



NOTICE OF PRIVACY PRACTICES

The Department of Health and Human Services requires all medical offices and other health agencies to follow guidelines they have developed to protect the health information of all people. These rules are under the name of HIPAA which stands for Health Insurance Portability and Accountability Act of 1996. HIPAA has basically put on paper rules that most offices have been following already.

In order for our office to treat you we need to document in your chart the reason of your visit, treatment given, your past health problems, etc. This serves as proof of our care to you. We may then need to share some of that information with your insurance carrier or Medicare or other third party in order to bill and receive compensation for our services. HIPAA rules state to whom we may give your health information and why. Otherwise, we are not giving away any information unless authorized by your signature.

Your personal health information may be used or disclosed for the following:

1. Medical treatment;
2. Payment of services;
3. Health care operations such as office reviews, staff performance, etc.
4. Appointment and recall reminder;
5. Emergency situations;
6. Requirement by law;
7. To avoid a serious threat to health or safety (of yourself or close ones);
8. For organ and tissue donation programs;
9. Workers' compensation;
10. Public health risks (communicable diseases, etc.)
11. Investigation and government activities (inspections, accreditations, audits, etc.);
12. Lawsuits and disputes;
13. Funeral directors, medical examiners, and coroners;
14. Inmates.

HIPAA also provides you, the patient, with rights. You may request in writing:

1. To inspect and copy medical information that may be used to make decisions about your care;
2. That corrections to your health information be made if you feel that the information presented to you is inaccurate;
3. A list of all disclosures we made of your medical information after April 2003 unrelated to treatment or payment services;
4. Restrictions or limitations on the health information we can use or disclose about your treatment, payment or health care operations. You may also request a limitation on the health information given to other parties such as family members;
5. That we communicate with you about medical matters in a certain location or during certain times; (Example: to call you at home only).

Should you have questions about this Notice of Privacy Practices you may contact us in writing or by phone.

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