

**Notice of Privacy Practices**  
**Palmetto Primary Healthcare, PLLC**  
**4850 Fayetteville Rd. Suite G**  
**Lumberton, NC 28358**

**This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.**

**Notice Effective December 1, 2022**

**Our Pledge Regarding Health Information**

Palmetto Primary Healthcare, PLLC, including all of its enterprises, locations, and affiliated providers, (“PPHC”) takes the protection of your personal information seriously, and we are committed to protecting health information about you. Protected Health Information is information that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of health care products and services to you; or the payment for such services. In certain circumstances, pursuant to this Notice, patient authorization, or applicable laws and regulations, protected health information can be used by PPHC or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

This Notice of Privacy Practices (“Notice”) is given to you by a PPHC provider to describe the ways in which we may use and disclose your protected health information and to notify you of your rights with respect to protected health information in our possession. This Notice applies to the PPHC providers listed at the end of this document. In this Notice, “we” includes all of the above listed persons and entities.

PPHC is required by law to maintain the privacy of your protected health information, to provide individuals with Notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms described in this Notice.

**PPHC’s Obligations**

We are committed to:

- Making sure that health information that identifies you is kept private.
- Providing you with this Notice.
- Following the terms of the Notice that is currently in effect.
- Notifying you, after management’s review, if we are unable to agree to a requested restriction on how your information is used or disclosed.
- Accommodating reasonable requests for communications of your health information in a particular manner or to a location other than your permanent address.
- Obtaining your written authorization to disclose your health information for reasons other than those listed above and required by law.

- Notifying you following a breach of your protected health information if it is determined that a breach has occurred.

### **How We May Use Your Health Information**

**For Treatment.** We may use and disclose your health information to provide, coordinate or manage your medical treatment or related services. This medical information may be disclosed to providers, interns, nurses, technicians, volunteers, students, and others involved in your care. We may also share your medical information with health care providers and their staff outside PPHC, such as pharmacies and your other physicians. We may use and disclose health information to tell you about or recommend different ways to treat you.

For example, if we are treating you for a broken hip, we may need to know if you have diabetes. The provider may need to tell a dietician if you have diabetes so that we can arrange appropriate meals. Different PPHC departments also may access your health information in order to coordinate services that you will need such as prescriptions, lab work and X-rays. We also may disclose your health information to other providers such as home health providers or physicians who may be involved in your medical care after you leave PPHC.

**For Payment.** We may use and disclose your health information to bill and collect payment for treatment and services that you receive from us or from other health care providers. For example, a bill may be sent to you or to your insurance company. The bill will contain information that identifies you, as well as your diagnosis and procedures and supplies used during treatment so your insurance company can provide payment. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment. In certain situations, you may request that we not send information about your treatment to your health plan or insurance company. See instructions for requesting a restriction under Your Health Information Rights.

**For Health Care Operations.** We may use and disclose health information about you for PPHC's health care operations. These uses and disclosures are necessary to run PPHC and to monitor the quality of care our patients receive.

For example, your health information may be disclosed to members of the medical staff, risk management or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Provide training to our staff;
- Learn how to improve our facilities and services; and
- Determine how we can make improvements in the care and services we provide.

**To Individuals Involved in Your Care or Payment for Your Care.** We may share information about your care or condition with an authorized representative, a family member, or another person identified by you or who is involved in your care or payment for your care. If you do not want information about you

released to those involved in your care or payment for your care, see instructions for requesting a restriction under Your Health Information Rights.

**Other Disclosures.** Incidental disclosures of your health information may take place in the health care setting and are allowed by law.

### **How We May Disclose Your Health Information Outside of PPHC without Your Authorization**

**Business Associates.** We may share your protected health information with outside companies that perform services for us such as accreditation, legal, computer, or auditing services. These outside companies are called “Business Associates” and are required by HIPAA and by contract to keep your medical information confidential.

**To You or Your Personal Representative.** We may disclose your protected health information to you, or a representative appointed by you or designated by applicable law.

**When Required or Permitted by Law.** We may disclose health information about you when required or permitted to do so by federal, state or local laws.

**Judicial and Administrative Proceedings.** We may disclose your health information to respond to a court or administrative order, subpoena, discovery request or other lawful process in accordance with applicable law.

**Law Enforcement.** We also may disclose information about you to law enforcement in certain circumstances, such as to report violent injuries, to provide certain information about persons involved in motor vehicle accidents, to report suspected criminal conduct committed at PPHC, to locate a suspect, fugitive, victim or missing person, or concerning an incapacitated victim of a crime. PPHC will adhere to state laws that require the reporting of certain information and that limit the information that can be disclosed to law enforcement in certain instances.

**For Public Health Risks.** We may disclose your information for the following public health activities:

- To prevent or control disease, injury or disability.
- To report births, deaths, and certain injuries or illnesses.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- To report reactions to medications or problems with products.
- To notify you of recalls of products you may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To make laboratory reports required by state law.

**For Health Oversight Activities.** We may disclose health information to a health oversight agency for oversight activities authorized by law such as investigations, inspections, audits, surveys and licensing.

Examples of such agencies include organizations that ensure the quality or safety of the care we provide and agencies that accredit our hospital. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Abuse and Neglect.** Subject to certain limitations, PPHC may disclose your protected health information to an appropriate government authority that is authorized by law to receive reports of abuse or neglect if we reasonably believe you are a victim of abuse or neglect.

**To Avert a Serious Threat to Health and Safety.** We may disclose health information about you to avert a serious threat to your health or safety or that of any other person or the public.

**To Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

**For Organ and Tissue Donation.** If you are an organ or tissue donor, your health information may be shared with organ procurement organizations, tissue banks and eye banks and upon request to the person or entity that you designated to be the recipient, as necessary to facilitate organ or tissue donation and transplantation.

**For Research.** We may use and disclose your health information for research purposes when a Institutional Review Board has reviewed and approved the research proposal. We also may disclose health information about you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the health information they review does not leave PPHC. All research projects involving patients' medical information must be approved through a special review process to protect patient confidentiality. A researcher may have access to information that identifies you only through the special review process, or with your written permission. In addition, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a consent form. Mental health information that identifies you will only be disclosed to researchers when you have given permission for us to do so.

**For National Security and Intelligence Activities.** We may disclose your health information to federal officials for intelligence, counterintelligence, and national security activities authorized by law. Your medical information may be disclosed to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

**Disaster Relief.** Your protected health information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

**Active-Duty Military Personnel and Veterans.** If you are an active-duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined, to comply with military health surveillance requirements, or for an activity necessary to carry out the military mission. We also may release health information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs health information about you to determine whether you are eligible for certain benefits.

**Treatment Alternatives.** We may use and disclose health information to tell you about or recommend different ways to treat you.

**Inmates.** We may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

**Workers' Compensation.** If you seek treatment for a work-related illness or injury, we may disclose your health information about your treatment for such illness or injury in order to comply with laws and regulations related to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**To Health Information Exchange Organizations.** To the extent permitted or required by law, we may disclose your health information to one or more health information exchange networks ("HIEs") in which PPHC participates and the other participants in the HIE for treatment, payment, and permitted health care operations. An HIE is an electronic system that allows other health care providers treating you to access and share your medical information if they also participate in the HIE. This access and sharing can help your providers or other providers outside of PPHC to more quickly provide you with appropriate care because they know about your previous health conditions and treatments. North Carolina's HIE, NC HealthConnex, permits certain individuals to opt out of participation. However, submitting an Opt Out Form does not mean your data will not be submitted by PPHC to NC HealthConnex. North Carolina providers who receive Medicaid or state funds for the provision of health care services are required by law to send data pertaining to health care services that are funded by the State. If your health care services are not paid for by the State and you do not want your data to be disclosed to NC HealthConnex, you may request that PPHC restrict the submission of your data. For more information regarding NC HealthConnex's opt-out process, please visit <https://hiea.nc.gov/patients/your-choices>.

#### **Uses and Disclosures that Require Your Authorization.**

Other uses and disclosures of health information not covered by this Notice, including disclosures for research projects that have not been reviewed and approved by PPHC's Institutional Review Board, uses or disclosures for marketing purposes, or disclosures of your information in exchange for some form of payment, may be made only if you authorize the use or disclosure in writing. If you authorize us to use or disclose health information about you, you may revoke that authorization, in writing, at any time by submitting a written request to PPHC's Privacy Officer at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the purposes that you previously had authorized in writing. However, we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you. In addition, other types of information may have greater protection under federal or state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others; we may seek that permission if permitted by law. If you have any questions about this, contact PPHC's Privacy Officer, whose contact information is provided at the end of this Notice.

#### ***Your Health Information Rights***

You have the following rights with respect to your protected health information. All requests must be submitted in writing to PPHC's Privacy Officer. Please contact the Privacy Officer for additional information regarding any of these rights. The contact information for the Privacy Officer can be found at the end of this Notice. Request a restriction on uses and disclosures of your health information. Except where we are required by law to disclose the information, you have the right to ask us not to use or disclose certain health information we maintain about you. PPHC is not required to agree to your request, with the exceptions described below. If we do agree, we will comply with your request. To request restrictions, complete a Request for Restriction of Health Information form. 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.

**Request to not disclose health information to your health plan or insurance company.** You may request that we not disclose your health information to your health plan or insurance company for some or all of the services you receive during a visit to any PPHC location. If you pay in advance the charges in full for those services you don't wish disclosed, we generally are required to agree to your request unless the disclosure is for treatment purposes or is required by law. "In full" means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your health plan or insurer pays for your care. There may be limitations on our ability to agree to your request, including, for example, if you want to restrict disclosure of only some of a group of items or services provided in a single visit where the group of services is typically bundled together for payment. Please note that once information about a service has been submitted to your health plan or insurance company, we cannot agree to your request. If you think you may wish to restrict the disclosure of your health information for a certain service, please let us know prior to the visit in writing.

**Request to inspect and obtain a copy of your health record.** Your health information is contained in records that are the physical property of PPHC. With certain exceptions, you have the right to request to inspect and obtain a copy of your medical information that may be used to make decisions about your care. You may request that we send an electronic copy to any person or entity you designate in writing, and we will do so if you clearly identify the person or entity and where to send the information. To inspect, receive a copy, or have us send a copy of your health information to someone else, submit a request in writing. We may charge a fee for the costs associated with providing you or a third party paper or electronic copies of your records. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. PPHC maintains original health information records for the periods required by law and then destroys such records pursuant to its records destruction policy and applicable law.

**Request to correct or amend information in your health record.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing that provides a reason supporting your request. Please be specific about the information that you believe is incorrect or incomplete. If we determine that the health information is incorrect or incomplete, we will revise your record. If we deny your request, you will be notified in writing, and you may submit a written statement of disagreement and ask that it be included in your medical record.

**Request confidential communications.** You have the right to request that we communicate with you about health information in a certain way or at a location other than your home address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. We will accommodate all reasonable requests and will not ask you the reason for your request. It is your responsibility to make sure we have your correct address and contact information. Your request must specify how or where you wish to be contacted. \

**Receive a listing of how your information has been shared, with some exceptions under the law.** You have the right to request a listing of certain types of disclosures we have made of your health information for a specified time period. Your request must be submitted in writing and must state the time period for which you want this listing, such as six (6) months or two (2) calendar years. The first accounting you request in any 12-month period will be free. For additional accountings that you request within a 12-month period, we may charge you for the costs of providing the accounting. We will notify you of the cost in advance so that you can choose whether to withdraw or modify your request.

**Receive a paper copy of this notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time during our operational hours.

**Right to be notified of a breach.** If we determine that a breach of your unsecured protected health information has occurred, we will notify you in writing about the breach and tell you what we have done or intend to do to mitigate the damage (if any) caused by the breach, and about what steps you should take to protect yourself from potential harm resulting from the breach.

**Changes to this Notice.** PPHC reserves the right to change the terms of this Notice and to make the new provisions effective for all protected health information it maintains about you. Revised Notices will be made available to you by posting them in our facilities and posting them on our Website, and upon your request we will provide you with a copy of the most recent version of our Notice. The Notice will contain the effective date at the top of the first page.

**Complaints.** You will not be penalized or retaliated against for filing a complaint. If you believe your rights have been violated, you may file a complaint with PPHC or with the United States Secretary of the Department of Health and Human Services. To submit a complaint to the Department of Health and Human Services, you must contact the Office for Civil Rights of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. To file a complaint with PPHC, submit your complaint to our Privacy Officer in writing.

**Non-Discrimination.** PPHC does not discriminate based on race, ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable law.

### **Contact Information**

If you have any complaints or questions about information in this document, you may contact:

Privacy Officer, PPHC  
4850 Fayetteville Rd.  
Suite G  
Lumberton, NC 28358