



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.**

Brier Creek Integrated Pain & Spine ("BCIPS") is dedicated to maintaining the privacy of your personal health information ("PHI"), as required by statute and regulation. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning your PHI. PHI is information that identifies you and that relates to your physical or mental health condition. PHI includes laboratory test orders and results, as well as documents generated for payment purposes such as billing invoices. We are required to follow the privacy practices described below while this Notice is in effect.

A. Overview

For your convenience, we have provided this overview of our Notice of Privacy Practices. This summary is not a complete listing of how we use and disclose your PHI. If you have any questions concerning this summary, please read this full Notice of Privacy Practices or contact BCIPS' Compliance Officer as follows:

Compliance Officer
Brier Creek Integrated Pain & Spine
7780 Brier Creek Parkway, Suite 200
Raleigh, NC 27617
Telephone: 919-433-4078
Email: compliance@painandspine.org

1. Your Rights

You have the right to:

- See or receive a copy of your PHI, including lab test results;
- Ask us to amend the PHI we have about you, if you feel it is incorrect or incomplete;
- Request confidential communications;
- Ask us to limit the information we share;
- Ask us for a list of those with whom we have shared your PHI, subject to limits;
- Receive a paper copy of this Notice of Privacy Practices;

- Choose someone to act for you;
- Be notified of a breach of your PHI; and
- Ask a question or file a complaint.

2. Your Choices

You have some control in the way we use and share your information as we:

- Tell family and friends about your condition;
- Provide disaster relief;
- Market our services; and
- Raise funds.

3. Our Uses and Disclosures

We may use and share your information as we:

- Treat you;
- Bill for your services;
- Run our organization;
- Help with public health and safety issues;
- Perform research;
- Respond to organ and tissue donation requests;
- Work with a medical examiner or funeral director;
- Address workers' compensation, law enforcement, and other government requests;
- Respond to lawsuits and legal actions; and
- Comply with the law.

B. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. **Right to See and Receive PHI.** You have a right to see and receive your PHI, which includes your completed laboratory test results, for as long as we maintain your PHI. You must make a written request to see or receive your PHI at the address listed on the first page of this Notice. Ask us how to do this. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other expenses associated with your request. You have the right to access and receive your PHI in an electronic format if it is maintained by us and readily producible in such a format. In certain, limited circumstances, we may deny your request to access your PHI. If we deny your request, in part or in its entirety, you may request that the denial be reviewed. A description of the process to have a denial reviewed will be included in the correspondence informing you of our decision to deny your request.
2. **Right to Request Amendment.** You can ask us to correct PHI about you that you think is incorrect or incomplete. You must submit this request in writing to the address listed on the first page of this Notice. Ask us how to do this. We may deny your request to amend if (i) we did not create the PHI, (ii) it is not information that we maintain, (iii) it is not information that you are permitted to see or receive, or (iv) it is determined by us to be accurate and

complete. If we deny your request, we will give you a written explanation of why we did not make the amendment.

- 3. Right to Request Confidential Communications.** You can ask us to contact you about your PHI in a specific way or at a certain location. For example, you may specify that we call you only at your home phone number, and not at your work phone number. Or, you may specify that we send mail to you at an alternate valid address different than your home address. You must make a written request, specifying how and where we may contact you. You must submit your written request at the address listed on the first page of this Notice. Ask us how to do this. You do not need to give a reason for your request. We will comply with all reasonable requests.
- 4. Right to Request Restrictions.** You can ask us not to use or share certain PHI for treatment, payment or health care operations. We are not required to agree to your request. Your request for any restriction must be in writing and submitted at the address listed on the first page of this Notice. Ask us how to do this.
- 5. Right to Restrict Disclosure for Services Paid by You in Full.** If you pay for our service in full and directly to us, you can ask us not to share information related to that service with your health insurer. We will comply with such a request, unless a law requires us to share that information. To request such a restriction, please notify us at the address listed on the first page of this Notice.
- 6. Right to an Accounting of Disclosures.** You can ask us for a list (accounting) of the times we have shared your PHI during the six years prior to the date of your request. This listing will include the date of the disclosure, who we shared it with, and why. We will include all the disclosures except those for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). You must make a written request for an accounting of disclosures and submit your written request at the address listed on the first page of this Notice. Ask us how to do this. We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- 7. Right to Receive a Paper Copy of this Notice.** You can ask us for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. We will provide you with a paper copy promptly. You can obtain a copy of this Notice at any time from our website, www.painandspine.org, or from our facility where you obtain treatment.
- 8. Right to Have Someone Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- 9. Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.

10. Right to Ask Questions or File a Privacy Complaint. If you would like more information about our privacy practices or have questions or concerns, please contact us. If you believe that your privacy rights have not been followed as directed by federal and state laws or as explained in this Notice, you may complain to us by contacting the Compliance Officer at the contact information below:

Compliance Officer
Brier Creek Integrated Pain & Spine
7780 Brier Creek Parkway, Suite 200
Raleigh, NC 27617
Telephone: 919-433-4078
Email: compliance@painandspine.org

You also may submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by email to OCRComplaint@hhs.gov, or by web-based reporting at www.hhs.gov/ocr/privacy/hipaa/complaints/. You can also call the U.S. Department of Health and Human Services at 1-877-696-6775 if you have questions. We support your right to the privacy of your PHI. We will not retaliate if you file a complaint with us or with the U.S. Department of Health and Human Services.

C. Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- 1. Individuals Involved in Your Care or Payment for Your Care.** We may disclose your PHI to a family member, friend, or any other person who is involved in your care or payment for care, unless you object. In this case, you have the right and choice to tell us to share information with your family, friends, or others involved in your care. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. As allowed by federal and state law, we may disclose the PHI of minors to their parents or legal guardians.
- 2. Disaster-Relief Efforts.** Unless you object, we may disclose your PHI to a governmental or private entity (such as the American Red Cross) in a disaster relief situation. If we can reasonably do so while responding to the emergency, we will try to determine if you want us to share your PHI.
- 3. Marketing and Sale of PHI.** We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.
- 4. Fundraising Activities.** We may contact you for fundraising efforts, but you can tell us not to contact you again.

D. Our Uses and Disclosures

The following describes how we may use or share your PHI. Not every use of disclosure will be listed. However, all of the ways we are permitted to use and disclose your information will fall within at least one of the following categories.

- 1. For Treatment.** We provide laboratory testing for physicians and other healthcare professionals. We may use your PHI for the purpose of our testing. We may disclose your PHI to a physician or other professional providing treatment to you. For example, we may disclose your lab test results to your physician who ordered the tests.
- 2. For Payment.** We may use or disclose your PHI to bill and collect payment for the services that we provide to you. For example, we may send a bill to you or to a third-party (such as your insurance company or to Medicare or Medicaid) for the rendering of services by us.
- 3. For Healthcare Operations.** We may use or disclose your PHI in connection with our healthcare operations, such as operating and managing our business activities, improving your care, or internal audits. For example, we may use your PHI to evaluate our laboratory testing and services provided to you, such as performing quality checks.
- 4. Serious Threat to Health or Safety.** We may use or disclose your PHI if we believe it is necessary to avoid a serious threat to your health and safety or the health and safety of the public or another person.
- 5. Public Health and Safety.** We may disclose your PHI to public health or other authorities for purposes of preventing or controlling disease, injuries or disabilities, helping with product recalls, reporting reactions to medications or problems with products, and reporting suspected abuse, neglect, or domestic violence. We may also disclose your PHI to organizations charged with collecting public health data.
- 6. Health Oversight Activities.** We may disclose your PHI to federal or state governmental authorities responsible for the oversight of healthcare activities as authorized by law. These activities include: audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for the oversight of the healthcare system, governmental programs, and compliance with civil rights laws.
- 7. Perform Research.** Under certain circumstances, we may use or disclose your PHI for health research purposes.
- 8. Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs.
- 9. Specialized Government Activities.** If you are active military or a veteran, we may disclose your PHI as required by military authorities. We may also disclose your PHI to authorized officials for intelligence or national security activities.

- 10. Organ Donation.** If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye, or tissue donation and transplantation.
- 11. Coroners, Medical Examiners, Funeral Directors.** We may disclose your PHI to a coroner or medical examiner as necessary to identify a deceased person or determining the cause of death. We may also disclose your PHI to funeral directors as necessary to carry out their duties.
- 12. Law Enforcement.** Under certain circumstances, we may use or share your PHI for law enforcement purposes or with a law enforcement official.
- 13. Legal Proceedings, Lawsuits, and Other Legal Actions.** We may disclose your PHI to courts, court employees, and attorneys in response to a court or administrative order, or in response to a subpoena, summons, or other lawful instructions from a court or administrative tribunal.
- 14. Business Associates.** We may disclose your PHI to other companies or individuals to perform certain functions or provide business services to us. These other entities are known as “business associates.” For example, we may use another company to perform billing services on our behalf. Business associates are required to maintain the privacy and confidentiality of your PHI.
- 15. Comply with the Law.** We will share PHI about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

E. Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

F. North Carolina State Law

Some North Carolina laws provide you with more protection for specific types of information than federal laws with regard to protecting the privacy of medical information about you. Where applicable, we will follow the requirements of those North Carolina laws. Please contact our Compliance Officer, using the contact information on the first page of this Notice, for specific information regarding any applicable North Carolina laws.

G. Changes to the Terms of this Notice

We can change the terms of this Notice of Privacy Practices, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our offices, and on our web site.

H. Effective Date of this Notice

This Notice of Privacy Practices is effective on June 22, 2015.