

NOTICE OF HEALTH INFORMATION 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.

EFFECTIVE DATE: April 14, 2003

If you have any questions about this notice, please contact RAM's Privacy Officer at 919-781-9979.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Raleigh Adult Medicine ("RAM" or the "Practice") and those of:

- Any health care professional authorized to enter information into your medical record.
- Any member of a volunteer group we allow to help you while you are at RAM.
- All employees, staff and other RAM personnel.

All these persons follow the terms of this notice. In addition, these persons may share medical information with each other for treatment, payment or operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at RAM. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by RAM.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The Law requires us to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that currently is in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical 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 one of these categories.

- **FOR TREATMENT.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other RAM personnel who are involved in taking care of you at the Practice.
- **FOR PAYMENT.** We may use and disclose medical information about you so that the treatment and services you receive at RAM may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at RAM so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **FOR HEALTH CARE OPERATIONS.** We may use and disclose medical information about you for Practice operations. These uses and disclosures are necessary to run the Practice and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine medical information about many RAM patients to decide what additional services the Practice should offer, what services are not needed, and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, and other RAM personnel for review and learning purposes. We also may combine the medical information we have with medical information from other practices to compare outcomes and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so that others may use it to study health care and healthcare delivery without learning the identities of specific patients.
- **TREATMENT ALTERNATIVES.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to 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.
- **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.**
We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We also may give information to someone who helps pay for your care. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care.
- **RESEARCH.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process and will require your written consent if the researchers will know who you are. Medical information about you that has had all identifying information removed may be used for research without your consent.
- **AS REQUIRED BY LAW.** We will disclose medical information about you when required 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 health and safety or the health and safety of the public or another person. Any disclosure, however, would only be made to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **ORGAN AND TISSUE DONATIONS.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **MILITARY AND VETERANS.** If you are a member of the armed forces, we may release medical

information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

- **WORKERS COMPENSATION.** We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **PUBLIC HEALTH RISKS.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To report reactions to medications or problems with products and to notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe a patient 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.
- **HEALTH OVERSIGHT ACTIVITIES.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **LAWSUITS AND DISPUTES.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a valid court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute by furnishing your medical records or information under seal to the court. The copies of your medical records under seal may only be opened by the parties to the case or their attorneys in depositions unless written disclosure is otherwise ordered by a judge.

- **LAW ENFORCEMENT.** We may release medical information if asked to do so by a law enforcement official:

- In response to a valid court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct:
- About criminal conduct at the practice; and
- 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.

- **CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of **RAM** to funeral directors as necessary to carry out their duties.

- **SECURITY, INTELLIGENCE ACTIVITIES, AND PROTECTIVE SERVICES.** We may release medical information about you to authorized federal or state officials for intelligence, counterintelligence, and other governmental activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

- **INMATES.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; (4) to obtain payment for services provided to you.

- **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy medical information that may be used to make decisions about your care.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to **RAM**'s Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If you agree, we may provide you with a summary of the information instead of providing you access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.

We may deny your request to inspect and copy medical information in certain very limited circumstances, such as when your physician determines that for medical reasons, this is not advisable. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by **RAM** will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this person decides.

- **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for **RAM**.

To request an amendment, your request must be made in writing and submitted to **RAM**'s Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a valid reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for **RAM**;

- Is not part of the information which you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to **RAM’s** Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the medical information we disclose about you for treatment, payment, or health care operations to individuals or entities outside of the Practice. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to **RAM’s** Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **RIGHT TO CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the **RAM’s** Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable

requests. Your request must specify how or where you wish to be contacted.

- **RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact **RAM’s** Privacy Officer at 919-781-9979.

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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with **RAM**, contact **RAM’s** Privacy Officer at 919-781-9979. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you 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 and that we are required to retain our records of the care that we provided to you.