

**Zarzar Psychiatric Associates, PLLC**

**Notice of Privacy Practices**

(As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA))

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT OF THIS PRACTICE MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

EFFECTIVE DATE OF THIS NOTICE: April 14, 2008

A. Our commitment to protecting your privacy:

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “protected health information,” or PHI. This Notice describes your rights as our patient, and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you.
- Give you this Notice of our legal duties and privacy practices with respect to PHI.
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

**We reserve the right to make changes to this Notice and to make such changes effective for all past PHI created and maintained about you, and for PHI that may be created and maintained in the future. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the Revised Notice upon your request made to our Privacy Official or designee.**

B. If you have questions about this Notice, please contact:

Michael N. Zarzar, MD or Alice E. Colbert, LCSW  
Privacy Officials, Zarzar Psychiatric Associates, PLLC  
4301 Lake Boone Trail, Suite 210  
Raleigh, NC 27607

C. We may use and disclose PHI about you without your authorization in the following ways:

1. We may use and disclose PHI about you to provide health care treatment.

We may use and disclose PHI about you to provide, coordinate, or manage healthcare or related services. We may consult/communicate with other health care providers regarding services (including, but not limited to, prescriptions, lab work, referrals, consultations, x-rays, or other health information). We may also disclose PHI about you to another health care provider for their health care activities in your behalf. For example, we may send a report about you to a physician that we refer you to so that the other physician can treat you, or to the physician who referred you to us.

2. We may use and disclose PHI about you to obtain payment for services. We may use and give your PHI to others to bill or collect payment for the treatment and services provided to you. Before, or as, you receive services, we may share information with your health plan(s). Sharing information allows us to ask for coverage or payment under your plan or policy and for approval of payment before we provide services. We may also share portions of your medical information with billing departments; collection departments or agencies; insurance companies, health plans and their agents which provide your coverage; hospital departments that review your care to verify that it was medically necessary; consumer reporting agencies; or third parties that may be responsible for the cost of your treatment (e.g. family members).
3. We may use and disclose your PHI for health care operations. We may use and disclose PHI in performing business activities which are called health care operations. Included here may be:
  - Reviewing and improving the quality, efficiency, and cost of care that we provide to you and our other patients.
  - Improving health care and lowering costs for groups of people who have similar health problems, and to help manage and coordinate the care for these groups of people.
  - Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
  - Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing clerks) to help them practice or improve their skills.
  - Cooperating with outside organizations that assess the quality of care that we provide. These may include government agencies or accrediting bodies. Cooperating with outside organizations that evaluate, certify, or license health care providers, staff, or facilities.
  - Assist various people who review our activities (for example, accountants, lawyers, and others who assist us in complying with applicable laws). Conducting business management and general administrative activities related to our organization and the services it provides.
  - Resolving grievances within our organization.
  - Reviewing activities and using/disclosing PHI in the event that we sell our business or property.

-- Complying with this Notice and applicable laws.

4. We may use and disclose PHI about you to contact you for appointment reminders.

5. Release of Information to Family and Friends

If relatives or friends accompany you to your appointments, we assume an implied agreement to share information with them. If you wish these same individuals to contact us by phone re: appointments, prescriptions, billing, etc., please be sure that they know the last four digits of your social security number since this will be our means of confirming their identity and protecting your privacy. Other disclosures will require a signed Authorization form.

D. We may use and disclose PHI about you under other special circumstances without your authorization.

1. Public Health Risks: Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births or deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition.
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities: Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities may include investigation; inspections; audits; surveys; licensure and disciplinary activities; civil, administrative, and criminal procedures and actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

3. Lawsuits and Similar Proceedings: Our practice may use and disclose your PHI in response to a court or administrative order if you are involved

in a lawsuit or similar proceeding. We may also disclose PHI in response to a discovery request, court order, or other lawful process by another party involved in the dispute.

4. Law Enforcement: We may release PHI if asked to do so by a law enforcement official:
  - regarding a crime victim in certain situations, if we are unable to obtain authorization.
  - concerning a death we believe has resulted from criminal conduct.
  - regarding criminal conduct at our offices.
  - in response to a warrant, summons, court order, or similar legal process.
  - to identify/locate a suspect, material witness, fugitive, or missing person.
  - in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator).
5. Deceased Patients: Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to do their jobs.
6. Organ and Tissue Donation: Our practice may release PHI to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate their processes if you are an organ donor.
7. Research: Our practice may use/disclose PHI related to medical research.
8. Serious threats to health or safety: Our practice may use/disclose PHI to persons/organizations able to help prevent a threat to the health or safety of a person or the public.
9. Military: Our practice may use/disclose your PHI if you are a member of U.S. or foreign military services (including veterans), and if required by the appropriate authorities.
10. National Security: Our practice may disclose PHI to federal officials for intelligence and national security activities authorized by law.
11. Inmates: Under certain circumstances, your PHI may be disclosed to a correctional institution or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
12. Workers' Compensation: Our practice may disclose your PHI for Workers' Compensation or similar programs.

- E. Other Uses and Disclosures of PHI require your Authorization.  
All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke this authorization at any time, except to the extent we have taken action based on the authorization.
- F. Your rights regarding your PHI:
1. Right to Request Restrictions:  
You have the right to request a restriction in our use/disclosure of your PHI for treatment, payment, or operations purposes. Additionally, you have the right to request that we restrict or disclose to only certain individuals involved in your care or payment for your care, such as family or friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use/disclosure of your PHI, you must make your request in writing to Zarzar Psychiatric Associates, PLLC's Privacy Official(s) 278-2041. Our practice has a form available for this purpose. You must document the information you want to restrict, how you want to restrict the information, and to whom you want the restrictions to apply.
  2. Right to Receive Confidential Communication:  
You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment will be handled and your specification of an alternate address or method of contact. Your written request must be given to your provider or to check-in staff at Zarzar Psychiatric Associates, PLLC (919)278-2041. You do not have to give a reason for your request.
  3. Right to inspect and copy your PHI:  
You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of your PHI, if you agree in advance to the form and cost of the summary or explanation. 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 your denial. You may request to see and receive a copy of your PHI by submitting your request to your provider at Zarzar Psychiatric Associates, PLLC (919)278-2041.

4. **Right to request amendment of PHI:**  
You have the right to request that we make amendments to clinical, billing, and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if 1) the information was not created by us (unless you prove that the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described above. We will respond in writing re: the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by submitting your written request to your provider at Zarzar Psychiatric Associates, PLLC (919)278-2041.
5. **Right to request an accounting of disclosures:**  
Our patients have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment/payment/operations purposes. Use of your PHI as part of routine patient care is not required to be documented in this Accounting of Disclosures. In order to obtain an Accounting of Disclosures, you must submit your request in writing to Medical Records staff at Zarzar Psychiatric Associates, PLLC (919)278-2041. All requests for an accounting of disclosures must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before 7-25-08. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to receive a copy of this Notice:**  
You have the right to receive a paper copy of our Notice of Privacy Practices at any time by requesting this with our check-in staff. We will provide a copy of this Notice for your review on the date you first receive service from us after this Notice’s effective date. In the case of emergency services, we will provide the Notice to you as soon as possible.
7. **Right to File a Complaint:**  
If you believe that your privacy rights have been violated by us, or you want to bring a complaint to us about our privacy practices, you may contact:  
Michael N. Zarzar, MD or Alice E. Colbert, LCSW  
Zarzar Psychiatric Associates, PLLC

4301 Lake Boone Trail, Suite 210  
Raleigh, NC 27607  
(919) 278-2041

All complaints must be in writing. You may also send a written complaint to the U.S. Secretary of the Department of Health and Human Services. If you file a complaint, ZPA, PLLC will not take any action against you, or change our treatment of you in any way.

## **Notice of Privacy Practices Appendix**

Stipulations) due to NC law  
Effective 7-28-08

As per GS 90-109.1, if you request treatment and rehabilitation for drug dependence from one of our practitioners, your request will be treated as confidential. We will not disclose your name to any police officer or other law enforcement officer unless you consent to our sharing it. Even if we refer you to another person for treatment and rehabilitation, we will continue to keep your name confidential (unless you have signed an Authorization to allow disclosure). Emergency treatment responsibilities may supersede these confidentiality requirements.