



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR RESPONSIBILITIES: Coastal Carolina Health Care, P.A. (CCHC) and each of its locations and components, are required by law to maintain the privacy of your protected health information (PHI) and to provide you with this Notice that explains our privacy practices with regard to PHI. “Protected Health Information” (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse. Before we make important changes to our policies, we will change this Notice and post a new notice at each of our locations and on our website www.cchealthcare.com. You can also request a copy of this Notice or any revised notice from the front desk at each of our locations.

II. HOW WE MAY USE AND DISCLOSE YOUR PHI: CCHC may use and disclose your PHI in the following circumstances:

- A. Uses and Disclosures of Your PHI for Treatment Purposes.** We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- B. Uses of Your PHI for Payment Purposes.** We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- C. Uses of Your PHI for Healthcare Operations.** We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- D. Use of Your PHI in Other Situations:**
 - 1. When disclosure is required by law.** We will disclose PHI about you when required to do so by international, federal, state, or local law. For example, we may be required to report gunshot wounds, suspected abuse or neglect.
 - 2. Public health activities or to avert a serious threat to health and safety.** For example, we report information about certain diseases, to the local health department and others as required by law.
 - 3. Health oversight activities.** We may disclose PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - 4. Coroners, funeral directors, and/or organ donation.** For example, we may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties. We may also provide information to organ procurement organizations as necessary to facilitate organ or tissue donation and transplantation.
 - 5. Medical research purposes.** For example, we may disclose your PHI 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 PHI.
 - 6. Specialized government functions.** For example, information may be shared for national security purposes, or if you are a member of the military, to the military command authorities under limited circumstances.
 - 7. Workers’ compensation.** For example, we may disclose PHI related to your workers’ compensation claim, to your employer’s workers’ compensation insurance carrier or similar programs.
 - 8. Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** For example, we may use and disclose PHI to contact you for appointment reminders for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
 - 9. Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf. For example, we may use another company to do our billing, or to provide transcription or consulting services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
 - 10. Legal Proceedings.** For example, we may disclose PHI to respond to a court order, a subpoena, or other lawful process.

11. Correctional Institutions. Information may be shared with the correctional institution or law enforcement official, for example, if you are an inmate or under custody of law and which the information is necessary for your health or the health and safety of other individuals.

E. Uses and Disclosures Where You Have the Opportunity to Object and Opt Out.

- 1. Individuals Involved in Your Care or Payment for Your Care.** We may provide PHI to your family members, a friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- 2. Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- 3. Fundraising Activities.** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities.

F. Your Written Authorization is required for Other Uses and Disclosures.

1. Most uses and disclosures of psychotherapy notes,
2. Uses and disclosures of Protected Health Information for marketing purposes, and
3. Disclosures that constitute a sale of your Protected Health Information.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

III. YOUR PRIVACY RIGHTS: You have certain rights with respect to your PHI, with certain limitations. All requests to exercise your rights described in this Notice must be made in writing. Request forms are available on our website, www.cchealthcare.com.

A. The Right to Request Restrictions. You have the right to request this practice not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. We will consider your request however we are not legally required to accept it and will notify you in writing. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment.

1. **Out-of-Pocket Payments.** If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

B. The Right to Request Confidential Communication. You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. We will accommodate all reasonable requests.

C. The Right to View or Get Copies of PHI. You may request to view or get copies of your PHI. There are some exceptions to records which may be copied, and your request may be denied. If your request is denied, we will inform you in writing.

1. **We may charge you** a reasonable cost based fee for a copy of your records. This fee may be billed to the patient by either the Practice itself, or HealthPort. We have up to 30 days to make your PHI available to you.
2. **If you request an electronic copy of your PHI**, we will make every effort to provide access to your ePHI in the form or format you request. We may charge you a reasonable, cost-based fee for the supplies and labor with this process.

D. The Right to Request Amendments to Your PHI. You may request an amendment of your PHI if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree and may file a statement of disagreement with us.

E. The Right to Get a List of Disclosures We Have Made. You have the right to get a list of the persons or entities with which we have shared your PHI for purposes other than treatment, payment or healthcare operations. You may request them for the previous six years or a shorter timeframe. This does not include disclosures made prior to April 14, 2003. If you request more than one list within a 12 month period you may be charged a reasonable fee.

F. Right to Get Notice of a Breach. You have a right to receive notification of any breach of your PHI.

G. The Right to Obtain a Paper Copy of this Notice. You have the right, at any time, to get a paper copy of this Notice. Copies of this Notice are available at the front desk of our practice locations or online at www.cchealthcare.com.

IV. COMPLAINTS: If you think we have denied your privacy rights described in this Notice, or you want to complain to us about our privacy practices, you can contact the Privacy Official listed below. All complaints must be made in writing.

CCHC Privacy Official, PO Box 12248, New Bern, NC 28561

Phone: (252) 514-6685 Fax: (252) 514-2745

You may also send a written complaint to the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201. If you file a complaint, we will not take any actions against you or change our treatment of you in any way.

V. EFFECTIVE DATE OF THIS NOTICE: This Notice is effective April 14, 2003 (revised August 30, 2013).