



Medical Center: 1831 North Fayetteville Street • Asheboro, NC 27203
Phone: 336-672-1300 / Fax: 336-672-3044

Dental Center: 308 Brewer Street • Asheboro, NC 27203
Phone: 336-610-7000 / Fax: 336-610-7003

NOTICE OF PRIVACY POLICIES

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

INTRODUCTION

At MERCE Family Healthcare, we are committed to treating and using protected health information about you responsibly. This Notice of Health Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective April 15, 2003, and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit MERCE Family Healthcare, a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment and plan for future care or treatment. This information often referred to as your health or medical record serves as:

- Basis for planning your care and treatment
- Means of communication among many health professionals who contribute to your care
- Legal documents describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can access and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy and better understand who, what, when, where and why others may access your health information and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of MERCE Family Healthcare, the information belongs to you.

You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.522
- Request communications of your health information by alternative means or alternative locations, request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

OUR RESPONSIBILITIES

MERCE Family Healthcare is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us, or if you agree, we will email the revised notice to you. We will not use or disclose your health information without your authorization, except as defined as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

If you have questions and would like additional information, you may contact the practice's Clinical Officer at 336-672-1300. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, US Department of Health and Human Services at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office of Civil Rights.

I have read and understand the above Notice of Privacy Policies.

Patient Signature _____ Date _____

Guarantor Signature _____ Date _____

Staff Signature _____ Date _____

I hereby authorize the release of information to the following: Name(s): _____

Phone Number(s): _____ Leave Message? Yes No

Patient Signature _____ Date _____

Guarantor Signature _____ Date _____

