

# **Eagle Physicians & Associates, PA (Eagle) Notice of Privacy Practices**

**Effective April 14, 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.**

This Notice of Privacy Practices is provided to you as a requirement of the Federal law named the Health Insurance Portability and Accountability Act (HIPAA). It describes how Eagle may use or disclose your “Protected Health Information” (PHI), with whom that information may be shared, and the safeguards Eagle has in place to protect your health information. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of Eagle, except when the release is required or authorized by law or regulation.

## **Acknowledgement of Receipt of this Notice**

You will be asked to provide a signed acknowledgment of receipt of this notice. Eagle’s intent is to make you aware of the possible uses and disclosures of your PHI, and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, Eagle will continue to provide you treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary. However, Federal law requires Eagle to provide you with this information.

## **Eagle’s Duties to You Regarding Protected Health Information (PHI)**

“Protected Health Information” (PHI) means individually identifiable health information. This information includes demographics (e.g., your age, address, phone number or e-mail address) and relates to your past, present or future physical or mental health or condition, and related health care services. Eagle is required by law to do the following:

- Make sure that your PHI is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your PHI.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

## **How Eagle May Use or Disclose Your PHI**

Examples of permitted uses and disclosures of your PHI are listed on the following pages (these examples are not exhaustive).

## **Required Uses and Disclosures**

By law, Eagle must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. Eagle must also disclose health information to the Secretary of the Federal Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

## **Treatment**

Eagle will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. Eagle may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist, pharmacist, laboratory or hospital) who, at the request of your Eagle physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, Eagle will use and disclose your PHI to provide the treatment you require.

## **Payment**

Your PHI will be used, as needed, to obtain payment for your health care services. This includes processing claims through your insurance company, mailing statements to you for payment, use of collection agencies or attorneys working in conjunction with collection agencies, credit bureaus and when necessary, provide additional information that insurance companies request to process payment.

Eagle, may link family members for billing purposes (e.g., a guarantor is established as the responsible party for a minor child or spouse). If you have a change in your marital status or other billing status, and we are not notified, a spouse or other party previously designated may receive medical bills for services provided to you. Please make sure to update your information with one of our staff anytime a change occurs. We cannot be responsible for billing errors that occur as a result of your failure to notify us of a change.

## **Health Care Operations**

Eagle may use or disclose your PHI, as needed, to support the daily activities related to your health care. These activities include, but are not limited to: referrals to other providers, quality assessment activities, investigations, oversight, staff performance reviews, medical education, licensing, and conducting or arranging for health care related activities on your behalf.

For example, Eagle may call you by name in the waiting room when your physician is ready to see you. Eagle may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. Eagle may use or disclose your PHI in reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you. Eagle may

disclose your PHI to a medical school student seeing patients at an Eagle site. Eagle will share your PHI with third-party “business associates” who perform various activities (e.g., billing or medical record transcription services) for Eagle. These business associates will also be required to protect your health information.

### **Disclosures Required by Law**

Eagle may use or disclose your PHI if a law or regulation requires such use or disclosure.

### **Public Health**

Eagle may disclose your PHI to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if Eagle believes a patient has been victim of abuse, neglect, or domestic violence.

### **Communicable Diseases**

Eagle may disclose your PHI, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contraction or spreading the disease or condition.

### **Health Oversight**

Eagle may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs or civil rights laws.

### **Food and Drug Administration**

Eagle may disclose your PHI to a person or company required by the Federal Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.

## **Legal Proceedings**

Eagle may disclose your PHI during any judicial or administrative proceeding, in response to a court order (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena or other lawful process.

## **Law Enforcement**

Eagle may disclose your PHI for law enforcement purposes, including the following:

- Responses to legal proceedings.
- Circumstances pertaining to victims of a crime.
- Medical emergencies believed to result from criminal conduct.

## **Coroners, Funeral Directors and Organ Donations**

Eagle may disclose your PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties as authorized by law. Your PHI may be used and disclosed for organ donations.

## **Criminal Activity**

Under applicable Federal and State laws, Eagle may disclose your PHI if Eagle believes that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Eagle may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

## **Military Activity and National Security**

Eagle may disclose your PHI to authorized Federal officials for conducting national security and intelligence activities.

## **Workers' Compensation**

Eagle may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

## **Inmates**

Eagle may disclose your PHI if you are an inmate of a correctional facility. This information would be necessary: (1) for the institution to provide you with health care; (2) for your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Uses and Disclosures of PHI Requiring Your Permission**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. Following are examples in which your agreement or objection is required.

### **1. Individuals Involved in Your Health Care**

Unless you object, Eagle may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. Eagle may also give information to someone who helps pay for your care. Additionally, Eagle may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. Finally, Eagle may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

## **2. Psychotherapy Notes**

The use and disclosure of psychotherapy notes, where appropriate, will not be disclosed until prior written authorization is obtained.

## **3. Marketing Purposes**

Eagle shall obtain prior written authorization from you prior to (i) giving or selling your protected health information to a third party for marketing purposes, or (ii) sending communications to you about non-health related products or services.

Any uses and disclosures not described in this Notice of Privacy Practices will only be made after prior written authorization is obtained.

## **Restriction of the Disclosure of Your PHI**

You have the right to restrict the disclosure of your PHI to a health plan with respect to health care items or services provided in situations in which you pay for the provision of such items or services, out of pocket and in full at the time in which such service is rendered or such item is received.

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

You may exercise the following rights by submitting a written or electronic request to Eagle's Privacy Officer. Please be aware that Eagle may deny your request; however, you may seek a review of the denial.

### **1. Right to Inspect and Copy**

You may inspect and obtain a copy of your PHI that is contained in your medical record. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation, or use in, a civil, criminal, or administrative action or proceeding; and your PHI that is subject to law that prohibits access to your PHI.

### **2. Right to Request Restrictions**

You may ask us not to use or disclose any part of your PHI for treatment, payment or health care operations. Your request must be made in writing to the Eagle Privacy Officer. In your request, you must tell us: (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply (e.g., disclosures to your spouse); and (4) expiration date.

If Eagle believes that the restriction is not in the best interest of either party, or that Eagle cannot reasonably accommodate the request, Eagle is not required to agree. If the restriction is mutually agreed upon, Eagle will not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction at any time, in writing.

### **3. Right to Request Confidential Communications**

You may request that Eagle communicate with you using alternative means or at an alternative location. Eagle will not ask you the reason for your request. Eagle will accommodate reasonable requests, when possible.

### **4. Right to Request Amendment**

If you believe that the information Eagle has about you is incorrect or incomplete, you may request an amendment to your PHI, as long as Eagle maintains this information. While Eagle will accept requests for amendment, Eagle is not required to agree to the amendment.

### **5. Right to an Accounting of Disclosures**

You may request that Eagle provide you with an accounting of the disclosure(s) Eagle has made of your PHI. This right applies to a disclosure made for purposes other than treatment, payment or health care operations, as described in this Notice of Privacy Practices. The disclosure(s) must have been made after April 14, 2003, and no more that 6 years from the date of request. This right excludes a disclosure made to you, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions and limitations as described earlier in this notice.

### **6. Right to Review or Obtain a Copy of this Notice**

You may review or obtain a paper copy of this notice at the Eagle office site where you receive care, or you may view it electronically at [www.eaglemds.com](http://www.eaglemds.com).

## **Duties of Eagle Physicians & Associates, PA**

Eagle is required by law to maintain the privacy of confidential information and to provide individuals with notice of its legal duties and privacy practices with respect to such information. Eagle reserves the right to change the terms of this notice and make new notice provisions effective for all confidential information that it maintains. In the event that Eagle makes changes to the original Notice of Privacy Practices, the most current copy will be available on our website at [www.eaglemds.com](http://www.eaglemds.com), and in paper format in the Eagle office site where you receive care.

### **Breaches of PHI**

In the event that there is an unintended and/or unauthorized release of your unsecured PHI, Eagle is required to notify you within a reasonable period of time. Eagle understands the importance of our patients' privacy and that you trust us to keep your PHI confidential. Therefore, in addition to providing notification, Eagle shall implement, as necessary, additional policies and procedures to ensure that similar incidents do not occur again.

### **Federal Privacy Laws**

This Notice of Privacy Practices at Eagle is provided to you as a requirement of the Federal Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply, including the Freedom of Information Act; the Privacy Act; and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing Eagle's policies and this notice of how Eagle will use and disclose your PHI.

### **Complaints**

If you believe these privacy rights have been violated, you may file a written complaint with Eagle's Privacy Officer, or with the Federal Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

### **Contact Information**

You may contact the Privacy Officer of Eagle Physicians & Associates, PA at P.O. Box 14520, Greensboro, NC 27415, or by telephone at (336) 274-6515.

### **Effective Date of this Notice**

The Notice of Privacy Practices is effective April 14, 2003.