

BILTMORE OB-GYN

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 is a federal program that requires that all medical records and other identifiable health information used or disclosed by us in any form, whether electronically, or on paper are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used.

As required by HIPAA, we have prepared the explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and healthcare operations.

- Treatment means providing, coordinating or managing healthcare and related services by one or more healthcare providers. An example of this would be a physical examination.
- Payment when such activities as obtaining reimbursement for service, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Healthcare operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions cost-management analysis, customer service and marketing. An example would be an internal quality assessment review or mass messaging regarding a service provided in our office.
- We may contact you in an effort to raise money. You may opt out of receiving such communications.

We may also create and distribute de-identified health information by removing all reference to individually identified information.

We may contact you to provide reminder or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other use and disclosure will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken options relying on your prior authorization.

You have the following rights with respect to your personal health information which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosure of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to restrict certain disclosures of protected health information to a health plan where the individual pays out of pocket in full for the health care item or service.
- The right to inspect and copy your protected health information.

- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information
- The right to receive notification in the event of a breach scenario.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of May 2007 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please feel free to contact us about HIPAA or to file a complaint:

Lisa Christiansen
Practice Manager / HIPPA Privacy Officer

828-277-7727

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24 Medical Park Dr
Asheville, NC 28803**

THIS FORM WAS REVISED ON 9/21/2013.