

COASTAL CAROLINA FAMILY PRACTICE NOTICE OF PRIVACY PRACTICES

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

COASTAL CAROLINA FAMILY PRACTICE'S LEGAL DUTY

COASTAL CAROLINA FAMILY PRACTICE is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

COASTAL CAROLINA FAMILY PRACTICE uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care we provide. For example, COASTAL CAROLINA FAMILY PRACTICE may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or health related benefits that could be of interest to you.

COASTAL CAROLINA FAMILY PRACTICE may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, COASTAL CAROLINA FAMILY PRACTICE may change its policy at any time. When changes are made, a new Notice of Privacy Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of your Notice of Privacy Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request, in writing, that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. COASTAL CAROLINA FAMILY PRACTICE will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

CONCERNS OR COMPLAINTS

If you are concerned that COASTAL CAROLINA FAMILY PRACTICE may have violated your privacy rights or you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice administrator at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on COASTAL CAROLINA FAMILY PRACTICE'S health information practices or if you have a complaint, please contact the following person:

COASTAL CAROLINA FAMILY PRACTICE
Office Administrator
600 South Church Street, Hertford, NC 27944
Telephone: 252-426-5711 Fax: 252-426-1999

**COASTAL CAROLINA FAMILY PRACTICE
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM**

I have read and fully understand COASTAL CAROLINA FAMILY PRACTICE'S Notice of Privacy Practices. I understand that COASTAL CAROLINA FAMILY PRACTICE may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that COASTAL CAROLINA FAMILY PRACTICE will consider request for restriction on a case-by-case basis, but does not have to agree to the request for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in COASTAL CAROLINA FAMILY PRACTICE'S Notice of Privacy Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time

Patient or Guardian Name

Patient or Guardian Signature

Date