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NOTICE OF PRIVACY PRACTICES
(This information is made available to all patients)

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.

WHO WILL FOLLOW THIS NOTICE:

Any health care professional authorized to enter information into your chart (including physicians, PA's, RN's, CRNP's);
All areas of the practice (front desk, administration, billing and collection etc);
All employees, staff and other personnel that work for or with our practice;
Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, etc.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting the privacy of this information. We create a record of the care and services you receive at MED CENTER NORTH, PC 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 generated by MED CENTER NORTH, PC, whether made by MED CENTER NORTH, PC personnel or your physician. This notice will tell you about the ways in which we 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 at the time Private Health Information was obtained.

FACILITY RESPONSIBILITIES--HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other MED CENTER NORTH, PC personnel who are involved in taking care of you at MED CENTER NORTH, PC.

For Payment: We may use and disclose medical information about you so the treatment and services you receive at MED CENTER NORTH, PC may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of medical information to obtain prior authorization for treatment and procedures from your insurance plan.

For Health Care Operations. We may use and disclose medical information about you for MED CENTER NORTH, PC operations. These uses and disclosures are necessary to operate MED CENTER NORTH, PC and make sure all of our patients receive quality care. Some of the operations may include:

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at MED CENTER NORTH, PC or a referring physician practice.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or

services that may be of interest to you. We may from time to time contact patients to check on their wellbeing.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you have been seen at MED CENTER NORTH, PC. 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.

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 or safety or the health and safety of the public or another person. Such disclosure would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS:

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Worker's Compensation: We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries.

Public Health Risks: We may disclose medical information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using.
- 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.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include 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 laws.

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 may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request to allow you to obtain an order protecting the information requested.

Law Enforcement: We may disclose medical information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at MED CENTER NORTH, PC.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Home Directors: We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of MED CENTER NORTH, PC to funeral home directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the correctional institution or the law enforcement official. This would be necessary for the institution to provide you with health care, to protect your health and safety of others or for the safety and security of the correctional institution.

Other Uses: Any other uses or disclosures of your health information will be made only with your written authorization.

PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

- **Right to Inspect and obtain a copy of your health information** as provided in 45 C.F.R. 164.524. This does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the PRIVACY OFFICER. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by MED CENTER NORTH, PC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

- **Right to amend your health information** as provided in 45 C.F.R. 164.526. If you feel the medical information we have about you is incorrect 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 MED CENTER NORTH, PC. To request an amendment, your request must be in writing and submitted to the 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 not created by us.
 - Is not part of the information kept by MED CENTER NORTH, PC
 - Is not part of the information which you would be permitted to inspect and copy.
 - Is accurate and complete.
- **Right to obtain an Accounting of Disclosures** as provided in 45 C.F.R. 164.528. You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for reasons other than Treatment, Payment or Operations. To request this list of accounting, you must submit your request in writing to the PRIVACY OFFICER.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions** on certain uses and disclosures of your health information as provided by 45 C.F.R. 164.552. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST: If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the PRIVACY OFFICER. In your request, you must tell us what information you want to limit, whether you want us to limit our use, disclosure or both and to whom you want the limits to apply.

- **Right to Request Confidential Communications** as provided in 45 C.F.R. 164.522 (b): 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 home, not at work or at work and not at home. To request confidential communications, you must make your request in writing to the PRIVACY OFFICER. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

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 in MED CENTER NORTH, PC. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or admitted to MED CENTER NORTH, PC for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please contact MED CENTER NORTH, PC who will direct you on how to file an office complaint. All complaints must be submitted in writing, and shall be investigated, without repercussion to you.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Business Associates: There are some services provided in our organization through contracts with business associates. 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 and bill you, your insurance company or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.