

COASTAL COMMUNITIES PHYSICIAN NETWORK
NOTICE OF PRIVACY PRACTICES-EFFECTIVE DATE: APRIL 14, 2003

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

Your Health Information Rights – Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information, however, we are not required to agree to your request for restrictions.
- Inspect and obtain a paper copy of your health records, except in limited circumstances upon written request. A fee will be charged to copy your record. If you are denied access to your health record for certain reasons, we will tell you why and what your rights are to challenge that denial.
- Amend your health record. Your request must be in writing and state a reason. If we deny your request, we will tell you why and what your rights are to challenge that denial. Even if we accept your request, we will not delete any information already in our records. You have the right to add an addendum (up to 250 words) to your health record.
- Obtain an accounting of disclosures to you or authorized by you, incidental disclosures and certain other excluded disclosures. Your request must be in writing.
- Request confidential communications of your health information by alternative means or at alternative locations.
- Revoke authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities – This organization is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice currently in effect
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information confidentially by alternative means or at alternative locations. Contact the Customer Satisfaction Line at 1-800-763-7732 to make this request.
- Not use or disclose your health information without your authorization, except as described in this notice

Examples of Disclosure for Treatment, Payment and Health Care Operations-

- *We will use and disclose your health information for treatment.*

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record. Your physician will document in your record his or her expectations. We may disclose your health information to ancillary or specialty care services that may be requested by your physician for treatment. Those providers will record their care in their records and copy your physician on their

observations. In that way, you will be provided treatment and your physician will know how you are responding to treatment.

- ***We will use and disclose your health information for payment/encounter data.***

For example: A bill may be sent to you or a third party payer or HMO. The Information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used and your treatment for which payment is requested. We may also disclose your health information for one of your other health care providers to submit requests for payment.

- ***We will use and disclose your health information for our health care operations.***

For example: Members of the medical staff and the risk or quality improvement team of this practice may use information in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

- ***We will use and disclose your health information for health care operations of others.***

For example: We may disclose your health information to other health care Providers or payors for their health care operations only if they already have a relationship with you and the purpose is for quality assurance activities, peer review activities, detecting fraud, or other limited purposes.