

Notice Of Privacy Practices

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

TRIANGLE PREMIER WOMEN’S HEALTH

520 North Street

Smithfield, NC 27577

(919) 934-3015

TRIANGLE PREMIER WOMEN’S HEALTH

2076 NC Hwy 42 W Ste 110

Clayton, NC 27520

(919) 359-3050

*THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS HEALTH INFORMATION.* PLEASE *REVIEW IT CAREFULLY.*

1. **OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the privacy of PHI and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are required by law to notify you in the event of a breach of your protected health information.

We realize that these laws are complicated, but we must provide you with the following important information:

* How we may use and disclose your PHI
* Your privacy rights in your PHI
* Our obligations concerning the use and disclosure of your PHI

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revisions or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may crate or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, a copy will be posted to our website at** [**www.Triangelpwh.com**](http://www.Triangelpwh.com)**, and you may request a copy of our most current Notice at any time.**

1. **IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**HIPAA Privacy and Security Officer**

**Phone: 919-934-3015**

**520 North Street**

**Smithfield, NC 27577**

1. **WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:**

**For uses and disclosures relating to treatment, payment, or health care operations, we do not need an authorization to use and disclose your medical information.**

The following categories describe the different ways in which we may disclose your PHI.

1. **For treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as urine or blood tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice- including, but not limited to, our doctors and assistants- may use or disclose your PHI in order to treat you or to assist others in your treatment. We may also disclose to your other physicians and/or health care providers to aid in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.
2. **To obtain payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer with details regarding your treatment to determine if your insurer will cover or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.
3. **For health care operations.** We may use and/or disclose your medical information in the course of operating our practice. For example, we may use your medical information in evaluating the quality of services provided or disclose your medical information to our accountant or attorney for audit purposes.
4. **For business associates.** We ma disclose PHI tour business associates that perform functions on our behalf or provide us with services if the information necessary for such functions or services. For example, we may use another laboratory to perform testing and provide results. Or we may use another company to perform billing services on our behalf. All our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose ay information other than as specified in our contract.
5. **For appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder to help you remember. A text message and/or email may be sent to you, a message may be left on your voice mail to inform you or to assist in your health care i.e. leaving a normal or negative test result.

**We may also use and/or disclose your medical information in accordance with federal and state laws for the following purposes:**

* We may disclose your medical information to law enforcement or other specialized government functions in response to a court order, subpoena, warrant, summons, or similar process.
* We may disclose medical information when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose medical information to authorities who monitor compliance with these privacy regulations.
* We may disclose medical information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. We may also disclose medical information to the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual instances.
* We may disclose medical information relating to an individual’s death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
* In certain circumstances, we may disclose medical information to assist medical/psychiatric research.
* In order to avoid a serious threat to health or safety, we may disclose medical information to law enforcement or other persons who can reasonably prevent or lessen the threat of harm, or to help with the coordination of disaster relief efforts.
* If people such as family members, relatives, or close personal friends are involved in your care and are helping your pay your medical bills, we may release important health information about your location, general condition, or death.
* We may disclose your medical information as authorized by law relating to worker’s compensation or similar programs.
* We may disclose your medical information in the course of certain judicial or administrative proceedings.

**Other uses and disclosures of your medical information:**

State Health Information Exchange: we may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

Electronic Patient Chart Sharing: We may make your health information available electronically to other health care providers outside of our facility who are involved in your Care.

Treatment Alternative: We may provide you with notice of treatment options or health related services that improve your overall health.

The following uses and disclosure of PHI require your written authorization:

* Marketing
* Disclosures for any purposes which require the sale of your information.
* Release of psychotherapy notes: Psychotherapy notes are notes by a mental health professional for the purposes of documenting a conversation during a private session. This session could be with an individual or a group. These notes are kept separate from the rest of the medical record and do not include medications and how they affect you, start and stop time of sessions, types of treatments provided, results of test, diagnosis, treatment plan, symptoms, prognosis.

Other uses and disclosures of PHI not covered by this Notice, or by the laws that apply to us, will be made only with your written authorization. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

1. **Your Rights Regarding Your Medical Information.**

You have several right with regard to your health information. If you wish toexercise any of these rights, pleasecontact our Medical RecordsDepartment in our office. Specifically, you have the following rights:

* **Right to Request Restrictions-** You have the right to ask that we limit how we use or disclose your medical information. We require that any request for use or disclosure of medial information be made in writing. Written notice must be sent to the attention of the Office Manager at the practice and address indicated in the head of this Notice. We will consider your request, but in some cases, we are not legally required to agree to these requests. However, if we do agree to them, we will abide by these restrictions. We will always notify you of our decisions regarding restriction request in writing. We will not ask you the reason for your request. For example, for services you request no insurance claim be filed and for which you pay privately, you have the right to restrict disclosures for these services for which you paid out of pocket. You have the right to ask that we send you information at an alternative address or by alternative means. Your request must specify how or where you wish to be contacted.
* **Right to Access, Inspect and Copy-** With a few exceptions (such as psychotherapy notes or information gathered for judicial proceedings), you have a right to inspect and copy your protected health information if you put your request in writing. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. WE may charge you a reasonable fee if you want a copy of your health information. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. Consent is required prior to use or disclosure of an individual’s psychotherapy notes or the use of the individuals PHI for marketing purposes.
* **Right to Amend-** If you believe that there is a mistake or missing information in our record of your medical information you may request that we correct or add to the record. Your request must be in writing and give a reason as to why your health information should be changed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statemen in reason that you provide, appended to your medical information. If we approve the request for amendment, we will amend the medical information and so inform you.
* **Right to an Accounting of Disclosures-** In some limited circumstances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years. The list will not include disclosures made to you; for purposes of treatment, payment or healthcare operations, for which you signed an authorization or for other reasons for which we are not required to keep a record of disclosures. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.
* **Right to a Paper Copy of This Notice-** You have a right to receive a paper copy of this Notice and/or an electronic copy from our Web site. If you have received an electronic copy, we will provide you with a paper copy of the notice upon request.
1. **Our Responsibilities:**
* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices describe in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and notify us in writing.

**Questions and Complaints:**

If you want more information about our privacy practices or have questions or concerns, we encourage you to contact us.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, we encourage you to speak or write to our Privacy Officer.

If you have questions about this Notice or any complaints about our privacy practices, please contact:

HIPAA Privacy and Security Officer

Phone: 919-934-3015

520 North Street

Smithfield, NC 27577

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights’ Region IV office.

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

Email to OCRComplaint@hhs..gov

We will take no retaliatory action against you if you make complaints, whether to us or to the Department of Health and Human Services. We support you right to the privacy of your health information.

1. **Effective Date:**

This Notice was effective: April 14, 2003.

Revised Date: March 31, 2023.