

Piedmont Medical Associates Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE DISCLOSED AND HOW YOU MAY HAVE ACCESS TO SUCH INFORMATION.

Piedmont Medical Associates is covered under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") will be referred to in this Notice of Privacy Practices ("Notice") as "Piedmont Medical Associates." This Notice is given to you by the Piedmont Medical Associates to describe the ways in which the Piedmont Medical Associates may use and disclose your medical information (called "protected health information" or "PHI") and to notify you of your rights with respect to PHI in the possession of Piedmont Medical Associate. Piedmont Medical Associates protect the privacy of PHI, which also is protected from disclosure by state and federal law. Pursuant to this Notice, Patient authorization or applicable laws and regulations, PHI can be used by the Piedmont Medical Associate or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category...

Piedmont Medical Associates may use or disclose PHI for the purposes of treatment, payment and health care operations, described below, without obtaining written authorization.

For Treatment: Piedmont Medical Associates may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may take place between physicians, nurses, technicians, medical students, and other health care professionals who provide your health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

For Payment: Piedmont Medical Associates may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, a Piedmont Medical Associates may need to give PHI to your health plan in order to be reimbursed for the services provided to you. Piedmont Medical Associates may also disclose PHI to their business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. Piedmont Medical Associates' may also disclose PHI to other health care providers and health plans for the payment activities of such provider's or health plans.

For Health Care Operations: Piedmont Medical Associates may use and disclose PHI as part of their operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include provider training, underwriting activities, compliance and risk management activities, and planning and development administration. Piedmont Medical Associates may disclose PHI to doctors, nurses, technicians, attorneys, consultants, accountants, and others for review and learning purposes. These disclosures help make sure that Piedmont Medical Associates are complying with applicable laws, and are continuing to provide health care to patients at a high level of quality. Piedmont Medical Associates may also disclose PHI to other health care providers and health plans for certain quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided those providers and plans have, or have had in the past, a relationship with patient who is the subject of the information.

Other Uses and Disclosures for Which Authorization is Not Required: In addition to using or disclosing PHI for treatment, payment and health care operations, Piedmont Medical Associates may use and disclose PHI without your written authorization under the following circumstances:

As Required by Law and Law Enforcement. Piedmont Medical Associates may use or disclose PHI when required by law. Piedmont Medical Associates also may disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, its location or victims, or for other law enforcement purposes.

For Public Health Activities and Public Health Risks. Piedmont Medical Associates may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease.

For Health Oversight Activities: Piedmont Medical Associates may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, necessary for monitoring the health care system, government programs, and compliance with civil law.

Coroners, Medical Examiners, and Funeral Directors. Piedmont Medical Associates may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

To Avoid a Serious Threat to Health or Safety. Piedmont Medical Associates may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions. Piedmont Medical Associates may use and disclose PHI of military personnel and veterans under certain circumstances, and may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

Fundraising Activities. Your PHI may be used to contact you in an effort to raise money for a Piedmont Medical Associates. Your PHI may be disclosed to a foundation related to a Piedmont Medical Associates. Such disclosure would be limited to contact information, such as your name, address and phone number and the dates you required treatment or services. The money raised in connection with these activities would be used to expand and support the Piedmont Medical Associates provision of health care and related services to the foundation. If you do not wish to be contacted for fundraising activities, you must notify the appropriate Piedmont Medical Associates.

Appointment Reminders; Health-related Benefits and Services; Limited Marketing Activities: Piedmont Medical Associates may use and disclose PHI to remind you of an appointment, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, Piedmont Medical Associates may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. We may also notify those about your condition.

Disclosures to You or for HIPAA Compliance Investigations: Piedmont Medical Associates may disclose your PHI to you or to your personal representative, and are required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Piedmont Medical Associates must disclose PHI to the U.S. Department of Health/Human Services, when requested by the Secretary to review compliance with privacy issued under HIPAA regulations.

Regulatory Requirements: Piedmont Medical Associates are required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Piedmont Medical Associates reserve the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Piedmont Medical Associates make an important change to their joint privacy policies, they will promptly revise this Notice and post a new Notice in registration and admitting areas.

You may request that Piedmont Medical Associates restrict the use and disclosure of your PHI. Piedmont Medical Associates is not required to agree to any restrictions you request, but if the entity does so it will be bound by the restrictions to which it agrees except in emergency situations.

If you believe that your PHI maintained by a Piedmont Medical Associates contains an error or needs to be updated, you have the right to request that the entity amend your PHI. Your request must be made in writing to Piedmont Medical Associates Director of Medical Records, and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days). Piedmont Medical Associates will inform you of the extent to which your request has or has not been granted. Piedmont Medical Associates generally can deny your request if your request relates to PHI: (i) not created by the entity; (ii) that is not part of the records the entity maintains; or (iii) that is not subject to being inspected by you.