

**NOTICE OF PRIVACY PRACTICES  
R SALISBURY PSYCHIATRIC ASSOCIATES**

Effective Date: April 1, 2003

**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!**

Salisbury Psychiatric Associates is permitted by laws to make uses and disclosures of your health information for purposes of treatment, payment, and health operations. Protected health information is information we create and obtain in providing our services to you.

#### **Understanding Your Health Record and Health Information**

Each time you visit Salisbury Psychiatric Associates a record of your visit is made. Such information may include your symptoms, lab results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among health professionals who contribute to your care
- Legal document describing the care you received
- Means by which or a third-party payer can verify that services billed were medically necessary and actually 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 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, and make more informed decisions when authorizing disclosures to others.

#### **Your Health Information Rights**

Although your medical record is the physical property of Salisbury Psychiatric Associates, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Health Information Practices upon request
- Request a restriction on certain uses and disclosures of your information, as provided by 45 CFR 164.522(a)
- Inspect and copy your health record as provided by 45 CFR 164.524 based on provider discretion.
- Amend your health record as provided in CFR 164.526
- Obtain an accounting and disclosures of your health information, as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except in cases where the disclosure has already taken place

#### **Our Responsibilities**

Salisbury Psychiatric Associates is required to:

- By law, maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice currently in place
- 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 this notice. We reserve the right to make the revised or changed notice effective for medical information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top center under the title, the effective date. Additionally, each time you come in for your appointment for treatment as an outpatient, a copy of our current Notice in effect will be available to you upon request.

Other uses and disclosures of medical information not covered by this notice or the law that applies to us will be made only with your written authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization in writing, at any time. If you revoke this authorization, we will no longer use or disclose medical information about you for the reasons covered by written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

This notice covers our office and providers when service is provided.

#### **For More Information or To Report A Problem**

If you have questions and would like additional information, you may contact Chereka Cherry at (704) 637-5151 Ext. 215, 427 West Innes Street, Salisbury, North Carolina 28144, in person or in writing during regular business hours.

If you believe that your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services in Raleigh, Tommy G. Thompson in Raleigh, North Carolina whose contact number is (202) 690-6343. We encourage your complaints to be submitted in writing. You will not be penalized for filing a complaint.

#### **Examples of Disclosures for Treatment, Payment, And Health Operations**

##### **Your Health Information Will Be Used For Treatment**

Example: Information obtained by your provider /providers will be recorded and used to determine the course of treatment that should work best for you. During the course of your treatment, the physician or nurse practitioner determines he/she will need to consult with another specialist in the area.

### **Your Health information Will Be Used For Payment**

Example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, and procedures. Also, your group health plan, health insurance issuer, or HMO with respect to your health plan, may disclose protected health information to the sponsor of the plan.

### **Your Health Information Will Be Used for Regular Health Care Operations**

Example: We obtain services from our insurers or other business associates such as 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.

### **Business Associates:**

There are some services provided in our practice through contacts with business associates. Examples include collection agencies, clearing houses, our billing software company. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you or your third-party payer. To protect your health information, however, we require our business associates to safeguard your information.

### **Appointment Reminders or Information About Treatment Alternatives:**

We may contact you to provide appointment reminders, information about treatment alternatives, or other health related benefits.

### **Communication with Family:**

Using our best judgment, we may disclose to a family member, other relative, personal representative, or any other person you identify health information relevant to that person's involvement in your care or payment for such care if you do not object or in an emergency.

### **Correctional Institution:**

If you are an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other people.

### **Organ Procurement Organizations:**

Consistent with applicable laws, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

### **Food and Drug Administration (FDA):**

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### **Workers Compensation:**

We may disclose health information to the extent authorized by and to the extent necessary to comply with law relating to workers compensation or other similar programs established by law.

Revised: 7/2007

### **Public Health:**

As required by law we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

### **Abuse & Neglect:**

We may disclose your health information to public authorities as allowed by law to report abuse and neglect.

### **Law Enforcement:**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

### **Coroners and Medical Examiners:**

We may disclose health information to coroners or medical examiners consistent with applicable laws to carry out their duties.

### **In Addition:**

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that one of our employees or a business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards, and are potentially endangering one or more patients, workers, or the public.

### **Other Uses:**

Other uses and disclosures, besides those identified in this Notice, made will be made only as otherwise required by law or with written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Rights".

Consent of Receipt: \_\_\_\_\_