

Urology Care
1501 N. Bickett Blvd, Suite G
Louisburg, NC 27549

NOTICE OF PRIVACY (HIPPA) PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

PLEASE REVIEW IT CAREFULLY

Uses and disclosures

Treatment: Your health information will be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For examples, results of laboratory test and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by your physicians.

Payment: Your health information will be used to seek payments from your health plan, from other sources of coverage such as an automobile insurer. For example your health care insurance may request and receive information on dates of services, the services provided, and the medical condition being treated.

Law enforcement: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you must submit a written revocation of authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information

Appointment Reminders: Your health information will be used by our staff to call to confirm your appointments. For example, if you have an appointment coming up you will get a call that states I am call to confirm your appointment with Dr.Goldbach on Wednesday, January 10th at 2:00pm.

Information about treatment: Your health information will be used to send you information on the treatment and management of your medical condition that you may find to be interesting. We may also send you information describing other health-related goods and service that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and whom your protected health information has been disclosed
- The right to receive a print copy of this notice

Urology Care, PA Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations.

Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protect Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting **the office manager**.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Saemica Wilkins, Office Manager

1501 N Bickett Blvd., Suite G

Louisburg, NC 27549

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Saemica Wilkins, Office Manager

1501 N Bickett Blvd., Suite G

Louisburg, NC 27549

(919) 496-6360

Effective Date

This notice is effective on or after July 1, 2007.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I have been presented with a copy of Urology Care, PAs Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law. I understand the contents of the notice.

I understand that I have the right to request restrictions concerning the use of my information. I request the following restrictions:

With whom may we discuss your treatment:

With whom may we discuss your payment:

Patient Signature

Date

If not signed by patient, please indicate relationship to patient.

Relationship

Date

INTERNAL USE ONLY

If patient or patient's representative refuses to sign acknowledge of receipt of notice, please document the date and time the notice was presented to patient and sign below.

Presented on: _____

Date

By: _____

Name and Title