



## **Notice of Privacy Practices**

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION PURSUANT TO FEDERAL REGULATIONS. PLEASE REVIEW IT CAREFULLY.*

At Magnolia Health, PLLC (“Practice”), we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive directly from one of our providers. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices (“Notice”) applies to all the records of your care generated by our practice.

This notice will tell you about the ways in which the practice may use and disclose your protected health information (“PHI”). This Notice also describes your rights and certain obligations the practice has regarding the use and disclosure of PHI.

### **REGULATORY REQUIREMENTS.**

Magnolia Health, PLLC is required by law to maintain the privacy of your PHI, to provide individuals with notice of our practice’s legal duties and privacy practices with respect to PHI, and to abide by the terms described in the notice currently in effect.

### **RIGHTS.**

You have the following rights regarding your PHI:

#### **Restrictions.**

You may request that the practice restrict the use and disclosure of your PHI. To request restrictions, you must make your request in writing to our Privacy Officer using the applicable practice 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 restrictions to apply, for example, disclosures to your spouse.

#### **Alternative Communications.**

You have the right to request that communications of PHI to you from Magnolia Health, PLLC be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing using our practice form and sent to the Privacy Officer. Magnolia Health, PLLC will accommodate your reasonable requests.

#### **Inspect and Copy.**

Generally, you have the right to inspect and copy your PHI that Magnolia Health, PLLC maintains, provided you make your request in writing to Practice’s Privacy Officer. If you request copies of your PHI, we may impose a reasonable fee to cover copying and postage. If we deny access to your PHI, we will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If Magnolia Health, PLLC does not maintain the PHI you request and if we know where that PHI is located, we will tell you how to redirect your request.

#### **Amendment.**

If you believe that your PHI maintained by Magnolia Health, PLLC is incorrect or incomplete, you may ask us to correct your PHI. Your request must be made in writing, and it must explain why you are requesting an amendment to your PHI. We can deny your request if your request relates to PHI: (i) not created by the practice; (ii) not part of the records Practice maintains; (iii) not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and the practice’s denial attached; and (iii) complain about the denial.

#### **Accounting of Disclosures.**

You generally have the right to request and receive a list of the disclosures of your PHI we have made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosures made at your request, with your authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment and health care operations; (ii) made to you; (iii) for

Magnolia Health, PLLC patient list; (iv) for national security or intelligence purposes; or (v) to law enforcement officials. You should submit any such request to Practice's Privacy Officer. Practice will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of the costs of providing the list.

**Right to Copy of Notice.**

You have the right to receive a paper copy of this notice upon request. To obtain a paper copy of this notice, please contact the Privacy Officer at the address and contact information stated at the end of this notice.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

Magnolia Health, PLLC may use or disclose your PHI for the purposes described below without obtaining written authorization from you. In addition, Magnolia Health, PLLC and the members of its medical and allied health professional staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to carry out their treatment, payment, and health care operations related to the organized health care arrangement.

**For Treatment.**

Magnolia Health, PLLC may use and disclose PHI while providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider.

**For Payment.**

Magnolia Health, PLLC may use and disclose PHI to bill and collect payment for the health care services provided to you. For example, the practice may need to give PHI to your health plan to be reimbursed for the services provided to you. The practice may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. Magnolia Health, PLLC may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

**For Health Care Operations.**

Magnolia Health, PLLC may use and disclose PHI as part of its operations, including for quality assessment and improvements, such as evaluating the treatment and services you receive and the performance of staff and physicians in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, credentialing and peer review activities, and health care fraud and abuse detection or compliance, and management and administration. The practice may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, to help make sure Magnolia Health, PLLC is complying with all applicable laws, and to help Practice continue to provide quality health care to its patients.

**As Required by Law and Law Enforcement.**

Magnolia Health, PLLC may use or disclose PHI when required to do so by applicable laws and when ordered to do so in a judicial or administrative proceeding. The practice may also use or disclose PHI upon a properly documented and limited request from law enforcement agencies.

**For Public Health Activities and Public Health Risks.**

Magnolia Health, PLLC may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, or notifying a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

**For Health Oversight Activities.**

Magnolia Health, PLLC may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs and compliance with civil rights laws.

**Coroners, Medical Examiners and Funeral Directors.**

Magnolia Health, PLLC may disclose PHI to coroners, medical examiners and funeral directors for the purpose of identifying a decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**Research.**

Under certain circumstances, Magnolia Health, PLLC may use and disclose PHI for medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication with those who received another, for the same condition.

**To Avoid a Serious Threat to Health or Safety.**

Magnolia Health, PLLC may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

**Specialized Government Functions.**

Magnolia Health, PLLC may use and disclose PHI of military personnel and veterans under certain circumstances. The practice may also disclose PHI to

authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the president or other authorized persons or foreign heads of state or to conduct special investigations.

**Disclosures to You or for HIPAA Compliance Investigations.**

Magnolia Health, PLLC may disclose your PHI to you or to your personal representative and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. The practice must disclose your PHI to the secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate the practice's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996.

**Patient List; Marketing.**

Unless you object, Magnolia Health, PLLC may use some of your PHI to maintain a list of patients it has served. This information may include your name, treatment facility, and the services provided to you. This patient list and the information on it may be used for marketing purposes.

**Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care.**

Unless you object, Magnolia Health, PLLC may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care.

**OTHER USES AND DISCLOSURES.**

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations; you have the right to revoke your authorization in writing. If you revoke your authorization, the practice will no longer use or disclose PHI about you for the reasons covered in your written authorization. Please understand that the practice is unable to recover any disclosures already made with your authorization, and that the practice is required to retain records of the care provided to you.

**RIGHT TO FILE A COMPLAINT.**

At Magnolia Health, PLLC, we value the relationships we develop with our patients, our patients' privacy, and the trust our patients' have in us. As such, we make every effort to remedy any issues or concerns you may have. You may submit any complaint regarding your privacy rights to:

Justin Moore, Practice Administrator

127 East Trade Street, Suite B100  
Forest City, NC 28043  
(828) 220-4174

You also have the right to file a complaint with the secretary of the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint. You may contact the Office for Civil Rights at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Information for regional offices

**PLEASE CONTACT THE PRIVACY OFFICER IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OF PRIVACY PRACTICES OR YOUR PRIVACY RIGHTS.**



## Acknowledgment of Receipt of Notice of Privacy Practices

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal health care operations such as quality assessments and physician certifications.

I have received, read and understand the *Notice of Privacy Practices* document containing a more complete description of the uses and disclosures of my health information. I understand that Magnolia Health, PLLC (“Practice”) has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address below for a current copy of the *Notice of Privacy Practices* document.

_____	_____	_____
Patient name	Signature	Date
_____	_____	_____
Name/relationship to patient	Signature	Date

### FOR OFFICE USE ONLY

Practice provided the above-referenced patient with the Practice’s Notice of Privacy Practices and this Acknowledgment of Receipt of Notice of Privacy Practices, but could not obtain a signed acknowledgment form because:

Patient or guardian refused to sign

Emergency situation

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