

## NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### INTRODUCTION

At Carolina Psychiatric Services, P.A., we are committed to treating and using health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective July 22, 2019 and applies to all protected health information as defined by federal regulations.

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit Carolina Psychiatric Services, P.A., and a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, referred to as your medical record, serves as a:

- Basis for planning your care and treatment,
- A means of communication among the health professionals who contribute to your care
- Legal document describing the care you received,
- A means by which you or a third-party payer can verify that services billed were actually provided, 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.

### YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Carolina Psychiatric Services, P.A., the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosure of your information as provided by 45 CFR 164, .522,
- Obtain a paper copy of this notice of information,
- Inspect and copy your health record as provided for in 45 CFR 164.52, in accordance with office procedures,
- Amend your health record as provided in 45 CFR 164.528, in accordance with office procedures,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken, and
- Right to report a problem or request information about privacy rights or issues.

### OUR RESPONSIBILITIES

Carolina Psychiatric Services, P.A. is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by terms of this notice,
- Notify you if we are unable to comply with restriction of release of information,
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations, and
- Act promptly to release information when in receipt of your authorization.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice to you at your next scheduled appointment.

We will not use or disclose your health information without your express written authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

#### EXAMPLES OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

- We will use your health information for treatment. For example: Information obtained by your clinician will be recorded in your record and used to coordinate care between your physician and therapist.
- We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures.
- We will use your health information for regular health operations. For example: Members of our staff may use information in your health record to assess the 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 the healthcare and service we provide.
- Business associates: There are some services provided in our organization through contacts with business associates. Examples include software support and transcription service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information. All our business associates are required to sign a confidentiality agreement.
- Notification: In case of emergency, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition,
- We may contact you to change appointments,
- Public health: 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.
- Law enforcement: we may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. In the case your records are subpoenaed, we will notify you of the subpoena to give you the opportunity to contact your attorney if it is your desire to attempt to quash to subpoena.

#### FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the practice's Privacy Officer, Beth Brown at (803)796-6811, ext. 17. If you believe your privacy rights have been violated, you can file a complaint with the practices' Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is:

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