



Notice of Privacy Practices

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.

If you have any questions about this notice, please contact our Privacy Officer at the address and telephone number listed below:

P.O. Box 12459
Jacksonville, NC 28546
(910) 939-0724

Effective Date: March 12, 2022 Revised: June 28, 2022

We are committed to protect the privacy of your personal health information (PHI).

This notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment, or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice.

We may change our Notice at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by making copies of the new Notice available in our office, by mail, or by patient portal where available.

Uses and Disclosures of Protected Health Information

We may use or disclose (share) your PHI to provide health care treatment for you.

Your PHI may be used and disclosed by your physician, out office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.

PHI may be shared with the following:

- CoverMyMeds/other Prior Authorization processing companies
- Billing companies
- Insurance companies/Health Plans
- Government agencies in order to assist with qualification benefits
- Collection agencies

We may use or disclose, as needed, your PHI in order to support the business activities of this practice which are called health care operations.

Please be aware that all staff working at Affiliated Medical Group are HIPAA certified and compliant and have access to your PHI on an as-needed basis.



We may use and disclose your PHI in other situations without your permission:

- **If required by law**
- **Public health activities**
- **Health oversight agencies**
- **Legal proceedings**
- **Police or other law enforcement purposes:** The release of PHI will meet all applicable legal requirements for release.
- **Coroners, funeral directors:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law.
- **Special government purposes**
- **Correctional institutions**
- **Workers' Compensation**
- **Business Associates**
- **Health Information Exchange**
- **Appointment reminders**

We may use or disclose your PHI in the following situations UNLESS you object:

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.
- We may notify a family member if a concern of harm to yourself or others arises.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur. Written authorization must be updated annually. Only the most recent written authorization will be considered valid.

We require written authorization to speak with any person(s) other than the patient, the biological parent of a minor patient, or the legal guardian of a patient with proper documentation on file. A written authorization is required for step-parents of minor patients. If an unauthorized person attempts to speak with any member of the practice about the patient, our staff will inform them that we are unable to confirm or deny that the person in question is a patient at our practice. No further information will be given until permission is received by the patient or their legal guardian.

Please note: If you choose to leave an online review on any website that includes your name, photo, or other personally identifying information in your profile, that is not under our control. In this case, your PHI is being released by you. Additionally, in most cases, we are unable to delete any review(s) posted.

Your Privacy Rights

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. The written request will be given to the practice.



You have the right to see and obtain a copy of your protected health information.

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost-based fee for a copy of the records.

You have the right to request a restriction of your protected health information.

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. We are not required to agree with this request. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment.

There is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations.

We will agree to reasonable requests. We may also request alternative addresses or other methods of contact such as mailing information to a post office box.

You may have the right to request an amendment of your health information.

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have the opportunity to disagree.

You have the right to a list of people/organizations who have received your PHI from us.

This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe.

Additional Privacy Rights

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.
- You have a right to receive notification of any breach of your protected health information.

Complaints

If you think we have violated your rights or you have a complaint about our privacy practices you can contact our Patient Advocate/Customer Relations at (910) 939-0724. You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.