

# HIPPA STATEMENT

Notice of Privacy Practices of Coastal Radiology Associates, PLLC



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.***

## WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of Coastal Radiology Associates, PLLC at its office location in New Bern, North Carolina, and covers all employees, staff and other personnel of Coastal Radiology Associates, PLLC. This Notice describes the privacy practices which Coastal Radiology Associates, PLLC has in place with regard to the records it maintains at its office, which are certain copies (not originals) of demographic information about patients, copies of reports of X-ray and other image interpretations performed by Coastal Radiology Associates, PLLC and certain billing records for the services provided by us. Coastal Radiology Associates, PLLC provides its services at the following, which operate hospitals or imaging centers: Craven Regional Medical Center ("CRMC"), Carteret General Hospital ("CGH"), Onslow Memorial Hospital ("OMH") and Coastal Carolina Health Care, P.A. ("CCHC"). CRMC, CGH, OMH and CCHC also have privacy notices which cover your original medical records maintained by them. Throughout this Notice, "we" or "us" or "our" means Coastal Radiology Associates, PLLC.

## OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

In the ordinary course of receiving healthcare services from us, you will be providing us with personal information such as:

- Your name, address, and phone number
- Your date of birth and social security number
- Your insurance information and coverage
- Information concerning your physician, nurse or other healthcare providers

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Also, some information may be provided to us by other individuals or organizations that are part of your "circle of care" — such as your referring physician, your other physicians, your health plan, and close friends or family members. Your medical information is contained in a medical record that is the physical property of the hospital or imaging center where you received your test. Coastal Radiology Associates, PLLC receives and maintains copies of certain demographic information (name, address, insurer, age, etc.) and of image interpretations we perform; however we do not have any originals of your medical records at our office. Our goal is to take appropriate steps to attempt to safeguard any medical or other information that is created by us or provided to us which relates to your past, present, or future physical or mental health or condition or the provision of health care to you or the past, present or future payment for the provision of health care to you that identifies you or could be used to identify you (all this information is referred to in this Notice as "protected health information").

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") privacy regulations (the "Privacy Rule"), we are required to:

- (i) maintain the privacy of your protected health information
- (ii) provide notice of our legal duties and privacy practices with respect to your protected health information (which we are doing in this Notice)
- (iii) abide by the terms of our Notice of Privacy Practices currently in effect (the "Notice").

When using or disclosing protected health information or when requesting protected health information from another entity covered by the Privacy Rule, we will make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. However, this minimum necessary standard does not apply to disclosures to or requests by us or other health care providers for treatment, uses or disclosures to you, disclosures to the Secretary of the U.S. Department of Health and Human Services, or uses or disclosures required by law.

## HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose your protected health information in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed. In this Notice, to "use" protected health information means we are sharing that information with someone who is an employee of Coastal Radiology Associates, PLLC or otherwise a member of our workforce and to "disclose" protected health information means we are sharing that information with someone who is not our employee or otherwise a member of our workforce.

### Required Disclosures

We are required to make disclosures of your protected health information (a) to you in certain circumstances (See the discussion in the "Individual Rights" section of this Notice), and (b) to the Secretary of the U.S. Department of Health and Human Services for its investigation or determination of our compliance with the Privacy Rule.

### Treatment

We may use and disclose your protected health information to furnish services and supplies to you, in accordance with our policies and procedures. For example, (a) we may use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested imaging procedures or other diagnostic services and (b) we may disclose the results of any diagnostic test we perform on you to your referring doctor.

## Payment

We may use health information about you to bill for our services and to collect payment from your insurance company. For example, our billing, accounts receivable and collections employees may access your health information for the purpose of billing and collecting for services we have provided to you. North Carolina law requires us to get your written consent to the disclosure of your protected health information for payment purposes. The location where you receive services (CRMC, CGH, OMH or CCHC) will ask you to sign a consent to allow them and us to provide your protected health information to your insurance company or any other person or entity responsible for the payment of your healthcare services. Other than in an emergency situation, we can refuse to provide services to you if you do not sign the consent form allowing us to share your protected health information with your insurance company or other person or entity responsible for paying for your healthcare services. For example, after obtaining your consent, we may need to (a) give a payer information about your current medical condition so that it will pay us for the interpretation of an ultrasound examination or other services that we have furnished you or (b) inform your payer of the tests that you are scheduled to receive in order to obtain prior approval or to determine whether the service is covered.

## Healthcare Operations

We may use information about you for the general operation of our practice for such purposes, among others, as developing procedures and protocols, reviewing employee performance, training employees, business planning and development and general administration activities ("healthcare operations"). For example, our human resources department may access your protected health information to conduct a performance review of the physician who provides services to you. North Carolina law requires us to get your written consent to the disclosure of your protected health information for our healthcare operations. Again, the location where you receive services (CRMC, CGH, OMH or CCHC) will ask you to sign a consent to allow them and us to disclose your protected health information for our healthcare operations. Other than in an emergency situation, we can refuse treatment to any patient who does not sign a consent allowing us to disclose protected health information for our healthcare operations. Other than in an emergency situation, we can refuse treatment to any patient who does not sign a consent allowing us to disclose protected health information for our healthcare operations. For example, after obtaining your consent, we may arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services and they may need access to your protected health information (as well as that of other patients) to provide these services to us.

## Other Uses and Disclosures

We may use and disclose your protected health information without your consent or authorization for the following reasons:

- 1. When the Use or Disclosure is Required by Law.** We may use or disclose protected health information about you when we are required to do so by federal, state or local law or other judicial or administrative proceeding.
- 2. When the Use or Disclosure is Necessary For Public Health Activities.** We may use or disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive protected health information for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign governmental agency that is acting in collaboration with a public health authority. Public health authorities include county and state health departments, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.

We are also permitted to disclose protected health information to a public health authority or other governmental authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

- 3. When the Disclosure Relates to Victims of Abuse, Neglect or Domestic Violence.** We may disclose your protected health information in situations where we reasonably believe you are a victim of domestic abuse or elder abuse.
- 4. When the Use or Disclosure is For Health Oversight Activities.** We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal or administrative proceedings or actions or any other activity necessary for the oversight of the health care system, governmental benefit programs for which health information is relevant to determining beneficiary eligibility, entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or entities subject to civil rights laws for which health information is necessary for determining compliance.

- 5. When the Disclosure is For Judicial or Administrative Proceedings or Law Enforcement Purposes.** We may disclose information in response to an order of a court or administrative hearing body and in connection with certain government investigations and law enforcement activities. **When the Use or Disclosure Relates to Decedents.** We may disclose protected health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We also may disclose protected health information to organ procurement organizations, transplant centers, and eye or tissue banks.

**6. When the Use or Disclosure is for Workers' Compensation Purposes.** We may disclose your protected health information to Workers' Compensation or similar programs that provide benefits for work-related injuries or illnesses without regard to fault.

**7. When the Use or Disclosure is to Avert a Serious Threat to Health or Safety.** Information about you also may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.

**8. When the Use or Disclosure Relates to Medical Research.** Under certain circumstances, we may use and disclose certain protected health information for research purposes.

**9. When the Use or Disclosure Relates to Specialized Government Functions.** If you are a member of the Armed Forces, we may use or disclose protected health information about you as required by military command authorities. We also may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

**10. When the Use or Disclosure Relates to Correctional Institutions or Other Law Enforcement Custodial Situations.** If you are an inmate, we may disclose protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials having lawful custody of you, under certain circumstances.

**11. Disclosures to Our Business Associates.** We sometimes work with outside individuals and businesses that help us operate our practice successfully. We may disclose your health information to those business associates so that they can perform the tasks that we hire them to do. Our business associates must agree to respect the privacy of your protected health information we provide to them. For example, we may disclose your protected health information to a billing service that takes information we give it and creates an electronic claim which is submitted to the payer so long as we have entered into a business associate agreement with the billing service where it agrees to protect the information we give it.

**12. Disclosures to Individuals Involved in Your Care or Payment.** We may disclose information to individuals in your care or in the payment for your care provided that you are present when such disclosures are made and do not object or there is an emergency situation where you are not present or are incapacitated and we determine, in the exercise of professional judgment, that the disclosure is in your best interests. In either of these situations, we will only disclose the information that is directly relevant to such person's involvement with your care or the payment of your care. This includes people who are part of your "circle of care" — such as your spouse, your other family members, your close friends, or an aide who may be providing services to you. If you want to object to our disclosure of your protected health information in this way, please call or write our Privacy Officer listed in this Notice.

**13. Appointment Reminders.** We may use and disclose your protected health information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

**14. Treatment Alternatives.** We may use or disclose your protected health information in order to tell you about or recommend possible treatment options, alternatives or health related services that may be of interest to you.

**15. Incidental Disclosures.** We may use or disclose your protected health information incident to a use or disclosure permitted in this Notice. For example, if a physician providing your care is engaged in a conversation about your care with a nurse or technician in one of our service sites and another patient who is walking down the hall to be tested happens to overhear the conversation, this would be a permitted incidental disclosure. Our privacy policies contain procedures to limit these incidental disclosures as much as reasonably possible.

## **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

We are authorized to obtain your written permission (an "authorization") for any other uses and disclosures of your protected health information other than those described above. If you provide us with an authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization; however, we will be unable to take back any disclosures already made based upon your original authorization.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights with respect to your protected health information. To exercise any of the rights listed below, you must submit a written request to:

**Coastal Radiology Associates, PLLC**  
**720 Newman Road, New Bern, NC 28562**  
**Attention: Privacy Officer**

### **Right to Request Restrictions**

You have the right to ask for restrictions on the ways in which we use and disclose your protected health information beyond those imposed by law. We will consider your request, but we are not required to accept it.

### **Right to Request Different forms of Communication**

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

### **Right to Inspect and Copy Your Protected Health Information**

Except under certain circumstances, you have the right to inspect and copy your protected health information maintained by us in a designated record set. If you request copies of this information, we may charge you a reasonable, cost-based fee for copying and mailing.

### **Right to Request an Amendment of Your Protected Health Information**

If you believe that protected health information about you which we maintain in a designated record set is incorrect or incomplete, you have the right to ask us to correct the existing information or add the missing information. Under certain circumstances, we may deny your request. If we deny your request, you will be notified and you may have a written statement of your disagreement added to your protected health information maintained by us in a designated record set.

### **Right to Receive an Accounting of Disclosures of Your Protected Health Information**

You have the right to ask for a list of instances when we have disclosed your protected health information. You may ask for a list of disclosures made by us during the six (6) years before your request. We are required to provide a list of all disclosures EXCEPT (a) disclosures made for the treatment, payment or healthcare operations of Coastal Radiology Associates, PLLC, (b) disclosures made to you or your personal representative or that you give us authorization to make, (c) disclosures that occur incidentally to permitted uses and disclosures, (d) disclosures made to family members or friends to which you do not object, (e) disclosures for national security or intelligence activities, (f) disclosures to correctional institutions or law enforcement officials under certain circumstances, and (g) disclosures made before April 14, 2003. We will provide one (1) accounting of disclosures free of charge once every twelve (12) months. If you ask for this information from us more than once every twelve months, we will charge you a reasonable fee for each additional accounting.

### **Right to File a Complaint**

You have the right to file a complaint if you feel your privacy rights have been violated. For details, see the section of this Notice entitled "Complaints/Comments."

### **Right to a Paper Copy of this Notice**

You have the right to a copy of this Notice in paper form. You may request a copy at any time.

## **CHANGES TO THIS NOTICE**

We reserve the right to make changes to this Notice at any time. We reserve the right to make the revised Notice effective for protected health information we already have about you as of the date of the change to this Notice as well as any information we receive after the change. In the event there is a material change to this Notice, the revised Notice will be posted at each of our locations where healthcare services are provided to patients. In addition, you may request a copy of the revised Notice at any time.

## **COMPLAINTS/COMMENTS**

If you think we have violated your privacy rights, or you have any complaints concerning our privacy practices, you may contact the Secretary of the U.S. Department of Health and Human Services and you may also submit a written complaint to the following:

**Privacy Officer**  
**Coastal Radiology Associates, PLLC**  
**720 Newman Road**  
**New Bern, NC 28562**

You will not be retaliated against for filing a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services.



## **CONTACT INFORMATION**

You may obtain more information concerning or ask questions about this Notice by contacting the following:

**Coastal Radiology Associates, PLLC**  
**720 Newman Road**  
**New Bern, NC 28562**  
**Telephone: (252) 638-1158**

## **EFFECTIVE DATE OF THIS NOTICE**

This Notice is effective April 14, 2003.