

## **HORIZON FAMILY MEDICINE, P.A.**

### **NOTICE OF PRIVACY PRACTICES**

**This notice describes how health and personal information about you may be used and disclosed, and how you can get access to this information.**

**Please review it carefully.**

**The privacy of your health and personal information is important to us.**

#### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health and personal information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health and personal information. We must follow the privacy practices that are described in the notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health and personal information that we maintain, including health and personal information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

#### **USES AND DISCLOSURES OF HEALTH AND PERSONAL INFORMATION**

We use and disclose health and personal information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may use or disclose your health and personal information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may use and disclose your health and personal information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health and personal information in connection with our healthcare operations. Healthcare operations include quality assessment

and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health and personal information for treatment, payment or healthcare operation, you may give us written authorization to use your health and personal information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it in writing at anytime. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health and personal information for any reason except those described in this notice.

**To Your Family and Friends:** We must disclose your health and personal information to you, as described in the Patient Rights section of this notice. We may disclose your health and personal information to a family member, friend, or other person to the extent necessary to help with your healthcare, but only if you agree we may do so.

**Persons involved in care:** We may use or disclose health and personal information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health and personal information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health and personal information based on a determination using our professional judgment disclosing only health and personal information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health and personal information.

**Marketing Health-Related Services:** We will not use your health and personal information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health and personal information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health and personal information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health and

personal information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health and personal information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health and personal information required for lawful intelligence, counter intelligence, and other national security activities. We may disclose to correctional institution or a law enforcement official having lawful custody of protected health and personal information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may disclose your health and personal information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

#### PATIENT RIGHTS

**Access:** You have the right to look at, or get copies of, your health and personal information, with limited exceptions. You must request in writing to obtain access to your health and personal information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. If you request copies, we will charge you for each page; and for postage, if you want the copies mailed to you. If you prefer, we will prepare a summary or explanation of your health and personal information for a fee. Contact us using the information listed at the end of this notice for full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclose your health and personal information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last six years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a cost-based fee for these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use of disclosure of your health and personal information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergencies).

**Alternative Communication:** You have the right to request that we communicate with you about your health and personal information by alternative means or to alternative locations. (You must make this request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health and personal information. (Your request must be in writing and it must explain why the information should be amended). We may deny your request under certain circumstances.

Electronic Notice: If you receive this notice on our web-site or by electronic mail, you are entitled to receive this notice in written form.

#### QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we have made about access to your health and personal information, or in response to a request you made to amend or restrict the use or disclosure of your health and personal information, or to have us communicate with you by alternate means or at alternate locations, you may complain to us using the contact information listed at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Service upon request.

We support your right to the privacy of your health and personal information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Officer:**

**Telephone: (919) 963-3148**

**Fax: (919) 963-2900**

**Address: 864 Black Creek Road, Four Oaks, NC 27524**