



## NOTICE OF PRIVACY PRACTICES

This notice describes Immediate Care practices and that of all employees, staff, students, trainees and other personnel.

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 Immediate Care. Your health information is contained in a medical record that is the physical property of Immediate Care. 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 and billing for Immediate Care.

This notice will tell you about the ways in which Immediate Care and the persons listed above 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.

We are required by law 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 is currently in effect.

**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, medical students, or other personnel who are involved in taking care of you at Immediate Care. We will only disclose medical information about you to people outside Immediate Care, who are not currently involved in your care at our office, with your consent, except for disclosures required by law.

**FOR PAYMENT:** We may need to use and disclose medical information about you so that the treatment and services you receive at Immediate Care or as given by other providers may be billed to and payment may be collected from you, an insurance company or health plan. We will only disclose with your consent medical information about you to people outside Immediate Care to obtain payment, except for certain disclosures required by law.

**INDIVIDUALS INVOLVED IN YOUR CARE:** We may disclose medical information about you to a friend or family member who is involved in your medical care, unless you object. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these disclosures 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 disclose relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

**INDIVIDUALS INVOLVED IN THE PAYMENT FOR YOUR CARE (SPOUSE OR OTHER RESPONSIBLE PARTY):** If you have consented to our disclosure of medical information for the purpose of obtaining payment for the care provided to you, such disclosure may also entail giving information to other family members who are insured on your policy or to someone who helps pay for your care, and your consent authorizes such disclosures.

**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 of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

In special situations such as required by military command authorities. With your consent we may use and disclose to components of the Department of Veterans Affairs medical information about you to determine if you are eligible for certain benefits.

**WORKERS COMPENSATION:** We may release without your consent medical information about you for workers' compensation or similar programs under appropriate circumstances. These programs provide benefits for work-related injuries or illness.

**PUBLIC HEALTH RISKS:** We may disclose without your consent 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 suspected abuse or neglect as required by law;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using; and
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities, 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 law.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena 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 a judge orders otherwise.

**LAW ENFORCEMENT:** We may release without your consent medical information if asked to do so by a law enforcement official:

- In response to a court order, grand jury demand, or search warrant;
- About a death or injury we believe may be the result of criminal conduct; or
- About suspected criminal conduct at Immediate Care.

**BEHAVIORAL HEALTH CARE:** Regardless of the other parts of this Notice, any information relating to alcohol and drug treatment or other behavioral health care treatment, including psychotherapy notes, will not be disclosed outside except as authorized by you in writing, pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within Immediate Care, except for training purposes or to defend a legal action brought against Immediate Care, unless you have properly authorized such disclosure in writing.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:**

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

### **RIGHT TO INSPECT AND COPY:**

You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care, unless your treating physician determines that providing you with such information would be injurious to your well-being. When we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Immediate Care 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 reviewer decides. To inspect and receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Immediate Care Privacy Officer. If your request a copy of the information, we may charge a fee for the costs of copying, mailing, or other associated with your request and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information, we first will obtain your agreement to pay the fees, if any, for preparing the summary or explanation.

## **RIGHT TO AMEND:**

If you feel that medical information we have about you is correct 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 Immediate Care.

To request an amendment, your request must be made in writing and submitted to Immediate Care 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 reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was created by a provider other than Immediate Care, unless the provider who created the information is no longer available to consider or make the statement.
- Is not part of the medical information kept by or for Immediate Care;
- Is not part 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 a list of certain disclosures we have made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Immediate Care'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.
- The first list you request within a 12-month period will be free.
- For additional list, we may charge you for the costs of providing the list. We will notify you of the involved and you may choose to withdraw or modify your request at the time before any costs are incurred. We may collect the fee before providing the list to you.

## **RIGHT TO REQUEST RESTRICTIONS:**

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we disclose about you to individuals or entities outside of Immediate Care and on the use of psychotherapy notes within Immediate Care by someone other than the person who wrote the notes. 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 family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**In some instances, we are not required to agree to your request.** If we do agree, we will comply with your requested restriction unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Immediate Care'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; and
3. to whom you want the limits to apply, for example, disclosures to your spouse.

### **RIGHT TO REQUEST 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, or at a mailing address other than your home address.

To request confidential communications, you must make your request in writing to Immediate Care's Privacy Officer and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

### **RIGHT TO A PAPER COPY OF THIS NOTICE:**

You have the right to a paper copy of this notice or any revised 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.

You may obtain a copy of this notice at our website,  
[www.ImmediateCareOfGoldsboro.com](http://www.ImmediateCareOfGoldsboro.com)  
to obtain a paper copy of this notice, contact Immediate Care  
at (919)580-0004

### **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 at Immediate Care. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be available to you upon request.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Immediate Care or with the Secretary of the Department of Health and Human Services.

To file a complaint with Immediate Care, contact the Privacy Officer at (919)580-0004. **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 will be made only with your written permission or as required by law. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.