Notice of Privacy Practices

Effective Date: April 14, 2014
Revised: June 12, 2017

Lillington Family Medical Center
7 East Duncan Street
Lillington NC 27546
Phone: (910) 893-2641 Fax: (910) 893-3208

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.

We are committed to protect the privacy of your personal health information (PHI). This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

Posting the new Notice in our office.
If requested, making copies of the new Notice available in our office or by mail.
Posting the revised Notice on our website: lillingtonfmc.com.

Uses and Disclosures of Protected Health Information

We may use or disclose your PHI to provide health care treatment for you. Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies. We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for. PHI may be shared with the following:

Billing companies
Insurance companies, health plans
Government agencies in order to assist with qualification of benefits
Collection agencies

We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations. We may use and disclosure your PHI in other situations without your permission:

If required by law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, we may be required to report gunshot wounds or suspected abuse or neglect.
Public health activities: The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
Health oversight agencies: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
Police or other law enforcement purposes: The release of PHI will meet all applicable legal requirements for release.
Coroners, funeral directors: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law
Medical research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
Special government purposes: Information may be shared for national security purposes, or if you are a member of the military, to the military under limited circumstances.
Correctional institutions: Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.
Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Other uses and disclosures of your health information:

Business Associates: Some services are provided through the use of contracted entities called "business associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information. Examples of business associates include billing companies or transcription services.
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.
Treatment alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.
Appointment reminders: We may contact you as a reminder about upcoming appointments or treatment.

We may use or disclose your PHI in the following situations UNLESS you object.

We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

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

Marketing: Disclosures of 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 purpose of documenting a conversation during a private session. This session could be with an individual or with 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 counseling sessions, types of treatments provided, results of tests, diagnosis, treatment plan, symptoms, prognosis.
All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative. Written authorization simply explains how you want your information used

and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

Your Privacy Rights

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing.

You have the right to see and obtain a copy of your protected health information.

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

You have the right to request a restriction of your protected health information.

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment.

There is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations.

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You may have the right to request an amendment of your health information.

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your health information from us.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

Additional Privacy Rights

You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible. You have a right to receive notification of any breach of your protected health information. If you have any questions about this Notice, please contact Stacey Nipper, ext. 226.

Complaints

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. If you file a complaint we will not retaliate against you for filing a complaint. This notice was published and becomes effective on April 14, 2014, Revised: June 12, 2017

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LFMC Policy and Signature on File

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

______ I have reviewed a copy of the Notice of Privacy Practices for Lillington Family Medical Center.

ACCEPTANCE OF FINANCIAL RESPONSIBILTY

______ I acknowledge full financial responsibility for services rendered by Lillington Family Medical Center, regardless of insurance coverage and whether or not there was an accident with another party at fault. Our office does not bill to third party insurance.

INSURANCE PAYMENTS

______ Lillington Family Medical Center will file your insurance. It is YOUR responsibility to provide to us an updated copy of your insurance card and/or notify our office immediately of any changes in coverage. I authorize my health insurance company to utilize medical information as necessary for the proper administration of the health pan. I hereby assign Lillington Family Medical Center any payments of medical benefits for services rendered to myself or dependents. Co-payments: Lillington Family Medical Center is required by your insurance to collect your co-payment prior to services rendered. If you are unable to pay your co-pay, please call ahead to make arrangements, otherwise your appointment may be rescheduled. I have read and understand that I am responsible for paying the annual deductible, co-payment, coinsurance and any charges for non-covered services as determined by my insurance.

NO SHOW POLICY

______ It is the responsibility of the patient to keep their contact information updated. Reminder calls are made 2 days prior to the patient's appointment. A $25.00 no show fee will be charged for each missed appointment and must be paid prior to the following visit. Repeated no showed appointments may result in termination from our practice.

SELF PAY PATIENTS

______ Patients who have no health insurance will be expected to pay for services at the time they are rendered. You may call ahead to make payment arrangements.

OUTSTANDING BALANCES

______ Outstanding accounts are forwarded to First Point Collection Agency. Any patients having being sent to collections will not be able to make an appointment until the balance is made in full. Any third party costs associated with collecting past due accounts may be applied to the patient's account.
A payment plan can be put in to place through our office to avoid collections. Please ask to speak to our billing staff. An account is eligible for collections if no payment is made in a consecutive 90 day period or If statement has been returned to our office and we cannot reach the patient for a correct address.

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of medical information as necessary to process insurance claims, carry out treatment, payment, or health care operations. I authorize transmission of medical information by fax. My signature also indicates I have read and understand the information presented above regarding the Notice of Privacy Practices, Acceptance of Financial Liability and Insurance Payments, and Lillington Family Medical Center's policy on No Shows, Self-Pay Patients, and Outstanding Balances.

Name: ____ Date of Birth: _________________________

Signature: ____ Date: ______________________