

handling of your information, you may contact the Privacy Contact Person at 843-774-2478. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering it to the Privacy Officer. You may also file a complaint to the Secretary of Health and Human Services. We cannot, and will not, retaliate against you for filing a complaint.

Other Uses and Disclosures

- **Law Enforcement:** We may disclose your protected health information for law enforcement purposes as required by law.
- **Health Oversight:** Federal law allows us to release your protected health information to appropriate health oversight agencies.
- **Judicial / Administrative Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order. To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- **Disaster Relief:** We may use and disclose your protected health information to assist in disaster relief efforts.
- **Funeral Directors or Coroners:** We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.
- **Marketing and other Communications:** We may contact you, or leave a message on your answering machine to provide you with appointment reminders, with information about treatment alternatives, or with information about other health related benefits and services that may be of interest to you.
- **Food and Drug Administration (FDA):** We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to en-

able product recalls, repairs, or replacements.

- **Workers Compensation:** If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.
- **Notification:** Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative or other person who has been involved in your care, about your location or your general condition, or your death.
- **Communication with Family:** Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.
- **Public Health:** We may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Abuse and Neglect:** We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- **Correctional Institutions:** If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.
- **For Specialized Governmental Functions:** We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.
- **Other uses:** There are other uses and disclosures which must be made pursuant to your written authorization. You may revoke authorizations by delivering a written revocation notice to this office.

DILLON INTERNAL MEDICINE ASSOCIATES, P.A.

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.

Effective April 14, 2003

Summary

We understand that medical information about you is personal. We are committed to protecting medical information about you. This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the health information we create and obtain in providing our services to you.

This Notice details your rights to obtain a copy of your records, request restrictions on how your protected health information is used or disclosed, request amendments of your record, receive an accounting of certain releases of your protected health information, request that we contact you in certain ways, and certain other provisions.

The Notice also outlines our responsibilities to maintain the privacy of your health information and other responsibilities. The Notice details how we handle your protected health information in different circumstances. These provisions are required by Parts 160, 162, and 164 of the Health Insurance Portability Act of 1996, commonly known as HIPAA. We have posted this Notice in the waiting room of Dillon Internal Medicine Associates, P.A. and provided copies that you may pick up at any time during our regular office hours. We ask that you sign an acknowledgment the first time you receive this Notice.

We welcome you to Dillon Internal Medicine Associates, P.A. and hope that your experience here meets your expectations. This Notice is our attempt to explain our policies and procedures related to how we handle, use or release your health information. Please read it carefully. If you have any questions, please ask our Staff, or ask for our Privacy Contact Person.

We understand that medical information about you is personal. We are committed to protecting medical information about you. This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment,

payment, and health care operations. Protected health information is the health information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Some examples are: A nurse will obtain health information about you and record it in your medical record. We may consult with another physician or specialist and will share the information about you with that physician to obtain his / her input. We will record medical information about you in your health record. We may submit requests for payment to your health insurance company. That request must include your diagnosis and the treatment given. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest. We obtain services from insurance companies or other business associates such as quality assessment and improvement, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your health information rights:

The health and billing records we maintain are the property of Dillon Internal Medicine Associates, P.A. The information in it, however, belongs to you. You have a right to:

- Obtain a copy of this document, the Notice of Privacy Practices.
- Submit a written request for restriction on certain uses and disclosures of your health information. We are not, however, required to agree to those restrictions.
- Submit a written request to inspect or receive a copy of your health record. We have 15 days in which to respond. There may be a charge for this. If we deny your request, you may appeal.

- Submit a written request to amend your health record. Under certain circumstances we may deny such amendments, but our response will be returned to you in writing. Generally, we have 60 days in which to respond to your request. If we deny your request, you may choose to accept the denial, or you may file a statement of disagreement, or you may require that the request for amendment and any denial be attached to any future disclosures of your protected health information.
- Obtain an accounting of any disclosures of your health information during the previous six years, but not before April 14, 2003. This accounting will not include uses and disclosures of information for treatment, payment, or healthcare operations, disclosures made to you or made at your request, disclosures made to your family members or friends who are involved in your care, or certain other disclosures. There may be a charge for this accounting.
- Request that communications to you be made by alternative means or to an alternative location.

Our Responsibilities:

Dillon Internal Medicine Associates, P.A. will:

- Maintain the privacy of your health information as required by law.
- Provide you with this Notice of Privacy Practices.
- Abide by the terms of the Notice of Privacy Practices then in effect.
- Notify you if we cannot accommodate a request.
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend or eliminate provisions in our privacy practices and enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend this Notice. You are always welcome to receive a copy of our current Notice.

To Request Information or File a Complaint:

If you have questions, would like additional information, or want to report a problem regarding the