

NOTICE OF PRIVACY PRACTICES

As Required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how your health information, as a patient of this practice, may be used and shared, and how you can access your personal identifiable health information. Please read this notice carefully.

A. OUR COMMITMENT TO YOUR PRIVACY

At Midtown Primary Care, we are committed to safeguarding your protected health information (PHI). We will create records about the care and services you receive from us, and we are required by law to keep your health information confidential.

We are also required by law to provide you with this notice that explains how we handle your health information, including:

- How we may use and disclose your PHI
- Your privacy rights regarding your PHI
- Our obligations regarding the use and disclosure of your PHI

We must follow the privacy practices outlined in this notice. However, we reserve the right to update or amend this notice as necessary. Any revisions will apply to all health information we have created or maintained about you, both now and in the future. Our practice will always have the current version of this notice available for you to review, and you may request a copy at any time.

B. QUESTIONS ABOUT THIS NOTICE?

If you have any questions about this notice, please contact:

Midtown Primary Care

Attn: Privacy Officer

10 Enterprise Blvd, Suite 107

Greenville, SC 29615

C. HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use or disclose your individually protected health information (PHI) in several ways, including:

1. **Treatment:** We may use your PHI to provide medical care and services. For example, we may use your health information to order tests, write prescriptions, or refer you to another healthcare provider.
2. **Payment:** We may use your PHI to bill for services provided, collect payments, and coordinate with insurance companies or other third parties for reimbursement.
3. **Health Care Operations:** We may use your PHI to operate our practice, including activities like quality assessment, staff training, and accreditation.
4. **Appointment Reminders:** We may use your PHI to contact you about appointments or schedule reminders.

5. **Treatment Options:** We may inform you about treatment options, alternatives, or other health services that may be relevant to you.
6. **Health-Related Benefits and Services:** We may use your PHI to inform you about other health-related services or benefits that may interest you.
7. **Family and Friends:** We may disclose your PHI to individuals involved in your care, such as family members or caregivers.
8. **Disclosures Required by Law:** We may disclose your PHI when required by law.

D. USE AND DISCLOSURE OF YOUR PHI IN SPECIAL CIRCUMSTANCES

In certain situations, we may need to disclose your PHI for reasons beyond normal treatment, payment, or healthcare operations:

1. **Public Health Risks:** We may disclose your PHI to public health authorities for activities like disease prevention, reporting reactions to drugs, or notifying individuals about potential exposure to disease.
2. **Health Oversight Activities:** We may share your PHI with agencies conducting audits, investigations, or enforcement actions related to healthcare laws.
3. **Lawsuits and Legal Proceedings:** We may disclose your PHI in response to a court order or subpoena, or if you are involved in a lawsuit.
4. **Law Enforcement:** We may release your PHI to law enforcement for specific law enforcement activities, such as identifying a suspect or reporting a crime.
5. **Deceased Patients:** We may disclose your PHI to medical examiners or coroners to determine the cause of death.
6. **Organ and Tissue Donation:** We may share your PHI to assist with organ or tissue donation if you are an organ donor.
7. **Research:** We may use or disclose your PHI for research purposes, but only under certain conditions, and typically with your authorization.
8. **Serious Threats to Health or Safety:** We may disclose your PHI if necessary to prevent a serious threat to health or safety.
9. **Military and National Security:** We may disclose your PHI for national security, military, or law enforcement purposes.
10. **Inmates:** We may release your PHI if you are an inmate and the disclosure is necessary for your care or for safety reasons within the institution.
11. **Workers' Compensation:** We may disclose your PHI as needed for workers' compensation or similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your individually identifiable health information:

1. **Confidential Communications:** You may request that we communicate with you in a particular way (e.g., by mail instead of phone) or at a certain location (e.g., home instead of work). To make a request, please contact the Privacy Officer in writing.
2. **Requesting Restrictions:** You may request a restriction on how we use or disclose your PHI for treatment, payment, or healthcare operations. While we are not required to agree to your request, we will abide by any restriction we do agree to, unless it is required by law or necessary for your treatment.
3. **Inspection and Copies:** You have the right to inspect and obtain a copy of your PHI, including medical and billing records. Requests must be submitted in writing to the Privacy Officer, and we may charge a fee for copying and mailing.
4. **Amendment:** If you believe that any of your PHI is incorrect or incomplete, you may request an amendment. Your request must be in writing, and we may deny it if the information is deemed accurate or not part of your health record.
5. **Accounting of Disclosures:** You can request an accounting of non-routine disclosures of your PHI. This includes instances where your health information was shared for purposes other than treatment, payment, or operations. Requests for this accounting must be made in writing and can cover a period of up to six years.
6. **Right to a Paper Copy:** You are entitled to a paper copy of this Notice of Privacy Practices at any time. To obtain a copy, please contact the Privacy Officer.
7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. Please contact the Privacy Officer if you wish to file a complaint with our practice.
8. **Authorization for Other Uses and Disclosures:** Any use or disclosure of your PHI not described in this notice will require your written authorization. You may revoke your authorization at any time in writing. Once revoked, we will not use or disclose your PHI for the purposes covered by that authorization.

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

For more information or questions regarding this notice, please contact the Privacy Officer at the address listed above.

Acknowledgment

I acknowledge that I have received and read Midtown Primary Care's Notice of Privacy Practices. I understand that I may request additional copies of this notice at any time.

Patient Name: _____ **Date:** _____