



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

A. INTRODUCTION

During the course of providing services and care to you, SHAE Medical gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how SHAE Medical maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. SHAE MEDICAL’S RESPONSIBILITIES

SHAE Medical is required by federal and state law to maintain the privacy of your protected health information. SHAE Medical is also required by law to provide you with this Notice of Privacy Practices that describes SHAE Medical’s legal duties and privacy practices with respect to your protected health information. SHAE Medical will abide by the terms of this Notice of Privacy Practices. SHAE Medical reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If SHAE Medical changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

SHAE Medical will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. SHAE Medical has prepared an authorization form for you to use that authorizes SHAE Medical to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. SHAE Medical then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW SHAE MEDICAL MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

SHAE Medical may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:

a. Your Care and Treatment

SHAE Medical may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, SHAE Medical may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. SHAE Medical may also disclose your protected health information to individuals who will be involved in your care if you leave the SHAE Medical.

b. Billing and Payment

- i. Medicare, Medicaid and Other Public or Private Health Insurers - SHAE Medical may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medicaid) in order to bill and receive payment for your treatment and services that you receive at the facility. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. SHAE Medical will electronically transmit required health information according to Federal and State requirements.
- ii. Health Care Providers - SHAE Medical may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

SHAE Medical may use your protected health information for health care operations at SHAE Medical. These uses and disclosures are necessary to manage the facility and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Licensing and Accreditation

SHAE Medical may disclose your protected health information to any government or private agency, such as to the North Carolina Department of Health Services and the North Carolina Department of Social Services, responsible for licensing or accrediting SHAE Medical so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

c. SHAE Medical's Special Directory

SHAE Medical maintains a Special Directory of patients to allow staff to provide certain basic information to members of the clergy who serve SHAE Medical or to other persons who ask for patients by name. Unless you notify SHAE Medical that you object, it will include certain limited information about you, such as your name, your location in SHAE Medical, your general condition, and your religious affiliation in its Special Directory.

f. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, SHAE Medical may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. SHAE Medical may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.

g. Disaster Relief

SHAE Medical may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

h. Business Associates

SHAE Medical may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. SHAE Medical may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the SHAE Medical's behalf. SHAE Medical will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

i. Hospital Peer Review

SHAE Medical may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

j. Organ Procurement

SHAE Medical may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

k. Appointment Reminders

SHAE Medical may use or disclose your protected health information to remind you about appointments.

l. Treatment Alternatives or Health-Related Benefits and Services

SHAE Medical may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

m. Members of Workforce

It is SHAE Medical's policy to allow members of its workforce to share patients' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on SHAE Medical's behalf. At the same time, SHAE Medical will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its patients to have the confidentiality of their protected health information maintained.

n. Veterans

SHAE Medical may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

o. Workers' Compensation

SHAE Medical may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

2. Mandatory Disclosures

SHAE Medical will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

SHAE Medical will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

SHAE Medical will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

SHAE Medical will disclose protected health information to law enforcement

agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. Coroner

SHAE Medical will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

e. Elder Abuse Reporting

SHAE Medical will disclose protected health information about a patient who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, SHAE Medical may disclose further protected health information about the patient to aid the investigating agency in performing its duties. SHAE Medical will promptly inform the patient about any disclosure unless SHAE Medical believes that informing the patient would place the patient in danger of serious harm, or would be informing the patient's personal representative, whom the Provider believes to be responsible for the abuse, and believes that informing such person would not be in the patient's best interest.

f. National Security and Intelligence Activities, Protected Services for the Patient and Others

SHAE Medical will disclose protected health information about a patient to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the Patient of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.

g. Other Disclosures Required by Law

SHAE Medical will disclose protected health information about a patient when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact SHAE Medical at the following address: SHAE Medical, 5306 NC Hwy 55, Suite 105, Durham, NC 27713 Attention: SHAE Medical Privacy Official.

a. Right to Request Access

You have the right to inspect and copy your protected health information maintained by SHAE Medical. In certain limited circumstances, SHAE Medical may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

b. Right to Request Amendment

You have the right to request an amendment to your protected health information maintained by SHAE Medical. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

c. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. SHAE Medical is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or SHAE Medical.

d. Right to Request Confidential Communications

You have the right to request that SHAE Medical communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by SHAE Medical over the six years prior to the date of your request or for a lesser period. SHAE Medical is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations;
- To respond to your requests for access to protected health information;
- To include your information in the SHAE Medical's Special Directory;
- To aid in the identification or care of a patient; or



- To any recipient prior to April 14, 2003 or for protected health information created more than six years before the date of your request for an accounting.

f. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of SHAE Medical's Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with SHAE Medical at the following address:

5306 NC Hwy 55, Suite 105, Durham, NC 27713.

Attention: Administrator.

SHAE Medical will not retaliate against you if you file a complaint.

The effective date of this Notice of Privacy Practices is October 4, 2021.

CLIENT RIGHTS

Each client has the right to treatment, including access to medical care and habilitation, regardless of age or degree of disability. G.S. 122C-51.

Each client has the right to 24 hour access to medical services.

SHA Medical after hour services are available by contacting the on-call clinician at 919-646-4858. Urgent care visits are available through SHA Medical within 48 hours of registration with completed consent for treatment and valid form of payment. For medical or psychiatric emergencies, immediately call 911 or report to the nearest emergency room.

Each client has the right to an individualized treatment plan.

Each client has the right to be free from unnecessary or excessive medication. Medication shall not be used for punishment, discipline, or staff convenience. SHA Medical Physicians, Physician Assistants, and Nurse Practitioners will prescribe medications in accordance with accepted medical standards and will document such prescriptions and such medications in the client's record. Unless treatment is under court order, each client or legally responsible person, or health care agent named pursuant to a valid health care power of attorney, has the right to consent to or refuse treatment offered by SHA Medical. Consent may be withdrawn at any time by the person who gave consent and will remain in effect until written notice is provided to SHA Medical indicating the desire to withdraw consent. If treatment is refused, the clinician should determine whether treatment in some other modality is possible. If all appropriate treatment modalities are refused, the client may be discharged from services unless treatment is court-ordered.

SHA Medical employees do not inflict or recommend corporal punishment of any client. SHA Medical employees do not order or use physical restraints, seclusion, or isolation. Each client shall be free from unwarranted invasion of privacy. Generally, SHA Medical staff does not conduct searches of the client or his/her living area or seizures of property, but SHA Medical may recommend such searches to be conducted in accordance with facility policies.

SHA Medical will provide each client/legally responsible person seen with a summary of client rights. Clients shall be informed of their rights to contacts Disability Rights North Carolina (DRNC), the statewide agency designated under State law to protect and advocate for the rights of persons with disabilities. Explanation shall be in a manner consistent with the client's or legally responsible person's level of comprehension.

GRIEVANCE POLICY

A grievance is defined by SHA Medical, PLLC as: Client complaint or expression of dissatisfaction regarding service delivery, or any expression of dissatisfaction by the service provider.

I. Procedures

- a. Client or service provider expresses dissatisfaction verbally or in writing.
- b. SHA Medical staff member will attempt to resolve situation with the client or service provider.
- c. If this is not possible, then the SHA Medical staff who receives complaint shall notify Brittany McKinney, Chief Executive Officer and Compliance Officer, who will document the complaint in the Grievance Log. The Grievance Log shall include the following information:

Client ID# (not name)

Nature of complaint

Identification of those involved

Date complaint received and by whom

Summary of follow-up activities

Date grievance referred to QA Committee, if necessary

Date of resolution

- d. The Quality Assurance Coordinator will be responsible for collecting relevant information about the grievance, for taking action to resolve the grievance and for documenting all progress.
- e. The Quality Assurance Coordinator will attempt to resolve the complaint between the parties involved. If no satisfaction results, and disenrollment or termination of a contract might be appropriate, the Quality Assurance coordinator will present the situation to the Quality Assurance Committee for a decision.
- f. Thirty days after expressing grievance, clients or service providers will receive in writing all grievance facts and decisions.

If this procedure is not clear, or you have any questions, please call Agency Director at 919-646-4858.