

NOTICE TO PATIENTS OF BLUE RIDGE UROLOGY

READ CAREFULLY

NOTICE OF PRIVACY PRACTICES

PLEASE READ THIS NOTICE WHICH DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE SIGN THE LAST PAGE OF THIS NOTICE VERIFYING THAT YOU HAVE READ ALL THE INFORMATION.

We understand that you may be concerned about how information about you may be used, disclosed, created, maintained, or otherwise handled. That is why Blue Ridge Urology is committed to help ensure the privacy and confidentiality of your individual health information. We are committed as a practice to maintain compliance with new federal patient privacy regulations, known as the HIPAA Privacy Rules. The HIPAA Privacy Rules are national standards to ensure health care privacy and confidentiality. If you have any questions or concerns involving this Notice, please notify Dr. John Walton.

Blue Ridge Urology has developed this Notice and has also implemented policies and procedures. We are committed to the underlying purpose and philosophy of the HIPAA Rules – to safeguard your Protected Health Information. To the extent that State privacy law may be stricter than the HIPAA Rules, we will comply with the stricter requirement. We shall make good faith attempts to ensure that patients have obtained a copy of this Notice and have acknowledged receipt of it.

I. Uses/Disclosures Related to Carrying Out Health Care/Treatment, Payment or Health Care Operations

It is important that Blue Ridge Urology be able to use, disclose, create, receive and/or handle Protected Health Information to facilitate health care/treatment, payment and/or health care operations. The HIPAA Privacy Rules permit us to use and/or disclose your information without obtaining a written or oral consent from the patient as noted below as it is fundamental to our ability to provide quality patient care.

Treatment/Health Care: Blue Ridge Urology will use or disclose your Protected Health Information for your own treatment or healthcare. We may use or disclose your Information by sharing it with another health care provider or pharmacy for services or supplies that are part of your treatment.

Payment: Blue Ridge Urology may use or disclose your Protected Health Information for payment purposes in order to obtain reimbursement. When we use your Information for payment purposes, we shall disclose only the Information that is minimally necessary.

Health Care Operations: Health Care Operations refers to those other functions and activities that allow Blue Ridge Urology to properly carry out its health care-related business functions, such as: quality assessment and improvement activities, accounts receivable analysis, in connection with regulatory compliance and legal issues, or to carry out general administrative activities.

II. Uses/Disclosures Requiring Patient Authorization

In certain circumstances, Blue Ridge Urology will obtain a signed Authorization from you which satisfies the HIPAA Privacy Rules. For example, when an employer asks us to disclose your Information; When a family member requests to see your charts and files; For public relations/media purposes. If you sign an Authorization, you have the right to have the Authorization revoked. This request must be in writing.

III. Uses/Disclosures Not Requiring Patient Authorization (other than for Health Care Services/Treatment, Payment, or Health Care Operations)

In some cases, Blue Ridge Urology may use and/or disclose Protected Health Information without requiring you to sign an Authorization. The HIPAA Privacy Rules identify certain non-traditional health care instances allowing disclosure of Information without written Authorization, such as: To avert the spread of communicable diseases; To assist public health initiatives to control or prevent disease, injury or disability; To report abuse, neglect or domestic violence; To authorized governmental audits, investigations, inspections, disciplinary actions and civil, criminal and judicial proceedings; To assist law enforcement; To avert serious threats to health and safety of a person or to the public. Even in these cases, Blue Ridge Urology will ensure that patient's Information is not disclosed unless all preconditions are met.

IV. Your Right to Access Your Protected Health Information

You have the right to access, inspect and obtain copies of your Protected Health Information consistent with the HIPAA Privacy Rules. Blue Ridge Urology will act in good faith in responding to such requests. Under HIPAA Privacy Rules, Blue Ridge Urology generally has 30 days in which to act upon a request for access. We reserve the right to charge you a reasonable fee for copying any Information. Under the HIPAA Privacy Rules, we may deny your access to Protected Health Information to some extent. We shall abide by any appeal rights you may have in the event we deny your access request.

V. Your Right to Amend Protected Health Information

You have the right to request in writing that we change your Protected Health Information in accordance with the HIPAA Privacy Rules if you believe that information in your record is incorrect. Blue Ridge Urology is committed to acting in good faith in responding to your amendment request. Under the HIPAA Privacy Rules, we have the right to deny your request to amend Protected Health Information in certain circumstances. For example, we have the right to deny requests that are not in writing, or when the patient fails to sufficiently explain the reason for the amendment, or when the request pertains to information which the patient is not entitled to inspect. We shall abide by any appeal rights your may have in the event we deny your amendment request.

VI. Your Right to a List of Those Instances Where We Have Disclosed Your Protected Health Information

You have the right to request in writing a list of instances where we have disclosed your Protected Health Information, other than for treatment, payment, healthcare operations, or where you specifically authorized a disclosure previously. The request must state the time period desired for the accounting, which must be less than six years. We will inform you of the cost for this list.

VII. Your Right to Obtain a Paper Copy of this Notice

You have the right to obtain a paper copy of this notice.

VIII. Your Right to Complain About How Your Protected Health Information is Handled

Blue Ridge Urology recognizes and respects patients' rights to raise questions, concerns, issues and complaints in connection with the privacy and confidentiality rights. Should you find that Blue Ridge Urology, or someone associated with the Practice has violated your privacy, you can contact the Department of Health and Human Services (HHS) Office of Civil Rights (OCR) at the address below. Under no circumstances shall Blue Ridge Urology attempt to retaliate against persons who raise issues or complaints to the HHS OCR. The address for the HHS OCR is: Medical Privacy, Complaint Division, Office of Civil Rights, U.S. Dept. of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201. The Voice Hotline Number is 800-368-1019. The internet address is www/hhs.gov/ocr, or the e-mail address is ocr@hhs.gov.

IX. Contact Information

Should you have any questions, concerns or issues relating to the topics covered in this Notice, Blue Ridge Urology has designated Dr. John Walton as its HIPAA Privacy Rules Compliance Officer and the primary person to contact for any privacy or confidentiality related concerns or questions that you may have.

I authorize Blue Ridge Urology to discuss information with the following individual regarding my Protected Health Information, including appointments, treatment/health care, financial and other health care operations:

___ Do NOT disclose my Protected Health Information with anyone but myself

___ You may disclose my Protected Health Information with my spouse, _____ (name)

___ You may disclose my Protected Health Information with my child, _____ (name)

___ You may disclose my Protected Health Information with, _____
(name and relationship)

In the event this authorization changes, I will notify Blue Ridge Urology to change my authorization.

I have read the above Notice regarding the privacy of my Protected Health Information.

Patient's Name (printed)

Date

Signature