

**Associated Urologists of North Carolina**

**NOTICE OF PRIVACY PRACTICES - Effective April 1, 2011**

**THIS NOTICE DESCRIBE(S) HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY!**

**Uses and Disclosure of your protected health information (PHI):**

- **FOR TREATMENT:** used by us or another health care provider for treatment of a medical condition. Your health information will be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all professionals who may provide treatment or who may be consulted by your physicians.
- **FOR PAYMENT:** used by us, or affiliated businesses, in order to receive reimbursement for health care treatment provided to you. Your health information will be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer. For example your health care insurance may request and receive information on dates of services, the services provided, and the medical condition being treated.
- **FOR HEALTH CARE OPERATIONS:** used by us to ensure quality care is provided to you.
- **APPOINTMENT REMINDERS:** used in order to contact you regarding upcoming appointment (s) or treatment.
- **TREATMENT ALTERNATIVES:** used in order to inform you of alternative treatment options.
- **HEALTH-RELATED BENEFITS AND SERVICES:** used to inform you of health-related benefits that may be available to you.
- **EMERGENCIES:** used to ensure appropriate health care is provided to you in an emergency.
- **INDIVIDUALS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR YOUR HEALTH CARE:** used to inform friends or family members of your treatment or health care needs.
- **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** used as required by court or administrative order.
- **LAW ENFORCEMENT:** used as required by a law enforcement official for law purposes. For example we are required by law to report certain communicable diseases to the state's public health department.
- **CORONER, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** used to help identify deceased or determine cause of death.
- **MILITARY AND VETERANS:** used as required by appropriate military command authorities.
- **INMATES:** used if you are an inmate as required by law.
- **WORK COMPENSATION:** used as required to support benefits for work related injury or illness.
- **OTHER USES AND DISCLOSURES:** used only if you provide written authorization. If you change your mind after authorizing a use or disclosure of your information you must submit a written revocation of authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

**Individual Rights:**

- **RIGHT TO REQUEST RESTRICTIONS:** You have the right to request restrictions of limitation on use or disclosure of your PHI.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You may request that we communicate with you in a particular way or at a particular place. Your request must be in writing. We will accommodate all reasonable requests.
- **RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy your PHI. This does not include psychotherapy notes, information compiled in anticipation or preparation of legal action, medical notes that were provided to us from another provider/facility in order to treat you or PHI to which access is denied by law.
- **RIGHT TO AMEND:** You have the right to request an amendment if your PHI is incorrect or incomplete. Request must come in writing. Your request may be denied if the PHI was not created by us or if the information is found to be accurate.
- **RIGHT TO AN ACCOUNTING OF DISCLOSURE:** You have the right to request a list of disclosures of your PHI provided by us. Request must be in writing; only one accounting may be requested per 12-months period without a charge.
- **RIGHT TO RECEIVE A PRINT COPY OF THIS NOTICE:** a copy will be available for you to read upon your first visit, a printed copy will only be provided at your request.

**We reserve the right to revise our Privacy Practices:**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next visit. The revised policies and practices will be applied to all protected health information that we maintain.

**COMPLAINTS:** If you believe that your rights have been violated, you may file a complaint with Associated Urologists of North Carolina's management team. You will not be penalized or otherwise retaliated against for filing a complaint.

MRN: \_\_\_\_\_

**Receipt Of Notice Of Privacy Practices &  
HIPAA Written Acknowledgement Form**

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Print Name

Have been offered a copy of Associated Urologists of North Carolina Notice of Privacy Practices (NPP). The notice provides in detail the use and disclosure of my protected health information (PHI). I request that the following be followed for the disclosure of my Protected Health Information (Protected Health Information would include you name, diagnosis (es), test results, dates of service).

(Please check all that apply)

You may disclose information to my family members below.

Name	Phone Number	Relationship

You may leave Protected Health Information on my answering machine/voicemail.

Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
**Signature Of Patient**

\_\_\_\_\_  
**Date**

Relationship to patient (if signed by a personal representative of patient): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**