

NOTICE OF PRIVACY PRACTICES

DeArk Medical Center - 3719 Latrobe Drive, Suite 840, Charlotte, NC 28211

Privacy officer - (980-888-8011)

We would like to inform Patients of DeArk Medical Center of patient privacy protection that became effective on 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. It also describes your rights and our legal obligations with respect to your medical information. We are required by law to protect the privacy of your health information and we take this obligation very seriously.

The law requires us to provide you with this Notice of our Legal Duties and Privacy Practices with respect to your protected health information. We are required to maintain the privacy of protected health information and to notify you if there is a breach of your unsecured protected health information. If you have any questions about this Notice, please contact our Privacy Officer with the phone number listed above.

We are required by law to comply with the terms of this Notice currently in effect. We may amend the terms of this notice of Privacy Practices at any time in the future and we reserve the right to do so. After an amendment is made, the revised Notice of Privacy Protections will apply to all your protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment and on our website.

How This Medical Practice May Use or Disclose Your Health Information

We collect health information about you and stores it in a chart and/or electronic medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment: We will use and disclose your medical information to treat you. We will disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians who we have referred you to for the purposes of accurate diagnosis and treatment or we may share this information with a pharmacist to order or renew a prescription for you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

Payment: We will use and disclose medical information about you to obtain payment for the services we provide. For example, to obtain payment service rendered to you as allowed by your health plan, we may disclose the information your health plan requires before it will pay us or to verify your coverage and benefits. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations: We may use and disclose medical information about you to operate our medical practice. For example, this activity may include and are not limited to reviewing and improving the quality of health care you received, legal services and audits, referrals to other physicians, billing, training programs, appointment reminders.

We may disclose your protected health information to our business associates such as our billing service company that carry out work for us. We will have a written contract requiring them and their subcontractors to keep your Protected health information private and confidential in such cases.

Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments.

Sign in Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition or, in the event of your death, unless you had instructed us otherwise. We may also disclose your information to someone who is responsible for your care or assists in paying your bills and to a relief organization for disaster relief purpose.

If you are able and available to agree or object to this disclosure, we will give you the opportunity to object before making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, we will use our best professional judgment to disclose such information as may be necessary.

Marketing: We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you if we are not being paid for making such communication. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid.

Additionally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without a written authorization from you. The authorization will state whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity if you cancel the authorization.

Sale of Health Information: We will not sell your health information without your authorization. This authorization must be in writing and will state that we will receive compensation for your health information if you authorize us to sell it. We will stop any future sales of your information if you cancel the authorization.

Required by Law: We will use and disclose your health information in accordance with the law and limited to relevant requirements of the law. For instance, when the law requires us to report abuse, neglect, or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials.

Public Health: We may disclose your health information to public health authorities as required by law for purposes related to: preventing or controlling disease, injury, or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. We will notify you or your personal representative promptly when we report suspected elder or dependent adult abuse or domestic violence, unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing the person we believe is responsible for the abuse or harm.

Health Oversight Activities: We may disclose your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings if required by law.

Judicial and Administrative Proceedings: We may disclose your health information as required by law, during any administrative or judicial proceeding; in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or in response to court or administrative order whether you object or not.

Law Enforcement: We may disclose your health information as authorized by law for law enforcement purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners: We may disclose your health information to coroners in connection with their investigations of deaths and other duties authorized by law. We also may release information if required by law for funeral directors to perform their jobs.

Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public Safety: We may disclose your health information as authorized by law to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public. We will make disclosures to authorities or a person that may be able to prevent this threat.

Proof of Immunization: We may disclose proof of immunization to a school that is required to have it before admitting a student, if you authorize this disclosure on behalf of yourself or your dependent.

Specialized Government Functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Workers' Compensation: We may disclose your health information for purposes relating to workers compensation. We are also required by law to report cases of work related injury or illness to the employer or workers' compensation insurer.

Change of Ownership: If our office merges with or is sold to another organization, your health information in our record will subsequently be owned by the new organization. You may also request that copies of your health information be transferred to another physician or medical group.

Breach Notification: We will notify you of any breach of your unsecured protected health information.

Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die.

Research: We may disclose your health information to researchers conducting research with respect to which your written authorization is not required if the research was approved by an Institutional Review Board or privacy board that has reviewed this proposal and has made adequate plans to protect the privacy of your protected health information. If state law requires us to obtain your authorization, we will do so before using or disclosing your protected health information for research purposes.

Fundraising: We may use or disclose your demographic information to contact you for fund raising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

Right to Request Restriction on the use of PHI: You have the right to request restrictions on certain uses and disclosures of your health information. The request must be made in writing to the privacy officer and must specify what information you want to limit. We are not required to agree to your request, but if we agree, we will notify you and abide by our agreement except required by law to disclose the information or for emergency treatment.

Right to Request Confidential Communications: You have the right to request, in writing that communication you receive from us about your health information be sent in a specific way or to a specific location. For example, you may ask that we send all communication to your work address instead of your home address. Or request that we send your mails directly to another person designated by you. Your request must clearly state how and where you want to receive communications. We will comply with all reasonable requests submitted in writing.

Inspect and Copy: You have the right to inspect and get a copy of your health information, subject to some exceptions. This request must be in writing and should clearly state what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, and in what form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing.

We will charge a reasonable fee for the costs of providing this record, and the cost of the preparation of explanation or summary if requested and agreed in advance. We may deny your request under limited circumstances; however, you will have a right to appeal our decision in certain circumstances.

Amend or Supplement: You may request that we amend your health information that you believe is incorrect or incomplete in writing, clearly stating the reasons you believe the information is inaccurate or incomplete. We may deny your request to amend your health information.

We may deny your request if we do not have the information, if the information was not created by us (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the requested information, or if the

information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal and provide you with a copy.

Accounting of Disclosures: You have a right to receive an accounting of disclosures that we have made of your health information. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. This disclosure will not include disclosures provided to you or those that were authorized by you, treatment, payment, health care operations, notification and communication with family, to military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent we have received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities. We may charge a fee, if you request for this accounting disclosure more than once within a 12-month period.

Paper or Electronic Copy of this Notice: You have a right to receive a paper copy of our notice of Legal Duties and Privacy Practices with respect to your health information, you may ask for a paper copy of this Notice of Privacy Practices anytime, even if you have previously requested its receipt by e-mail.

****If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.***

Complaints

You may make a complaint about this Notice of Privacy Practices or how we handle your health information to our Privacy Officer listed at the top of this Notice of Privacy Practices in writing.