

Your Rights

1. Inspect and receive copies of your medical information, based on company policies and procedures.
2. Request, in writing, changes to your health information. Your request will be reviewed based on Company Policy and procedure, however the Company has the right to deny the request. A written statement will be provided regarding the decision.
3. Request, in writing, that we limit how we use or share health information about you or your child. However, we may not be able to comply with all requests.
4. Withdraw, in writing, any authority you have given to share your information. However, we won't be able to take back information we have previously given out.
5. Request, in writing, and receive a record of times when we have shared your health information without your written permission except when related to treatment, payment, or health-care-operations.

Our Responsibilities

The law requires us to:

1. Maintain the privacy of health information about you or your child
2. Provide the privacy notice of our duties, your rights, and our privacy practices
3. Follow the terms of our notice; and policy practices
4. Notify you if we cannot continue honoring your request.

To exercise your rights:

If you have questions about this brochure or the privacy notice or would like to exercise your rights, you may contact:

Carolina Psychiatry
910-484-3400



Carolina Psychiatry

548 Sandhurst Drive
Fayetteville NC 28304

Your Right to Privacy

HIPAA, Carolina Psychiatry, and You:

Information for Patients

Carolina Psychiatry

910-484-3400

Your Privacy

Every time you come to Carolina Psychiatry P.C., a record of your visit is made. This record may describe your medical condition, diagnosis, treatments, and a plan for your future care.

We use this information to care for you and receive payment for our services, as well as for administrative purposes, such as to evaluate the quality of care you receive. We may contact you by mail or telephone to remind you about your appointments, and to let you know about other health-related services that may be of interest.



What is HIPAA?

Federal guidelines that further protect the privacy of your medical information are part of the comprehensive Health Insurance Portability and Accountability Act, or HIPAA. These rules, which became effective in 1996, giving you more control over, and knowledge about, who is using your medical information and for what purpose. Carolina Psychiatry already had many measures in place to protect your privacy, but HIPAA has set broader standards and applied them to hospitals health-care providers, and insurers nationwide. You can learn more about HIPAA by visiting the web site <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consurers>.

Privacy Notice

You will receive, in person, a copy of our privacy notice. It describes how medical information about you or your child may be used and how you gain access to this information. At point of registration, you will be asked to sign an acknowledgement that states you have received the privacy notice. This brochure summarizes some of the information in the notice. You can also obtain the notice, as well as another copy of this brochure, on our **website:** www.carolinapsychiatry.com

When may we use and share your health information?

We may use health information about you or your child without your written permission for the limited purpose of:

Treatment. This involves providing, managing, and coordinating care to meet your needs. It may also involve sharing information with other providers (ex. therapist), such as your own doctor or caregivers at other institutions (ex. nursing homes).

Payment. We share your health information with your insurance company as needed to bill for your care.

Health-Care Operations.

We use medical information to access and improve quality of care and train our staff. We can also:

- Send announcements or call you about appointment reminders
- Contact you about patients care issues and treatment choices
- Tell you about services that may benefit and/or interest you.

When else may we share your health information outside Carolina Psychiatry without your written authorization?

- To allow business associates (Insurance) to assist us with treatment authorization, payment, or health-care operations;
- To prevent or control disease, such as reporting infectious diseases to boards of health
- To communicate with law enforcement offices in certain situations
- When necessary to comply with a subpoena court order or other legal requirement.

Our Mission is to provide the highest quality of comprehensive and integrated mental health services promoting better health and quality of life of our for our community members.

As a community of experienced, well respected professionals we are dedicated to providing individualized outpatient care promoting better health and wellness for each patient