

Henderson Pulmonary & Sleep Medicine

568 Ruin Creek Road Suite 127

Henderson, North Carolina 27536

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NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI).

PLEASE READ THIS NOTICE CAREFULLY

The terms of this notice apply to all records containing your IIHI that are created or retained by this practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location, and you may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR IIHI IN THE FOLLOWING WAYS, UNLESS YOU OBJECT:

1. **Treatment.** Our practice may use your IIHI to treat you or disclose your IIHI in order to assist others in your health care treatment. Additionally, we may disclose your IIHI to your spouse or partner, your children or your parents unless a written directive is in place.
2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services you receive here.
3. **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. Your IIHI may be used to remind you of appointments or health evaluations.
4. **Release of Information to Family and Friends.** Our practice may release your IIHI to a friend, family member, or personal representative who is involved in your health care if you are mentally alert and do not object. In cases of emergency or your incapacity, our professional judgment must guide the use and disclosure.
5. **Disclosures Required or Authorized by Law.** Our practice will use and disclose your IIHI when required to do so by federal, state, or local law. This includes public health risks or being a possible victim of neglect, abuse or domestic violence.
6. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances.

YOUR RIGHTS REGARDING YOUR IIHI

YOUR health and billing records are the physical property of Henderson Pulmonary & Sleep Medicine. The information in them, however, belongs to you. You have a right to:

1. **Confidential Communications.** You have the right to request that our practice communicate with you in a particular manner or location. Submit a signed request in writing to the Privacy Officer specifying the requested method/location. Our practice will accommodate **reasonable** requests.
2. **Requesting Restrictions.** You have the right to request a restriction in use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict disclosure of your IIHI to only certain individuals. **We are not required to agree to your request.** Submit a signed request in writing to the Privacy Officer. Your request must describe the information you wish restricted, whether you are requesting to limit use, disclosure or both and to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including billing records. Submit a signed request in writing to the Privacy Officer. A fee for the costs associated with your request is likely. Our practice may deny your request. You may request a review of the denial. Another licensed health care professional chosen by our practice will conduct the review.
4. **Amendment.** You may ask to amend your IIHI if you believe it is incorrect or incomplete. Submit a signed request in writing to the Privacy Officer. You must provide a reason that supports your request. Your request will be denied if you ask us to amend information that is in our opinion accurate and complete, not part of the IIHI kept by or for the practice, not part of the IIHI which you would be permitted to inspect and copy, or not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI. Submit a signed request in writing to the Privacy Officer. All requests must state a time period.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our Notice of Privacy Practices at any time.
7. **Right to File a Complaint.** If you believe your Privacy rights have been violated, you may file a complaint with our practice or with the U.S. Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact
Privacy Officer
Henderson Pulmonary & Sleep Medicine
568 Ruin Creek Road Suite 127
Henderson, NC 27536

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide Henderson Pulmonary & Sleep Medicine regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, Henderson Pulmonary & Sleep Medicine will no longer use or disclose your IIHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

IF YOU HAVE QUESTIONS regarding this notice or our health information privacy policies, please contact the Privacy Officer.