

HIPAA Notice of Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHIATRIC AND 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 or request, please contact:

Lori Birdsong, M.D.
311 N 2nd St., Suite 1
Wilmington, NC 28401
Phone (910) 763-3034, Fax (910) 251-7859

When you sign the Psychiatrist Services Agreement that was provided with this Notice, you are acknowledging that you have read and understand this agreement.

A.) Our Duties

We are required by law to protect the privacy of your health information, which we call ‘protected health information’, or “PHI” for short. PHI is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Under law, the office is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information with you

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain. Copies of revised notices will be provided to you by your request at our office. This notice is effective October 9, 2006.

B.) Your Rights

The health and billing records we maintain are the physical property of Lori Birdsong, M.D. The information in it, however, belongs to you.

You have the right to:

- Request restrictions on certain uses and disclosures of your PHI by your written request. In some circumstances, we are not required to agree to your requested restrictions.
- Request that you receive confidential communications of PHI at an alternative location or by alternative means at your request.
- Request that you be allowed to inspect or obtain a copy of your health and billing record.
- Request that your health record be amended to correct incomplete or incorrect information by written request. However, your request may be denied in certain circumstances. At your request, the amendment process will be discussed with you.
- Obtain an accounting of disclosures of your PHI we have made for purposes other than activities related to you treatment, or our payment functions or our health care operations, by written request.
- Obtain a paper copy of this Notice of Privacy Practices for Protected Health Information.
- Revoke authorizations that you made previously to use or disclose information by written request, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact Lori Birdsong, M.D. (contact information above), in person or in writing, during regular business hours. She will inform you of the steps that need to be taken to exercise your rights.

C.) Permissible Uses and Disclosures of Protected Information

1. We may use and disclose PHI about you to:

- a. **Provide health care treatment to you:** We may use and disclose PHI about you with or without your permission to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, if you and your physician determine that she needs to consult with another specialist, she will need to share some of your PHI with the specialist to obtain his/her input. Another example is when the office contacts you to provide appointment reminders.
- b. **Obtain payment for services:** We may use and disclose PHI about you with or without your permission to carry out activities relating to billing and collecting payment for the treatment and services provided to you by us. Examples of disclosure for payment are when we disclose your PHI to your health insurance company to obtain reimbursement for your health care or to determine eligibility or coverage.
- c. **Carry our health care operations:** We may use and disclose PHI about you with or without your permission to perform business activities, which we call "health care operations." For example, we may obtain services from our insurers or other business associates for quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

2. We may use and disclose PHI about you without your authorization for other purposes permitted or required by law, including the following:

- When the use and/or disclosure is required by federal, state, or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect, or domestic violence. State law requires any physician who suspects child abuse or neglect to report this information to the Department of Social Services. This is also true in the case of certain adults such as developmentally delayed, physically disabled, or elderly persons.
- When the use and/or disclosure is for health oversight activities.
- When the disclosure is to assist in disaster relief efforts.
- When the disclosure is for law enforcement purposes, such as when required court order.
- When the use and/or disclosure relates to decedents. For example, to release information to funeral directors as necessary for them to carry out their duties.
- When the use and/or disclosure relates to organ, eye, or tissue donation purposes.
- When the use and/or disclosure relates to medical research (when their research has been approved by an institutional review board).
- When the use and/or disclosure is related to duties of the Food and Drug Administration (FDA) with respect to food, supplements, products and product defects, or post-marketing surveillance information.
- When the use and/or disclosure is related to your application for Workers Compensation.
- When the use and/or disclosure is to avert a serious threat to health or safety or to lessen a serious, imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations for the health and safety of all individuals.
- For purposes for which we have obtained your written permission.

3.) All other uses or disclosures of your PHI will be made only with your written authorization. Your authorization can be revoked at any time in writing, except to the extent information or action has already taken place.

D.) Complaint

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact our HIPAA Privacy Officer, Lori Birdsong, M.D., at 311 N. 2nd St., Suite 1, Wilmington NC 28401, or call her at (910)763-3034. You can also send a written complaint to the US Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change your treatment in any way.