

**NOTICE OF PRIVACY PRACTICES  
OF  
Eastern Carolina Internal Medicine, P.A.**

**EFFECTIVE APRIL 14, 2003**

**Revised March 3, 2005**

**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.**

**WHO WILL FOLLOW THIS NOTICE**

This Notice describes the privacy practices of Eastern Carolina Internal Medicine, P.A. (ECIM) at its office locations in Pollocksville, New Bern, Havelock and Cape Carteret, North Carolina and covers all employees, staff and other personnel of Eastern Carolina Internal Medicine, P.A. as well as any students, trainees, or independent contractors who may provide services to you as a patient of ECIM. Throughout this Notice, "we" or "us" or "our" means Eastern Carolina Internal Medicine, P.A. (ECIM). This Notice is required by the privacy regulations implementing the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

In the ordinary course of receiving treatment and healthcare services from us, you will be providing us with personal information such as:

- ◆ Your name, address, and phone number
- ◆ Your date of birth and social security number
- ◆ Your insurance information and coverage
- ◆ Information concerning your physician, nurse or other healthcare providers

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Also, some information may be provided to us by other individuals or organizations that are part of your "circle of care"- such as your primary care physician, your other physicians, your health plan, and close friends or family members. Your medical information is contained in a medical record that is our property. We need this record to provide you with quality care and to comply with certain legal requirements. Our goal is to take appropriate steps to attempt to safeguard any medical or other information that is created by us or provided to us which relates to your past, present, or future physical or mental health or condition or the provision of health care to you or the past, present or future payment for the provision of health care to you that identifies you or could be used to identify you (all this information is referred to in this Notice as "protected health information"). Under the HIPAA privacy regulations (the "Privacy Rule"), we are required to: (i) maintain the privacy of your protected health information; (ii) provide notice of our legal duties and privacy practices with respect to your protected health information (which we are doing in this Notice); and (iii) abide by the terms of our

Notice of Privacy Practices currently in effect (the "Notice"). When using or disclosing protected health information or when requesting protected health information from another entity covered by the Privacy Rule, we will make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. However, this minimum necessary standard does not apply to disclosures to or requests by us or other health care providers for treatment, uses or disclosures to you, disclosures to the Secretary of the U.S. Department of Health and Human Services, or uses or disclosures required by law.

## **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

We may use and disclose your protected health information in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed. In this Notice, to "use" protected health information means we are sharing that information with someone who is an employee of ECIM or otherwise is a member of our workforce and to "disclose" protected health information means we are sharing that information with someone outside of our office who is not an employee or member of our workforce.

Required Disclosures. We are required to make disclosures of your protected health information (a) to you in certain circumstances (See the discussion in the "Individual Rights" section of this Notice), and (b) to the Secretary of the U. S. Department of Health and Human Services for its investigation or determination of our compliance with the Privacy Rule.

Treatment. We may use and disclose your protected health information to furnish services and supplies to you, in accordance with our policies and procedures. For example, (a) we may use your medical history, such as any presence or absence of heart disease, to assess your health before performing requested procedures or providing other services and (b) we may disclose information in our records to other doctors who may be treating you from time to time.

Payment. We may use health information about you to bill for our services and to collect payment from you or your insurance company. For example, our billing, accounts receivable and collections employees may access your health information for the purpose of billing and collecting for services we have provided to you. North Carolina law requires us to get your written consent to the disclosure of your protected health information for payment purposes. If you are an existing patient, you have already signed a consent allowing us to share your protected health information with your health insurance company (or any other person or entity responsible for paying for the services we provide to you) for payment purposes. If you are a new patient, you will be asked to sign a consent during your first visit with us on or after April 14, 2003. Other than in an emergency situation, we can refuse to provide services to you if you do not sign the consent form allowing us to share your protected health information with your insurance company or other person or entity responsible for paying for your healthcare services. For example, after obtaining your consent, we may need to give a payer information about your current medical condition so that it will pay us for procedures or other services that we have furnished you.

Healthcare Operations. We may use information about you for the general operation of our practice for such purposes, among others, as developing procedures and protocols, reviewing employee performance, training employees, business planning and development and general administrative activities ("healthcare operations"). For example, our human resources department may access your protected health information to conduct a performance review of the

nurse or patient care coordinator who provides services to you. North Carolina law requires us to get your written consent to the disclosure of your protected health information for our healthcare operations. You will be asked to sign a consent during your first visit with us on and after April 14, 2003. Other than in an emergency situation, we can refuse treatment to any patient who does not sign a consent allowing us to share protected health information for our healthcare operations. For example, after obtaining your consent, we may arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services and they may need access to your protected health information (as well as that of other patients) to provide these services to us.

Other Uses and Disclosures. We may use and disclose your protected health information without your consent or authorization for the following reasons:

When the Use or Disclosure is Required by Law. We may use or disclose protected health information about you when we are required to do so by federal, state or local law or other judicial or administrative proceeding.

When the Use or Disclosure is Necessary for Public Health Activities. We may use or disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose information to the Food and Drug Administration concerning adverse reactions to certain regulated substances we use in providing your care.

When the Use or Disclosure is for Health Oversight Activities. We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal or administrative proceedings or actions.

When the Disclosure is for Judicial or Administrative Proceedings or Law Enforcement Purposes. We may disclose information in response to an order of a court or administrative hearing body and in connection with certain government investigations and law enforcement activities.

When the Use or Disclosure Relates to Decedents. We may disclose protected health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

When the Use or Disclosure is to Avert a Serious Threat to Health or Safety. Information about you also may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

When the Use or Disclosure Relates to Specialized Government Functions. If you are a member of the Armed Forces, we may use or disclose protected health information about you as required by military command authorities. We also may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

Disclosures to Our Business Associates. We sometimes work with outside individuals and businesses that help us operate our practice successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must agree that they will respect the privacy of your protected health

information. For example, we may disclose your protected health information to our legal counsel in certain circumstances or to our computer software maintenance firm for correcting a problem with our computer system so long as we have entered into HIPAA compliant business associate agreements with the law firm and the computer software maintenance firm.

Disclosures to Individuals Involved in Your Care or Payment. We may disclose information to individuals involved in your care or in the payment for your care provided that (a) you are present when such disclosures are made and do not object or (b) there is an emergency situation where you are not present or are incapacitated and we determine, in the exercise of professional judgment, that the disclosure is in your best interests. In either of these situations, we will only disclose the information that is directly relevant to such person's involvement with your care or the payment for your care. This includes people who are part of your "circle of care" – such as your spouse, your other family members, your close friends, or an aide who may be providing services to you. If you want to object to our disclosure of your protected health information in this way, please call or write our Privacy Officer listed in this Notice.

Appointment Reminders. We may use and disclose your protected health information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives. We may use or disclose your protected health information in order to tell you about or recommend possible treatment options, alternatives or health related services that may be of interest to you.

Incidental Disclosures. We may use or disclose your protected health information incident to a use or disclosure permitted in this Notice. For example, if a physician providing your care is engaged in a conversation about your care with a nurse or technician in one of our practice sites and another patient who is walking down the hall happens to overhear the conversation, this would be a permitted incidental disclosure. Our privacy policies contain procedures to limit these incidental disclosures as much as reasonably possible.

## **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**WE ARE REQUIRED TO OBTAIN YOUR WRITTEN PERMISSION (AN "AUTHORIZATION") FOR ANY OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION OTHER THAN THOSE DESCRIBED ABOVE. IF YOU PROVIDE US WITH AN AUTHORIZATION, YOU MAY REVOKE THAT AUTHORIZATION, IN WRITING, AT ANY TIME. IF YOU REVOKE YOUR AUTHORIZATION, WE WILL NO LONGER USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR THE REASONS COVERED BY YOUR WRITTEN AUTHORIZATION; HOWEVER, WE WILL BE UNABLE TO TAKE BACK ANY DISCLOSURES ALREADY MADE BASED UPON YOUR ORIGINAL AUTHORIZATION.**

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**You have the following rights with respect to your protected health information. To exercise any of the rights listed below, you must submit a written request to Eastern Carolina Internal Medicine, P.A., P.O. Box 68, Pollocksville, N.C. 28573, Attention: Privacy Officer.**

Right to Request Restrictions. You have the right to ask for restrictions on the ways in which we use and disclose your protected health information beyond those imposed by law. We will consider your request, but we are not required to accept it.

Right to Request Different forms of Communication. You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Right to Inspect and Copy Your Protected Health Information. Except under certain circumstances, you have the right to inspect and copy your protected health information maintained by us in a designated record set. If you request copies of this information, we may charge you a reasonable, cost-based fee for copying and mailing.

Right to Request an Amendment of Your Protected Health Information. If you believe that protected health information about you which we maintain in a designated record set is incorrect or incomplete, you have the right to ask us to correct the existing information or add the missing information. Under certain circumstances, we may deny your request. If we deny your request, you will be notified and you may have a written statement of your disagreement added to your protected health information maintained by us in a designated record set.

Right to Receive an Accounting of Disclosures of Your Protected Health Information. You have the right to ask for a list of instances when we have disclosed your protected health information. You may ask for a list of disclosures made by us during the six (6) years before your request. We are required to provide a list of all disclosures EXCEPT (a) disclosures made for the treatment, payment or healthcare operations of ECIM, (b) disclosures made to you or your personal representative or that you give us authorization to make, (c) disclosures that occur incidentally to permitted uses and disclosures, (d) disclosures made to family members or friends to which you do not object, (e) disclosures for national security or intelligence activities, (f) disclosures to correctional institutions or law enforcement officials under certain circumstances, and (g) disclosures made before April 14, 2003. We will provide one (1) accounting of disclosures free of charge once every twelve (12) months. If you ask for this information from us more than once every twelve months, we will charge you a reasonable fee for each additional accounting.

Right to File a Complaint. You have the right to file a complaint if you feel your privacy rights have been violated. For details, see the section of this Notice entitled "Complaints/Comments."

Right to a Paper Copy of this Notice. You have the right to a copy of this Notice in paper form. You may request a copy at any time. You may also obtain a copy of this Notice at our website, [www.ecim.com](http://www.ecim.com); however, you still have the right to receive a paper copy of this Notice from us upon request.

## **CHANGES TO THIS NOTICE**

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for protected health information we already have about you as of the date of the change to this Notice as well as any information we receive after the change. In the event there is a material change to this Notice, the revised Notice will be posted at each of our locations where healthcare services are provided to patients. In addition, you may request a copy of the revised Notice at any time.

## **COMPLAINTS/COMMENTS**

If you think we have violated your privacy rights, or you have any complaints concerning our privacy practices, you may contact the Secretary of the U. S. Department of Health and Human Services and you may also submit a written complaint to the following:

Privacy Officer  
Eastern Carolina Internal Medicine, P.A.  
P.O. Box 68  
Pollocksville, NC 28573

**You will not be retaliated against for filing a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services.**

## **CONTACT INFORMATION**

You may obtain more information concerning or ask questions about this Notice by contacting the following:

Privacy Officer  
Eastern Carolina Internal Medicine, P.A.  
P.O. Box 68  
Pollocksville, NC 28573  
Telephone: (252) 633 -1010

## **EFFECTIVE DATE OF THIS NOTICE**

This Notice is effective April 14, 2003.

Revised March 3, 2005