, and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Although your health record is the physical property of NC Neuropsychiatry, the information belongs to you. You have the right to:

- Obtain a paper copy of this privacy policy upon request,
- Inspect and obtain a copy of your medical record,
- Request an amendment of your medical record,
- Obtain an accounting of disclosures of your health information,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Providers, medical staff and employees of NC Neuropsychiatry are responsible for:

- Maintaining the privacy and confidentiality of your health information,
- Providing you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abiding by the terms of this privacy policy,
- Notifying you if we are unable to agree to a requested restriction, and
- Accommodating reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our privacy policy. Should our privacy policy change, we will mail a revised notice to the address you've supplied us and post the revised privacy policy in our offices. We will not use or disclose your health information without your authorization, except as described below. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization.

1829 E. Franklin Street, Bldg. 400
Chapel Hill, NC 27514
T 919 933-2000
F 919 933-2830

6911-100 Shannon Willow Road
Charlotte, NC 28226
T 704 529-4101
F 704 529-6655

2605 Blue Ridge Road, Suite 225
Raleigh, NC 27607
T 919 785-5055
F 919 573-6689

Examples of Uses and Disclosures of Private Health Information

We will use and/or disclose your health information:

- For purposes of treatment, payment, and quality improvement health operations.
- To your primary care physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.
- To a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- As required by law, such as disclosures about victims of abuse, neglect, or domestic violence; disclosures for judicial proceedings; and disclosures for law enforcement purposes.
- For purposes of evaluating and standardizing test instruments that may result in publication.
- 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 health information. Patients involved in research at our practice would first read and sign an informed consent document.
- To our business associate, such as a medical laboratory, so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- To notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- To provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- To the FDA and/or a Pharmaceutical Company, your health information relative to an experienced side effect to a prescribed medication that was previously unreported to enable product recalls or changes in reported side effects.
- To the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact the practice's Privacy Officer, at 919-933-2000 x103.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights. **Office for Civil Rights** U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201

Patient Name: _____

I have carefully reviewed and understand the Notice of Privacy Policy provided to me by North Carolina Neuropsychiatry. If requested, I may receive a copy of the Notice of Privacy Policy. The Notice of Privacy Policy describes how my medical information may be used and disclosed and how I can get access to this information. At any time I may request further explanation regarding the use and disclosure of my protected health information.

Patient Signature

Date

Parent or Legal Guardian Signature

Date

Witness Signature

Date