

HIPAA Notice of Privacy Policy

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This policy describes how medical information about you may be used and disclosed and how you can get access to this information.

Uses and Disclosures of Protected Health Information (PHI)

Your PHI may be used and disclosed by your doctor or office staff that is involved in your care and treatment for the purpose of providing medical services to you, to pay your medical bills, to support the operation of the practice, and any other use required by law.

Treatment

We will use and disclose your PHI to provide, coordinate or manage your health care and any related services including the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to whom you have been referred to ensure that they have the necessary information to diagnose or treat you.

Healthcare Operations

We may use or disclose, as needed, your PHI in order to support the business activities in the practice. We may call you by name in the waiting room when your doctor is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of an upcoming appointment.

Permitted and Required Uses and Disclosures

We may use or disclose your PHI in the following situations without your authorization: as required by law, Public Health issues such as Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Worker's Compensation.

Other permitted and required uses and disclosures will be made ONLY with your consent, authorization or opportunity to object unless required by law.

Your Rights

You may revoke an authorization at any time in writing.

You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding.

You have the right to request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction in writing and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request if the physician believes it is in your best interest to permit or use and disclose your PHI. You then have the right to choose another healthcare provider.

We have the right to change the terms of this notice and will inform you by mail of any changes.

This notice was published and became effective on or before April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this policy or our legal duties and privacy practices with respect to your PHI. If you have any objections to this form please contact our office.

Signature below is acknowledgement that you have read and acknowledge this Notice of Privacy.

Print Name: _____

Signature: _____

Date: _____