

NOTICE OF PRIVACY PRACTICES
FOR
ONSLOW AMBULATORY SERVICES, INC.

THIS NOTICE DESCRIBES HOW MEDIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Onslow Ambulatory Services, Inc. (including, but not limited to, Central Coast Dermatology, Jacksonville Internal Medicine, OPC, and Eastern Carolina Orthopaedic Clinic) (hereinafter collectively referred to as "OAS") is committed to protecting your health information. Pursuant to law, OAS must provide and make available a Notice of Privacy Practices ("notice") to individuals receiving services at OAS. Accordingly, you are receiving the Notice because you have made a request to, or received direct treatment at OAS. In addition, OAS has established an organized health care arrangement which mean that this Notice applies to all persons providing health care services at OAS, even if they are not an employee or agent of OAS.

I. HOW OAS MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Federal; law requires OAS to maintain the privacy of individually identifiable health information and to provide you with notice of its legal duties and privacy practices with respect to such information. OAS must abide by the terms and conditions of this Notice, as may be revised from time to time.

A. USES OR DISCLOSURES OF HEALTH INFORMATION FOR THE TREATMENT PAYMENT & HEALTH CARE OPERATIONS

OAS may use your individually identifiable health information for treatment, payment and health care operations. Examples of treatment, payment and health care operations include:

- "Treatment" may include consulting with or referring your case to another health care provider. The type of health information that OAS may use or disclose includes, but is not limited to, such health conditions as blood type, diagnosis of your condition or pregnancy status. OAS may use or disclose your individually identifiable health information for its own provision of treatment or may disclose such information for the treatment activities of another health care provider. *For example, a doctor treating you for an illness may need to share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.*
- "Payment" may include OAS's efforts to obtain reimbursement from you or a responsible third party for services that OAS has provided to you. OAS may use or disclose your individually identifiable information for its own payment or for the payment and activities of another health care provider or health plan or health care clearing house. *For example, OAS may need to provide your health plan with information about your condition in order for OAS to receive payment for the treatment you received.*
- "Health care operations" may include activities such as quality assessment and improvement activities and audits of the process of billing you or a third party for health care services OAS provides to you. *As part of OAS's treatment of you an its operations, OAS may contact you, by phone or by mail, to provide appointment reminders or to provide information about treatment alternatives or other health-related services that may be of interest to you. OAS may also contact you by phone or mail for fundraising purposes. OAS may use or disclose your individually identifiable health information for its own health care operations or for limited health care information privacy laws. The entity which receives this information must have had a treatment relationship with you and the information we disclose must pertain to that relationship. Limited health care operations include various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activates. For example, OAS may use your health information to review and evaluate the skills, qualification and performance of the health care providers taking care of you.*

B. USES OR DISCLOSURES OAS MAY MAKE WITHOUT YOUR AUTHORIZATION

In addition to treatment, payment and health care operations, and unless this Notice recites a more stringent restriction (as stated in Section C of this Article), the law permits or requires OAS to make, use and/or disclose individually identifiable health information without your written authorization, in accordance with the applicable law, in the following situations:

1. For certain public health activities and purposes, including reporting of adverse product events to the Food and Drug Administration
2. To report suspected abuse, neglect or domestic violence
3. To submit information to health oversight agencies for oversight activities, such as audits, authorized by law
4. In the course of judicial and administrative proceedings
5. For law enforcement purposes
6. To a medical examiner, coroner or funeral director
7. To assist an organ procurement organization or organ bank in facilitation organ or tissue donation and transplantation
8. To further research, provided that OAS complies with federal requirements
9. To avert a serious and imminent threat to public health safety
10. For specialized government functions, including activities related to the military, veterans, or national security or
11. To comply with Worker's Compensation or similar laws

In addition, OAS may use and/or disclose your individually identifiable health information as follows:

- **Business Associates:** There are some services provided to OAS through contracts with business associates which are vendors, professionals and others who perform some treatment, payment or health care operations function on behalf of AOS or who otherwise provide services and have access to or use your protected health information. *For example: a business associate may include: physician services, radiology, certain laboratory test, or a transcribing service to type a doctor's notes into your health record. When they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information by requiring that they enter into an appropriate agreement with OAS.*
- **Notification:** Unless you object, health professionals, using their best judgment, may use or disclose information to notify or assist in notifying a family member, personal representative, or any person responsible for your care, your location, and general condition. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in your best interest and disclose only information that is directly relevant to the person's involvement with your healthcare.
- **Communication with family:** Unless you object, health professionals, using their best judgment, may use or disclose to a family member, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unable to object, we may exercise our professional judgment to determine if a disclosure is in you best interest and disclose only information that is directly relevant to the person's involvement with your care.
- **Disaster Relief:** We may use or disclose information for disaster relief purposes, such as a disclosure to the American Red Cross.
- **Incidental Uses and Disclosure:** We are permitted to use and disclose information incidental to another use or disclosure of your protected health information permitted or required under law.
- **Limited Data Sets:** We may use or disclose a limited data set (i.e. which certain identifying information has been removed) of your protected health information for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your information.

C. MORE STRINGENT PROTECTION FOR YOUR HEALTH INFORMATION

In certain cases, North Carolina law provides more stringent privacy protections of your health information than this Notice recites above. More specifically, North Carolina law is more stringent in the following situations:

- If you are a patient with AIDS or HIV infection or a communicable disease or condition subject to public health reporting requirement, OAS will only disclose information regarding your AIDS, HIV or communicable disease status with your written permission, except: (i) if you cannot be identified from the information, (ii) a disclosure is required or permitted under communicable disease law or laws specifically authorizing or requiring disclosure of AIDS information or records: (iii) if a subpoena or court order requires disclosure; or (iv) if release is necessary to protect public health. If OAS reveals your information for treatment, payment or health care operations purposes, or for any other reason, then you must sign a different permission form.
- If you provide confidential information to rehabilitation, vocational/occupational therapist, then the therapist will not reveal that information to anyone, unless you give permission in writing. If the therapist reveals your information for any purpose, then you must sign a permission form. However, the therapist may reveal the information without your written permission if the law or a court order requires the therapist to do so.

D. MARKETING

OAS will need your written authorization to use and disclose your PHI for marketing purposes, except if the marketing is a face-to-face communication or if it involves a promotional gift of nominal value. "Marketing" includes a communication about a product or service that encourages you to purchase or use the product or service. It also includes an arrangement whereby OAS discloses your PHI to another entity, in exchange for the compensation, and the other entity communicates about its own product or service to encourage purchase or use of that product or service. Marketing does not include our describing a health-related product or service (or payment for such product or service) that we provide. Marketing also does not include our communication for your treatment, or to direct or recommend to you alternative treatments, therapies, health care providers, or settings of care.

E. NO OTHER USES OR DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

OAS may not make any other uses and disclosures of your individually identifiable health information without your written authorization. You may revoke your authorization at any time in writing to OAS.

II. YOUR RIGHTS

Federal and state law protects your right to keep your individually identifiable health information private.

You have the right to receive confidential communications and to request restrictions. You may request that you receive communications from OAS regarding individually identifiable health information by alternative means or at alternative locations. You must make your request for confidential communications in writing and must submit this request to the office listed above. OAS reserves the right to condition your request on the receipt of information regarding how you wish OAS to handle payment and/or on the availability of an alternative address or method of contact that you may request. You may request other restriction on certain uses and disclosures of protected health information for the purposes of treatment, payment, and health care operation; however, the law does not require OAS to agree to the requested restrictions unless the restriction request is a reasonable restriction on communication.

You have a right to amend: You also have the right to amend your individually identifiable health information unless OAS did not create such information or unless OAS determines that your medical record is accurate and complete in its existing form.

You have a right to an accounting: You have the right to request and receive an accounting of disclosures of your individually identifiable health information that OAS has made in either the six (6) years prior to the request date, or during the period between the request date and the date that federal law required OAS to comply with federal privacy regulations, whichever is more recent. Such an accounting may not include disclosures made to carry out treatment, payment or health care operations, to create an accurate patient directory or notify persons involved in your care, to ensure national security, to comply with the authorized requests of law enforcement, to inform you of the content of your medical records, or those disclosures which you have previously authorized pursuant to a validly executed authorization form.

You have the right to get this notice by email: You have the right to get a copy of the notice by e-mail. Even if you have agreed to receive the notice via e-mail you also have the right to request a paper copy of the notice.

III. GRIEVANCES OR FURTHER INQUIRIES

If you believe that OAS has violated your privacy rights with respect to individually identifiable health information, you may file a complaint with OAS and/or the United States Secretary of the Department of Health and Human Services. To file a complaint with OAS, please contact the OAS Privacy Officer at (910) 577-2852 or P.O. Box 974, Jacksonville, NC 28546-0974. OAS will not retaliate against you for filing a complaint. You may also contact the OAS Privacy Officer for a copy of this notice or for further information regarding its contents.

IV. Amendments

OAS reserves the right to amend the terms of the notice at any time and to apply the revised notice to all individually identifiable health information that it maintains. If OAS amends the notice, you will be provided with a revised copy at your next visit to OAS, or upon request.

V. EFFECTIVE DATE OF THIS NOTICE

This notice is effective October 1, 2007

VI. REVISION DATES

October 19, 2007; February 12, 2009

Acknowledgement of receipt of Onslow Ambulatory Services, Inc, Notice of Privacy Practice

I acknowledge that I have received the Onslow Ambulatory Services, Inc. Notice of Privacy Practices on this date. I understand that the Notice describes the uses and disclosures of my protected health information by Onslow Ambulatory Services, Inc. and informs me of my rights with respect to my protected health information.

For more information, please contact the Onslow Memorial Hospital's HIPAA Privacy Officer at (910) 577-2825.

Patient's Social Security Number (**required**)

Signature of Patient/Personal representative

Printed name of Patient/Personal representative

If Personal Representative, Indicate relationship

Date

Patient refused to sign or patient deferred signing until further review

Onslow Ambulatory Services Rep. Initials

Effective Date: April 14, 2003

Revision Date: May 1, 2006