

PHOENIX HEALTHCARE OF ASHEVILLE, PLLC
2149 Riceville Rd.
Asheville, NC 28805

COMMITMENT TO PRIVACY

Phoenix HealthCare of Asheville, PLLC (PHA) is committed to protecting the privacy of your protected health information (“health information”). Health information is information that identifies you and relates to a physical or mental condition or to the provision or payment of health services for you. PHA also pledges to provide you with certain rights related to your health information.

By this Notice of Privacy Practices (“Notice”), PHA informs you that it has the following legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the related regulations (“federal health privacy law”).

- To maintain the privacy of your health information;
- To provide you with this Notice of its legal duties and privacy practices with respect to your health information;
- To abide by the terms of this Notice.

This Notice also informs you how PHA uses and discloses your health information and explains the rights that you have with regard to your health information and explains the rights that you have with regard to your health information maintained by PHA.

INFORMATION SUBJECT TO THIS NOTICE

PHA collects certain health information about you to help provide health care to you, as well as to fulfill legal requirements. PHA collects this information, which identifies you, from forms that you complete, through conversations you may have with PHA’s administrative staff and health care providers, and from reports and data provided to PHA by other health care service providers. The health information PHA has about you includes, among other things, your name, address, phone number, birth date, employment information and medical, diagnostic and other health information. This is the information that is subject to the privacy practices described in this Notice.

SUMMARY OF PHA’S PRIVACY PRACTICES

PHA’s Uses and Disclosures of Your Health Information

PHA uses your health information to provide you with health care to process and receive payment for health care rendered to you and to administer its operations. In some cases, your health information may only be disclosed with your written authorization, while in other instances, your authorization is not required. For example, PHA may disclose your health information, without your authorization, while in other instances, your authorization is not required. For example, PHA may disclose your health information without your authorization to third parties to assist PHA in its operations to certain government and law enforcement agencies, to your family members in limited circumstances and to certain other persons. The details of PHA uses and disclosures of your health information are described below.

Your Rights Related to Your Health Information

The federal health privacy law provides you with certain rights related to your health information. Specifically, you have the right to:

- Inspect and/or copy your health information;
- Request to receive your health information through confidential communications;
- Request that your health information be amended;

- Request certain restrictions related to the use and disclosure of your health information;
- File a complaint with PHA or the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated; and
- Receive a paper copy of this Notice.

These rights and how you may exercise them are detailed below.

DETAILED NOTICE OF PHA'S PRIVACY PRACTICES USES AND DISCLOSURE

PHA only uses and discloses your health information as described in this Notice.

Uses and Disclosures for Treatment, Payment and Health Care Operations

For Treatment. PHA may use and disclose your health information, without your authorization, to a health care provider, such as a hospital or physician, to assist the provider in treating you. For example, if you see a physician, PHA may disclose your health information to that physician to help him or her treat you.

For Payment. PHA may use and disclose your health information, without your authorization, so that PHA can be paid for health care treatment, services and supplies rendered to you. For example, PHA may need to disclose your health information to an insurer to be reimbursed for services provided to you.

For Health Care Operations. PHA may use or disclose your health information, without your authorization, to enable it to operate efficiently and in the best interests of its clients.

Uses and Disclosures to Business Associates

PHA discloses your health information, without your authorization, to its business associates, which are third parties that assist PHA in its operations. For example, PHA may share your health information with a financial auditor so that PHA's operations can be audited. PHA enters into agreements with its business associates to ensure that the privacy of your health information is protected from unauthorized disclosure.

Uses and Disclosures Requiring an Opportunity to Agree or Object

Notification and Others Involved In Your Care. In limited instances, your health information may be used or disclosed to a family member, close personal friend or others who PHA has verified are involved in your care or payment for your care. Also, PHA may use or disclose your health information to notify or assist in notifying a family member, close personal friend or others who PHA has verified are involved in your care or payment for your care about your general condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.

Other Uses and Disclosures That May Be Made Without Your Authorization

The federal health privacy law provides for specific uses or disclosures of your health information that PHA may make without your authorization, which are described below.

Required by Law. PHA may use and disclose health information about you as required by federal, state or local law. For example, PHA may disclose your health information for the following purposes:

- For judicial and administrative proceedings pursuant to court or administrative order, legal process and authority.
- To report information related to victims of abuse, neglect or domestic violence.
- To assist law enforcement officials in their law enforcement duties.

Health and Safety. Your health information may be disclosed to avert a threat to the health or safety of you, any other person or the public pursuant to applicable law. Your health information also may be disclosed for public health activities such as preventing or controlling disease or disability and meeting the reporting and tracking requirements of governmental agencies such as the Food and Drug Administration.

Government Functions. Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities and protection of public officials. Your health information also may be disclosed to health oversight agencies that monitor the health care system for audits, investigation, licensure and other oversight activities.

Active Members of the Military and Veterans. Your health information may be used or disclosed to comply with laws related to military service or veterans' affairs.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws related to Worker's Compensation.

Emergency Situations. Your health information may be disclosed to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster.

Personal Representatives. Your health information may be disclosed to people you have authorized or people who have the right to act on your behalf. Examples of personal representatives are parents for minors and those who have Power of Attorney for adults.

Treatment and Health-Related Benefits Information. PHA and its business associates may contact you to provide information about appointment reminders, treatment alternatives or other health-related benefits and services that may be helpful to you.

Research. Under certain circumstances, PHA may use or disclose your health information for research purposes as long as the procedures required by law to protect the privacy of the research data are followed.

Organ and Tissue Donation. If you are an organ donor, your health information may be used or disclosed to an organ/eye donor or procurement organization to facilitate an organ or tissue donation or transplantation.

Deceased Individuals. The health information of a deceased individual may be disclosed to coroners, medical examiners and funeral directors so that those professionals can perform their duties.

Uses and Disclosures for Fundraising and Marketing Purposes.

PHA does not use your health information for fundraising or marketing purposes.

Any Other Uses and Disclosures Require Your Express Authorization

Uses and disclosures of your health information other than those described above will be made only with your express written authorization.

You may revoke your authorization in writing. If you do so, PHA will not use or disclose your health information authorized by the revoked authorization except to the extent that PHA already has relied on your authorization.

Once your health information has been disclosed pursuant to your authorization, the federal privacy protections may no longer apply to the disclosed health information and that information may be disclosed by the recipient without your or PHA's knowledge or authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information that PHA collects and maintains. To exercise these rights, except for the Right to Complain or the Right to a Paper Copy of this Notice, you must make your request in person at PHA. Upon your arrival at PHA, you will be asked to complete a request form and you may be asked to present photo identification as proof of your identity. In addition, if you are making a request on behalf of an individual for whom you are the legal representative, you will have to present proof of your representative relationship with that individual at the time that you make the request.

Right to Inspect and Copy Health Information

You have the right to inspect and obtain a copy of your health record maintained by the PHA. This includes, among other things, health information about your care, treatment and billing records.

As explained above, to inspect and copy your health record maintained by PHA you must come to PHA in person to fill out the appropriate form and you may be asked to present your photo identification. PHA charges a fee of \$.50 per page for the

cost of copying your health record, and charges you the cost of mailing your health record to you. In certain limited circumstances, PHA may deny your request to inspect and copy your health record. If PHA does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location

You have the right to request that PHA communicate your health information to you in confidence by alternative means or in an alternative location.

As explained above, to request confidential communications by alternative means or at an alternative location, you must come to PHA in person to fill out the appropriate form and you may be asked to present your photo identification. In addition, you should be prepared to inform PHA the alternative means by or location at which you would like to receive your health information and, if appropriate, whether the disclosure of all or part of your health information by no confidential communications could endanger you. PHA will accommodate reasonable requests and will notify you appropriately.

Right to Request That Your Health Information Be Amended

You have the right to request that PHA amend your health information if you believe the information is incorrect or incomplete.

As explained above, to request an amendment, you must come to PHA in person to fill out the appropriate form and you may be asked to present your photo identification. In addition, you should be prepared to detail the reason(s) that support your request. PHA may deny your request if you have asked to amend information that:

- Was not created by PHA unless you provide PHA with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of your health information maintained by or for PHA.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

PHA will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If PHA denies your request, it will explain the reason(s) for the denial, and describe how you can continue to pursue the denied amendment.

Right to an Accounting of Disclosures

You have the right to receive a written accounting of disclosures. The accounting is a list of disclosures of your health information by PHA to others except that disclosures for treatment, payment or health care operations, disclosures made to or authorized by you, and certain other disclosures are not part of the accounting.

The accounting covers up to six years prior to the date of your request, except that the accounting will not include disclosures PHA made before April 14, 2003. And, you may request an accounting that covers a period that is less than six years. As explained above, to request an accounting of disclosures, you must come to PHA in person to fill out the appropriate form and you may be asked to present your photo identification. The first accounting that you request within a twelve month period PHA will charge you for the cost of providing the accounting but PHA will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

Right to Request Restrictions

You have the right to request restrictions on your health care information that PHA uses or discloses about you to carry out treatment, payment of health care operations. Also, you have the right to request restrictions on your health information that PHA discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. PHA is not required to agree to your request for such restrictions and PHA may terminate its agreement to the restrictions you requested. As explained above, to request restrictions, you must come to PHA in person to fill out the appropriate form and you may be asked to present your photo identification. In addition, you should be prepared to advise PHA as to what information you seek to limit and how and/or to whom you would like the limit(s) to apply. PHA will notify you in writing as to whether it agrees to your request for restrictions. PHA will also notify you in writing if it terminates an agreement to the restrictions that you requested.

Right to Complain

You have the right to complain to PHA and/or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with PHA submit your complaint in writing to PHA (you do not need to come to PHA in person to file a complaint).

CHANGES IN PHA 's PRIVACY PRACTICES

PHA reserves the right to change its privacy practices and make the new practices effective for all health information that it maintains, including your health information that it created or received prior to the effective date of the change and your health information it may receive in the future. If PHA materially changes any of its privacy practices, it will revise its Notice and post the revised Notice at its locations.

EFFECTIVE DATE

This Notice is effective as of February 1, 2019 and will remain in effect unless and until PHA publishes a revised notice.