

Notice of Privacy Practices for Protected Healthcare Information

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

What do we do to keep your health information private? Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. You have the right to discuss your concerns about how your health information is shared. The law under the Health Insurance Portability and Accountability Act (HIPAA) says: 1. We must keep your healthcare information from others who do not need to know it. 2. We must make this notice available to you, and only use and share your health information as explained in this notice.

Who may use and see my health information? I understand this information can and will be used to: 1. Conduct, plan and direct my treatment and follow-up among multiple healthcare providers who may be involved in my treatment directly and indirectly. 2. Obtain payment from third-party payers. 3. Conduct normal healthcare operations such as quality assessments and physician certifications. 4. For judicial and administrative proceedings according to specific requirements. 5. For health-related research that meets applicable legal requirements.

Could my health information be used or released without my authorization? We follow laws that tell us when we have to share health information, even if you do not sign an authorization form. We will use or release your health information: 1. For public health reasons, including to prevent or control disease or injury; or report births or deaths, suspected abuse or neglect, reactions to medications or problems with certain health-related products. 2. To prevent serious threats to your health or safety or that of another person or the public. 3. To help health oversight agencies monitor the health care system, government programs, and compliance with civil rights laws, including for audits, investigations, inspections, or licensing purposes. 4. If a court orders us to or if we receive a subpoena and receive certain assurances from the person seeking information. 5. To law enforcement officials, if we receive a proper request and the request meets all other legal requirements. 6. To coroners, medical examiners, funeral directors, in order to help identify a deceased person, determine the cause of death, or perform other legally authorized duties. 7. To organ procurement organizations, if you are an organ donor or as legally required. 8. For health-related research that meets applicable legal requirements. 9. To military authorities, if you were or are a member of the Armed Forces and request is made by appropriate military command authorities. 10. To authorized federal officials for national security purposes. 11. To Workers



Clifford H. Schilke M.D.

Compensation for work related injuries. 12. To other government benefit programs in order to coordinate or improve administration and management of the programs. 13. To family or to others involved in your treatment or financial affairs if you have indicated that we can do so or if we can reasonably infer that you do not object.

What other rights do I have with regards to my health information: if you think some of your health information is wrong, you may ask that corrected new information be added by making a request in writing to Clifford H Schilke MD. You must state why you think the correction or new information is necessary. We do not have to make the requested amendment. If we do, you may ask that the corrected or new information be sent to others who have received your health information from us. You can get a list of where we shared your health information, beginning on May 1, 2019, unless it was shared for treatment, payment, or health care operations. If you ask for more than one list per year, you may be charged for the cost of providing a list. You may request that we communicate with you in a certain way at a certain location. For example, you can ask that we contact you only by mail or phone, or at an address or phone number other than your home. If you ask for a paper copy of this notice, we will give you one. We reserve the right to change this notice, and to apply all the new practices to all health information including information received before the Notice was changed. You may request a current copy.

Complaints or questions? If you have questions or feel privacy rights have been violated, you can ask questions or complain by writing to:

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