



NOTICE OF PRIVACY PRACTICES

In accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the regulations required thereunder, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations which includes business management and general administrative activities. It, also, describes other purposes of disclosure that are permitted or required by law, including development of services. Additionally, it describes your rights to access and control of your protected health information.

All employees, students and trainees, volunteers, and vendors or independent contractors, who have access to your PHI, will follow the terms of this notice.

"Protected health information" is information about you, including demographic information that may identify you, that relates to your past, present, or future physical or mental health or condition and related health care services.

Every effort is used to safeguard your health information, but if a breach of protected health information occurs, the effected individual will be notified.

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 and the new notice will be effective for all protected health information that we maintain at that time. When changes are made, a new Notice of Privacy Practices will be posted in the examination room and will be provided to you upon your request at your next appointment. You may also request an updated copy of our Notice of Privacy Practices at any time by calling the office and requesting that a revised copy be sent to you.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

1. **Treatment.** MemoryCare uses your protected health information primarily for *treatment*, including providing, coordinating, and managing your health care and any related services, such as lab work and physical therapy. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information, such as your primary care physician or other health care provider. We may, also, disclose medical information about you to people involved in your care such as family members, or others who provide services such as hospitals, therapists, or medical specialists that are a part of your care.

2. **Payment.** Your protected health information will be used, as needed, to obtain *payment* for your health care services. This may include activities that your health insurance plan requires before approving or paying for the health care services we recommend for you, such as determining eligibility for insurance benefits based on lab results, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We are permitted by law to disclose the amount of medical information necessary for us to obtain payment for the care and services provided to you. Our disclosure of medical information for the purpose of obtaining payment for care and services provided to you may include our giving information to your family members or surrogates who are involved in your care or help pay for your care.

3. **Healthcare operations.** MemoryCare may use or disclose your protected health information in order to support the *healthcare operations* of the physician practice. For example, we may use your PHI to review our treatment and services and to evaluate the qualifications and performance of staff caring for you. We may, also, combine your PHI with that of others we serve to help us decide if there are additional services that would benefit those for whom we care. We may, also, use your PHI in assessing our business management needs and in the training of medical residents and nursing and social work students. We may contact you to remind you of appointments, including leaving a message on your telephone.

4. **Business Associates.** MemoryCare will share your protected health information with third party "business associates" that perform various activities (e.g., transcription services) for the practice. MemoryCare and its ACO Providers/Suppliers participate in the Medicare Shared Savings Program Participation Agreement. 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.

5. **Fund-raising.** Because MemoryCare is a 501 (c)(3) nonprofit organization with some grant funding, we may be required to provide demographic information of our patients as a part of our healthcare operations. If so, only demographic information relating to the patient and date of service may be used but no personally identifying information. At times we will be asked to provide a summary of the types of diagnoses our patients have, but the information will be presented in such a way that it cannot be traced to individuals. Because MemoryCare has ongoing development efforts to build an endowment, this information may, also, be used to raise additional funds for the program. Though no health information will be shared, it is possible that family members of patients will be contacted with such a request. If you do not want to receive information about our development efforts, please contact our Privacy Officer in writing. If MemoryCare would like to use your personal information in development materials, such as photographs or videos, MemoryCare will obtain additional authorization prior to its use. You may refuse such a request with no affect on the services you receive from MemoryCare. Development materials prepared before April 14, 2003 are excluded from this requirement.

6. **Treatment Alternatives.** MemoryCare may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits or services that may be of interest to you. We may, also, use and disclose your protected health information for other activities such as but not limited to using your name and address to send you a newsletter about our practice or invite you to support groups. You may contact our Privacy Officer in writing to request that these materials not be sent to you.

7. **Individuals involved in your Care.** MemoryCare may disclose your PHI to a family member or friend who is involved in your medical care. If you cannot agree to this or object, we will use our professional judgement to decide whether it is in your best interest to disclose relevant information to someone who is involved in your care or to an entity assisting in a situation where your safety may be at risk.

8. **As Required by Law.** MemoryCare will provide information when required to do so by federal, state, or local law.

9. **Miscellaneous.** MemoryCare may use or disclose your personal health information without prior authorization for public health purposes, auditing purposes, research studies, and emergencies.

In any other situation, MemoryCare's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to stop further disclosures at any time. If you are not present or able to agree to the use or disclosure of the protected health information, then MemoryCare staff may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

PATIENT'S INDIVIDUAL RIGHTS

1. **Right to review and copy.** You have the right to review or obtain a copy of your personal health information. This means you may obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

2. **Right to amend.** You have the right to request that we correct any inaccurate or incomplete information in your records.

3. **Right to an Accounting of Disclosures.** You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or healthcare operations. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003.

4. **Right to Request Restrictions.** You may request in writing that we not use or disclose your personal health information for treatment, payment, and healthcare operations except when specifically authorized by you, when required by law, or in emergency circumstances. MemoryCare will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them. You may require MemoryCare to restrict disclosures to health insurance plans if you pay out of pocket instead of having the claim filed with insurance.

5. **Right to Request Alternative Communications.** You or your representative have the right to request that we communicate with you about medical matters in a certain way, such as by mail only or not at work. You may request email communications. At MemoryCare, we include a confidentiality notice at the bottom of each email-this notice states that the email may contain confidential information and should be discarded immediately if received in error. This statement cannot ensure full confidentiality. You must make your request in writing to the Privacy Officer and be specific about how or where you wish to be contacted. You do not have to provide a reason for the request and we will attempt to accommodate all reasonable requests.

6. **Right to Copy of Privacy Notice.** You have the right to have a paper copy of this Privacy Notice or any revised version and can request such a copy at any time. Please contact our office at 771-2219 to obtain your copy.

CONCERNS AND COMPLAINTS

If you are concerned that MemoryCare may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Privacy Officer at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on MemoryCare's health information practices or if you have a complaint, please contact the following person:

**MemoryCare Privacy Officer
MemoryCare
The SECU Center for MemoryCare
100 Far Horizons Lane
Asheville, NC 28803**

Telephone: 828-771-2219 Fax: 828-771-2634 e-mail: office@memorycare.org

This notice was revised and became effective on September 1, 2015. Revised 4/7/2003 vht, Revised 4/1/2005 wdm, revised 10/11/05 vht, 9/2/2009 vht, 4/01/2013ah, 9/01/15ah, 04/19ah