

Travel Health of WNC

53 S. French Broad Ave., Suite 200 • Asheville, NC 28801 • 828-258-9635

Notice of Privacy Practices

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 describes how we may use and disclose your protected health information (referred to as PHI throughout this notice) to carry out treatment, payment, or health care operations, and other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information that may identify you and relates to your past, present, or future physical and mental health or condition, and related health services.

North Carolina law protects both your rights of privacy and your relationship with your physician. State law generally restricts our disclosure, and that of your physician, of your PHI in most cases. However, under state law we may disclose PHI about you with your permission, pursuant to court order, or as otherwise may be permitted or required by law. In cases in which your permission is required, we will request that you sign a consent form, which is different from an authorization that is mentioned in other parts of this notice.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. We will provide you with any revised Notice of Privacy Practices upon request. If you have any questions about this notice, please contact the privacy contact, who is our practice manager.

1. Uses and Disclosures of Protected Health Information (PHI):

Use and disclosure of your PHI will be made for the purposes of treatment, payment, and health care operations. Your PHI may be used and disclosed by your physician, our office staff, and others outside of the office that are involved in your care and treatment for the purpose of providing health care services to you, and may also be used to pay your health care bills and to support the operation of this practice.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This may include a home health agency, a physician to whom you have been referred or who has referred you to our practice, or to another physician or health care provider who becomes involved in your care.

Payment: Your PHI may be used to aid in obtaining payment for your health care services, which includes providing forms for insurance submittal.

Health Care Operations: We may use or disclose your PHI in order to support the business activities of this practice. These activities may include quality assessment, employee review, training of medical students who see patients in our office, licensing, marketing, and conducting or arranging for other business activities. We may use a sign-in sheet at the registration desk, calling you by name when your physician is ready to see you, and contacting you to remind you of your appointment.

We will share your PHI with third party business associates who provide various services, such as billing and transcription services, for the practice. We will have a written contract with business associates that will protect the privacy of your PHI. We may also use your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our privacy contact to request that these materials not be sent to you.

Travel Health of WNC

53 S. French Broad Ave., Suite 200 • Asheville, NC 28801 • 828-258-9635

Uses and Disclosures of PHI Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except to the extent that your physician or this practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of your PHI, your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case only the PHI that is relevant to your health care will be disclosed. We may use and disclose your PHI in the following cases:

Others Involved in Your Health Care: We may disclose to a member of your family, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care, unless you object. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment. We 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, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts, and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your authorization:

Required by Law: We may use or disclose your PHI to the extent that law requires the use or disclosure, in compliance with the law, and limited to the relevant requirements of the law. You will be notified of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information, for the purpose of controlling disease, injury, or disability. If directed by the public health authority, we may also disclose your PHI to a foreign government agency.

Communicable Diseases: If you have one of several specific communicable diseases (e.g. tuberculosis, syphilis, or HIV/AIDS), information about your disease will be treated as confidential and will be disclosed without your written permission only in limited circumstances, such as reporting information about your disease to state and local officials, or to otherwise use or disclose PHI in order to protect against the spread of the disease. If authorized by law, we may disclose your PHI to a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose your PHI to a health oversight agency for purposes authorized by law such as audits, investigations, and inspections. This includes government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse and neglect. We may also disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. The disclosure would be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration (FDA): We may disclose your PHI to a person or company as required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products, or in order to enable product recalls, make repairs or replacements, or conduct post-marketing surveillance as required.

Travel Health of WNC

53 S. French Broad Ave., Suite 200 • Asheville, NC 28801 • 828-258-9635

Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of court or administrative tribunal, in response to subpoena, discovery request, or other lawful processes, to the extent that such disclosure is expressly authorized.

Law Enforcement: We may disclose your PHI for law enforcement purposes such as legal processes, limited information requests for identification and location purposes pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of the practice, in case of a medical emergency not on the premises of the practice, and otherwise required by law.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner, medical examiner, or funeral director for identification purposes, determining the cause of death, or in order to perform other duties authorized by law. PHI may be disclosed in reasonable anticipation of death, or for cadaver organ, eye, or tissue donation purposes.

Research: We may disclose your PHI 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 PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the 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, or if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of determining your eligibility for benefits by the Department of Veterans Affairs, or to foreign military authority if you are a member of that military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

Worker's Compensation: We may disclose your PHI as authorized to comply with worker's compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the law.

2. Your Rights:

Following is a statement of your rights with respect to your PHI and how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may obtain and inspect a copy of your PHI, contained in a designated record set, for as long as we maintain it. A designated record set contains medical and billing records, and any other records that your physician and the practice use for making decisions about you.

Under federal law, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI information. Depending on the circumstances, a decision to deny access may be subject to review. Please contact our privacy contact if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means that you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested, and the person to whom it may apply.

Travel Health of WNC

53 S. French Broad Ave., Suite 200 • Asheville, NC 28801 • 828-258-9635

Your physician is not required to agree to a restriction that you may request. If the physician believes that it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency care. Please discuss any restriction you wish to request with your physician. You may request a restriction by submitting the request in writing to privacy contact.

You have the right to request confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests, and will not request an explanation from you as to the basis for the request. We may ask you for information as to how payment will be handled, the specification of an alternative address, or another method of contact. Please make this request in writing to our privacy contact.

You may have the right to have your physician amend your PHI. This means that you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment, in which case you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your and will provide you with a copy of any such rebuttal. Please contact our privacy contact if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, a facility director, family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice electronically.

3. Complaints:

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint. You may contact your privacy contact, the practice manager at (828) 258-9635 or at the following address for further information about the complaint process:

Privacy Contact
Travel Health of WNC
53 South French Broad Avenue
Suite 200
Asheville, NC 28801

This notice was published and became effective on April 14, 2003/Amended on June 22, 2010.