

CRISWELL & CRISWELL, P.A.

NOTICE OF PRIVACY PRACTICES and PATIENT BILL OF RIGHTS

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.

This Notice of Privacy Practices (this “Notice”) describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office at (704) 424-5050 and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information Without Your Authorization. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician’s practice. Following are examples of the types of uses and disclosures of your protected health information that your physician’s office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

We will share your protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object: We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, including, but not limited to, audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse, Neglect or Domestic Violence: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse, neglect or domestic violence. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such

information. We will inform you of the disclosure unless doing so could cause a risk of harm. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

You can object to certain uses and disclosures: Unless you object, we may use or disclose protected health information about you in the following circumstances:

- ❖ We may share with a family member, relative, friend or other person identified by you, protected health information directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care protected health information necessary to notify such individuals of your location, general condition or death.
- ❖ We may share with a public or private agency (for example, American Red Cross) protected health information about you for disaster relief purposes. Even if you object, we may still share the protected health information about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of protected health information about you in the above circumstances, please call or write to us at the address listed below.

Use of Protected Health Information for Appointments: We may use your protected health information to contact you to provide a message to you about an appointment you have for treatment or medical care. For example, we may leave a message on your answering machine about an upcoming or missed appointment or we may send a postcard if we cannot contact you by phone to notify you that you need to reschedule.

Any Other Use or Disclosure of Protected Health Information about You Requires Your Written Authorization: Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose protected health information about you. Any use or disclosure of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute the sale of protected health information require your written authorization. If you sign a written authorization allowing us to disclose protected health information about you in a specific situation, you can later cancel your authorization in writing by contacting us at the address below. If you cancel your authorization in writing, we will not disclose protected health information about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you.

Marketing/Sale of Protected Health Information: We shall be required to obtain your written consent prior to the use or disclosure of your protected health information (i) for marketing purposes, except if the communication is in the form of a face-to-face communication made by us to you or in the form of a

promotional gift of nominal value provided by us, or (ii) in connection with the sale of your protected health information.

Uses and Disclosures Regarding Fundraising Activities: There are a limited set of circumstances in which we may use and disclosure certain protected health information for fundraising without an authorization. Regardless of whether an authorization is required or obtained, we must ensure that any fundraising communication provides individual patients with a clear and conspicuous opportunity to opt-out of receiving future fundraising communications.

You may cancel an authorization whenever you choose so long as your withdrawal is in writing. If you cancel your authorization, we will no longer use or disclose protected health information about you for the reasons indicated in the authorization. You understand that we are unable to take back any disclosures we have already made prior to your cancellation.

Uses and disclosures related to your individual protected health information not described in this Notice will be made only after your authorization is obtained.

Your Rights Regarding Health Information about You:

Restrictions on Uses and Disclosures: You have the right to request restrictions on disclosures of your protected health information to your health plan for health services or items for which you paid out-of-pocket in full, and we must comply with such request. You have the right to request that we restrict other uses and disclosures of protected health information about you, and we are not required to agree to those requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures required by law. To request restrictions, you must send a written request for a restriction to the address shown below specifying (i) what information you want to limit, (ii) whether you want to limit our use, disclosure or both, and (iii) to whom you want the limits to apply, for example, disclosure to your spouse.

Method of Communication: You have the right to request how and where we contact you about protected health information. For example, you may request that we contact you at your work address or phone number or by email. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by submitting a request in writing to the address shown below. If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Access: You have the right to request to see and receive a copy of protected health information contained in clinical, billing and other records used to make decisions about you. We may charge you related fees depending on materials and staff time necessary to comply with your request (minimum fee \$10.00). Instead of providing you with a full copy of the protected health information, we may give you a

summary or explanation of the protected health information about you, 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 our denial. You may request to see and receive a copy of protected health information by submitting a request in writing to the address shown below.

Amendment of Protected Health Information: 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 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 in paragraph 3 above. We will tell you in writing 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 protected health information about you and who need the amendment. You may request an amendment of protected health information about you by submitting a request in writing to the address shown below.

Listing of Disclosures: If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of protected health information about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- ❖ For your treatment
- ❖ For billing and collection of payment for your treatment
- ❖ For health care operations
- ❖ Made to or requested by you, or that you authorized
- ❖ Occurring as a byproduct of permitted uses and disclosures
- ❖ Made to individuals involved in your care, for notification purposes, or for other purposes described above
- ❖ Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations and
- ❖ As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose

of the disclosure. If, under permitted circumstances, protected health information about you has been disclosed for certain types of research projects, the list may include different types of information. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. We will notify you of the costs invoiced and you may choose to withdraw or modify your requests before any costs are incurred. You may send a written request for disclosures, including the date range, to the address shown below.

Copy of this Notice: You have the right to request a paper copy of our Notice of Privacy Practices at any time by asking a member of our reception staff. You may also access this Notice on our website www.criswellandcriswell.com by clicking on “Privacy Plan” at the bottom center of the page. Even if you are agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Notification of a Breach of Your Unsecured Protected Health Information: You have the right to and will be notified in the event that we discover a breach of unsecured protected health information involving your protected health information maintained by us. You will be notified about any breach with undue delay, but in no case later than sixty (60) days after the breach is discovered.

Complaints about Our Privacy Practices: If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you may contact our Privacy Officer at the address shown below. All complaints must be submitted in writing. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Effective Date of this Notice: This Notice is effective on October 1, 2007 and was revised effective June 1, 2017.

If you have any questions about this Notice, please contact the Privacy Officer, Lisa Prueckel at (704) 424-5050.

Company Address:
Criswell and Criswell
14835 Ballantyne Village Way #210
Charlotte, NC 28277