



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.

**If you have any questions about this Notice please contact our Privacy Officer at:
Travel Health, PLLC
Attention: Privacy Officer
4539 Hedgemore Drive, Suite 100
Charlotte, NC 28209**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, related to your past, present, or future physical or mental health or condition and related health care services. The definition of PHI is extended to include your demographic and insurance information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice would be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a copy by calling our office and asking that a copy be mailed to you or you may request a copy at your next appointment.

The effective date of this Privacy Notice is: April 14, 2003.

We are required by law to:

- **Make sure that medical information that identifies you is kept private**
- **Give you this notice of our legal duties and privacy practices with respect to medical information about you; and**

- **Follow the terms of this notice, which are currently in effect.**

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and are committed to protecting medical information about you. When a service is rendered, we create a record of the care and services you receive at our practice and rely on this record to provide you with quality care as well as comply with certain legal requirements. This notice applies to all of the records concerning your care.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health information Based Upon Your Written Acknowledgment

Once you have read this Notice, you will be asked to sign an acknowledgment form. Once you have acknowledged to the use and disclosure of your protected health information for treatment, payment and health care operations by signing the acknowledgment form, we will use or disclose your protected health information as described in this section. Your protected health information may be used and disclosed by your physician, our office staff and others externally who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice.

The following categories are examples of the types of uses and disclosures of your protected health care information that we make here at Travel Health PLLC. Such uses and disclosures for the purposes of treatment, payment, and health care operations are made WITHOUT your authorization. These examples are not meant to be exhaustive, but rather, to describe the types of uses and disclosures that may be made by us:

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to in order to ensure that the physician has the necessary information to evaluate or treat you. In addition, we will disclose your health information to laboratory health providers who will process your testing.

You will be contacted for various reasons regarding treatment. You may be contacted via email, text messaging, and the work, home, and mobile phone numbers left on your patient information sheet, and our staff may leave discreet messages on your answering machine, voice mail, or with others. You may also be mailed information regarding your treatment. Examples of the reasons for contact include, but are not limited to:

- ✓ Mailing of new patient registration forms, welcome books, and appointment dates
- ✓ Appointment reminders made by email, text messaging, telephone, or postal mail
- ✓ Missed appointment reminders via email, text messaging, telephone, or postal mail
- ✓ Patient satisfaction surveys

- ✓ Billing statements (including returned check notices).
- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility and or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for hospital admission.
- **Health Care Operations:** We may use and disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee performance review activities, training of medical students, and conducting or arranging for other business activities related to the operations of this practice.

For example, we may disclose your protected health information to medical school interns who assist us in seeing patients at our office. In addition, we may use a check-in procedure at the front desk in which you are required to give your name to the receptionist. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing and transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you, including participation in a clinical trial. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer or to inform you that our location has changed.

Please be advised that the Mecklenburg County Health Department requires that we report to them certain diseases, such as AIDS/HIV, hepatitis, syphilis, tuberculosis, gonorrhea, chlamydia, mumps, Rocky Mountain Spotted Fever, toxic shock syndrome, among others. In reporting such a case, they require us to provide them your name, disease, and demographic information, such as address, phone, age, race, and gender. This is a state regulation by which we must follow without exception.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information, then your physician, may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. If you are unable to agree to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use and disclose your protected health information in an emergency treatment situation. If this happens, your physician will try to obtain consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of the court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions, such as in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by the law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: Our clinicians may review your information for pre-screening and inform you of a clinical trial for which you may be eligible to enroll in. We will, however, release your protected health information for clinical research purposes either without your authorization or without first de-identifying your personal information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may release your protected health information for workers' compensation or similar programs. Such release would include the North Carolina Department of

Insurance, the North Carolina Insurance Commissioner and the North Carolina Industrial Commission. These state-governed programs provide and determine benefits for work-related injuries or illnesses.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirement of Section 164.500 et. Seq.

II. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Following is a statement of your rights with respect to your protected health information and a brief description of how you might exercise these rights.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

- **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of alternative address or other method of

contact. We will not request an explanation from you regarding the request. Please make this request in writing to our Privacy Officer.

- **You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for amendment. If so, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices (although we may log some of those disclosures even though we are not required to). It excludes disclosures we have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes.

You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

- **You have the right to obtain a paper copy of this notice from us.** You may ask us to give you a copy of this notice at any time.

III. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at 704-331-9669 for further information about the complaint process.

You may also contact:
US Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C., 20201
877-696-6775 (toll-free)