

Consults in Wellness, PLLC

HIPAA/PRIVACY PRACTICES FORM

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 AND ASK IF QUESTIONS ARISE.

“HIPAA” is the acronym for the federal legislation titled Health Insurance Portability and Accountability Act of 1996. HIPAA. HIPAA is complex and has many components, but mainly addresses (1) Patient Privacy and provides new rules in regard to how an individual’s health information may be used and disclosed by covered entities. (2) Security - requires covered entities to have specific security measures in place to protect an individual’s health information that is sent, transmitted or stored.

At our practice, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies 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 5, 2011 and applies to all protected health information as defined by federal regulations. 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.

UNDERSTANDING YOUR HEALTH RECORD

Each time you visit our practice, 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, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided
- Means by which a third-party payer can determine reimbursement for services to a provider based on diagnosis and procedural coding systems.
- Means by which third party payers, institutions and others determine coverage or eligibility (in example- health, disability or life insurance companies)
- Tools for educating health professionals
- Source of data for medical research,
- Source of information for public health officials charged to improve the health of the state and nation,
- Source of data for our planning and marketing, and
- Tool by which we can assess and continually improve the care we render and outcomes we achieve.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of our practice, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy policies upon request,
- Inspect and copy your health record as provided by 45 Code of Federal Regulations (CFR) 164.524,

- Amend your health record as provided by 45 CFR 164.526,
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528,
- Request confidential communications of your health information as provided by 45 CFR 164.522, and
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 (our practice, however, is not required by law to agree to a requested restriction).

OUR RESPONSIBILITIES

Our practice is required to:

- Maintain the privacy of your health information, this includes not only your medical care provider but any staff involved in your care or has access to your health record,
- 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 the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate your health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the effective date. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request.

We will not use or disclose your health information in a manner other than described in the section regarding Examples Of Disclosures For Treatment, Payment, And Health Operations, without your written authorization, which you may revoke as provided by 45 CFR 164.508(b) (5), except to the extent that action has already been taken.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our practice's Privacy Officer at 910-208-0258

If you believe your privacy rights have been violated, you can either file a complaint with our Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our Privacy Officer or the OCR. The address for the OCR is as follows:

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

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment.

For example:

Health information you convey to Consults in Wellness, PLLC will be recorded in your medical record and used to determine the course of treatment that should work best for you. Your subsequent response to treatment will be recorded there as well.

We will also provide your other physician(s) or health care provider(s), with your permission, copies of various reports that should assist them in treating you.

We will use your health information for regular health operations.

For example:

Consults in Wellness, PLLC 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.

Other examples of how your health information is used or shared:

- **Business Associates:** There are some services provided in our organization through specialists, contacts and business associates. Examples include physician services in the emergency department. A specialist physician to whom you are referred, radiology groups, laboratory services. Due to the nature of business associates' services, they must receive your health information in order to perform the jobs we've asked them to do. To protect your health information, however, when these services are provided, the business associate is required to appropriately safeguard your information.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member or personal representative (or other person responsible for your care) of your location and general condition. **This person or person(s) listed on the HIPAA Signature form as Designated Individual Authorization or as an Emergency Contact.**
- **Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, or close personal friend (or any other person you identify) health information relevant to that person's involvement in your care or payment related to your care as established by law and your **Designated Individual Authorization Form.**
- **Research:** We may disclose information 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 health information.
- **Funeral directors:** We may disclose health information to funeral directors to carry out their duties consistent with applicable law.
- **Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers Compensation:** We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **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.
- **Appointment Reminders:** We may contact you or a family member at the phone number you have provided to us as a reminder that you have an appointment.
- **Marketing:** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

- **Licensing Agencies or Health Oversight Agencies whose duty is to protect the public:** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

PLEASE SIGN THE ATTACHED SIGNATURE FORM TO VERIFY THAT YOU HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE PRIVACY POLICIES

CONSULTS IN WELLNESS

HIPAA

Patient Information Acknowledgement

I have read and fully understand Consults In Wellness' Notice of Patient Information Practices. I understand the Consults In Wellness may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that Consults in Wellness will consider requests for restriction on a case-by-case basis.

I hereby acknowledge to the use and disclosure of my personal health information for purposes as noted in Consults In Wellness' Notice of Patient Information Practices. I understand that I reserve the right to evoke this acknowledgement by notifying the practice in writing at any time. I hereby acknowledge that a copy of the Notice of Patient Information Practices has been provided to me.

Designated Individuals Authorization

I hereby authorize one or all of the designated parties below to request and receive the release of protected health information regarding any treatment, payment or administrative operations related to treatment and/or payment. I understand the identity of designated parties must be verified before the release of any information. (PLEASE do not include physician offices or other physicians or practitioners involved in your care here. These providers require a Release of Information form).

Authorized Designees:

Print Name

Relationship

Print Name

Relationship

Print Name

Relationship

Patient Name (Print)

Patient/Guardian Signature

Date