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## **NOTICE OF PRIVACY PRACTICES**

If you have any questions about this notice, please contact our office at 336-543-0408.

The office of Lucas Exceptional Healthcare and Consultation understands your privacy is important. This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and relate to your past, present, or future physical or mental health condition or payment.

### Understanding Your Medical Health Record

Each time you visit a hospital, physician, or another healthcare provider, a record of your visit is made. Typically, this record contains personal demographic information, 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:

- The 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 provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials charged with improving the health of the nation;
- A source of data for facility planning and marketing; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

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;
- Make more informed decisions when authorizing disclosure to others.

## Your Patient Rights to Health Information:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Therefore, you have the right to:

- Request a restriction on specific uses and disclosures of your information as provided by 45 CFR 164.522. However, we are not required to agree to the restriction;
- Inspect, review and receive a copy of your health record as provided for in 45 CFR 164.524. Usually, this includes medical and billing records but does not include psychotherapy notes. If you request a copy of the information, we will charge you \$0.75 for each page, postage, and supplies associated with your request if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format
- Amend your health record as provided in 45 CFR 164.526. To request an amendment, your request must be in writing and must provide a reason that supports your request.

We may deny your request if you ask to amend information that:

- Was not created by us;
- Is not part of the medical information kept by our office;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate or complete.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. To request this list or accounting of disclosures, your request must be in writing and must state the time period, which may not be longer than six years and may not include dates before July 17, 2020.
- Request communications of your health information by alternative means or alternative locations;
- Receive confidential communications of protected health information as provided in 45 CFR 164.522 (b), as applicable;
- Restrict the release of protected health information to your health plan if you pay out of pocket in full. 45 CFR 164.522(a)(1)(vi).

Copies of the regulations cited above may be requested from our office by calling 336-543-0480

## Our Commitment to You:

The office of Lucas Exceptional Healthcare and Consultation is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices concerning 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.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and make the new provisions effective for all protected health information we maintain. Should our information change significantly, we will post the new notice on our website at [www.lucasehc.com](http://www.lucasehc.com). You may also request a copy of our notice at any time.

## Uses and Disclosures of Health Record/Information:

### **TREATMENT:**

Information obtained by members of our healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. In addition, we may disclose medical information about you to providers and members of the interdisciplinary team who may be involved in your medical care. We will also provide a referring physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you.

### **PAYMENT:**

We may use and disclose your health information to obtain prior approval or payment for services we provide to you.

### **HEALTHCARE OPERATIONS:**

Trained staff may handle your physical medical record to assemble the form or file reports into your record. In addition, certain data elements are entered into our computer system that processes most billing, schedules your appointments, and statistical reporting. As part of our improvement efforts to provide the most effective services, professional staff may review your record to assure accuracy, completeness, and organization.

### **FAMILY AND FRIENDS:**

We may disclose health information to a family member, other relative, or close personal friend as it is relevant to that person's involvement in your care or payment related to your care. This is done with your consent

### **PERSONS INVOLVED IN CARE:**

We may use or disclose health 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 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 information based on a determination using our professional judgment disclosing only health 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 information.

**MARKETING:**

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

**FUNDRAISING:**

We will not use or disclose protected health information for fundraising purposes.

**WORKER'S COMPENSATION:**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

**PUBLIC HEALTH:**

As required by law, we may disclose your health information to public health or legal authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- 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 when you agree or when required or authorized by law.

**ABUSE AND NEGLECT:**

We may disclose your health 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.

**CORRECTIONAL INSTITUTION:**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

**LAW ENFORCEMENT:**

We may disclose health information for law enforcement purposes as required by law

**NATIONAL SECURITY:**

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities.

**DISASTER RELIEF:**

We may disclose your information to disaster relief organizations that seek your protected health information to coordinate your care or notify family or friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

*We will not use or disclose your health information without your authorization, except as described in this notice.*

*We are required to receive your authorization to use or disclose your protected health information for any use other than treatment, payment or health care operations, and those specific circumstances outlined above. We use a Disclose form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement given to us to that effect.*

## For More Information or to Report a Problem

If have questions and would like additional information, you may contact our office.

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 information or in response to a request you made to amend or restrict the use or disclosure of your health 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 above. You may also file a complaint with the NC Medical Board. The complaint process is open to any individual or organization interested in filing a complaint against a licensee of the NC Medical Board. Complaint forms are accepted from patients, family members and other members of the public, as well as from medical professionals and health care organizations such as hospitals, pharmacies, insurance companies, health care agencies or other entities. Most complaints can be filed online at [ncmedboard.org](http://ncmedboard.org). You may also call the Board (800-253-9653) to request that a complaint form be mailed to you

There will be no retaliation for filing a complaint.