



# Notice of privacy practices

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

Our staff are committed to protecting your health information, which is a right you have and one detailed in the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**Effective: April 2003**

**Revised: June 2023**

If you have any questions or requests, please contact the MedQuest privacy official at 678-992-7288 or 3480 Preston Ridge Road, Suite 600, Alpharetta, GA 30005.

## ❖ About Us

In this Notice, we use terms like “we”, “us” or “our” to refer to MedQuest, its physicians, employees, staff, and other personnel. All of sites and locations of MedQuest follow the terms of this Notice and may share health information with each other for treatment, payment, or health care operations purposes as described in this Notice.

## ❖ We must protect health information about you

We must protect the privacy of health information about you that can be identified with you, also called protected health information or “PHI” for short. PHI includes information about your past, present or future health, the healthcare we provide to you and payment for your healthcare. This Notice explains MedQuest’s legal duties with respect to PHI and how we can use and disclose PHI about you. In addition, we can make other uses and disclosures that occur as a byproduct of the uses and disclosures described in this Notice. This Notice also explains your privacy rights, and how you can file a complaint if you believe those rights have been violated. In the event that PHI about you is affected by a breach of unsecured PHI, MedQuest will provide notice as required by the Health Insurance Portability and Accountability Act (“HIPAA”).

## ❖ How can we use and disclose PHI about you

### 1. When we can use and disclose PHI about you without a written authorization.

We may use and disclose PHI about you without your written authorization in the following ways:

- a. To provide healthcare treatment to you.** We use and share PHI with others to provide and coordinate your healthcare treatment. For example, if your doctor orders an x-ray because he/she thinks your leg may be broken, we will share the results of your x-ray and other information we learn during the exam process with your doctor. We may also share health information about you with people like home health providers or others who may be involved in your medical care after you leave our care. We may also make health information about you available to other healthcare providers through the North Carolina HealthConnex, or through other state health information exchanges. You may ask that your health information not be made available to the health information exchanges that enable other providers to access your medical information, as provided in the “Your Privacy Rights” section.
- b. To obtain payment for services.** We use and share PHI with others (for example, insurance companies, health plans, collection agencies, and consumer reporting agencies) to bill and collect payment for services we provided to you. Before we provide scheduled services to you, we may share information with your health plan to ask whether it will pay for the services or with government agencies to see if you qualify for benefits.
- c. For healthcare operations.** We may use and share PHI to perform business activities that we call “healthcare operations” to help us improve the quality of care we provide and reduce healthcare costs. For example, we may use PHI to review our services or evaluate the performance of the people taking care of you. We may share PHI with governmental agencies, so they can review the care we provide. We also may share PHI with doctors and other personnel (like billing clerks or assistants) for training purposes.
- d. To remind you about appointments.** We may use and/or disclose PHI to remind you about an appointment you have with us.
- e. To tell you about treatment options.** We may use and/or disclose PHI to tell you about treatment options that may interest you. For example, if you have a broken leg, we may tell you about rehabilitation or therapy services that might help you.
- f. To our business associates.** We provide some services through other businesses we call business associates. We may give business associates health information about you so they can do the job we asked them to perform for us. For example, we might use a copy service to make copies of requested medical records. When we do this, we require the business associate to safeguard health information about you.

## 2. When we may use and disclose PHI about you without a written authorization or an opportunity to object.

In some situations, we may use and/or disclose PHI about you without your written authorization or an opportunity to object. These situations include when the use or disclosure is:

### a. Required by law.

**b. For public health activities.** We may disclose PHI about you for public health activities. These activities generally include disclosing PHI in order to:

- Prevent or control disease, injury, or disability
- Report births and deaths
- Report child and disabled adult abuse or neglect
- Report reactions to medicine or problems with medical products
- Tell people that a medical product they are using has been recalled
- Support public health surveillance and combat bioterrorism

**c. For health oversight activities.** We may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations.

**d. For a legal proceeding.** We may disclose PHI in a legal proceeding as required by a court order or otherwise by law.

**e. For law enforcement purposes.** We may disclose PHI about you to report certain types of wounds, physical injuries, or criminal conduct on our property.

**f. To a medical examiner or funeral director.** We may disclose PHI about you to a coroner or medical examiner to identify you or determine cause of death. We may also release PHI to funeral directors so they can carry out their duties.

### g. For organ, eye, or tissue donation purposes.

**h. For medical research.** Research done in this facility must go through a special review process. We will not use or disclose PHI about you unless we have your authorization, or we have determined that your privacy is protected.

**i. To avoid a serious threat to health or safety.** We may disclose health information if it is necessary to protect the health and safety of you, the public or someone else.

**j. For specialized government functions.** We may disclose PHI about you for military and veteran activities, national security and intelligence activities, protective services for the President, or medical suitability/determinations of the Department of State.

**k. For law enforcement custodial situations.** We may disclose PHI about you to a correctional institution that has custody of you.

## 3. When you can object to a use or disclosure.

Unless you tell us not to, we may use or share your PHI:

**a. To people involved in your care or payment for care.** We may share PHI with family members or others identified by you, who are involved in your care or payment for your care. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your PHI with a person involved in your care. If you bring family members or others to your appointments or for unscheduled care, and do not tell us that you object to them hearing your PHI, then we are allowed to interpret that as your consent for us to do so.

**b. To agencies for disaster relief efforts.** We may share PHI with agencies like the Red Cross for disaster relief efforts. Even if you ask us not to, we may share your PHI if we need to for an emergency.

## ❖ Other Laws

In some cases, other laws require us to give more protection to your health information than HIPAA does. Even if one of these special rules applies to your health information, we may still be required to report certain things, and we will follow these laws. For example, we are required to report suspected cases of child or disabled adult abuse or neglect, and we may share the information listed below when we make the report.

- If you have a communicable disease like tuberculosis, syphilis, or HIV/AIDS, we generally will not share that information unless we have your written permission. However, we do not need your permission to report information about your disease to state and local health officials or to prevent the spread of the disease.
- We also may disclose information to: (1) a healthcare provider who is treating you in an emergency; (2) a healthcare provider who referred you to us, if they ask; and (3) to other mental health, developmental disabilities, and substance abuse facilities or professionals when necessary to coordinate your care or treatment.
- We may also share information with other covered entities, such as a software vendor business associate, unless you object in writing.
- We may share information with medical workers in an emergency.
- We may share information if you commit a crime, or threaten to commit a crime, on our property or against our workers, we may report that to the police.
- If you are under the age of 18 and are not emancipated, we will not reveal any information about treatment that you consented to receive for pregnancy, venereal disease and other communicable diseases, drug or alcohol abuse, or emotional disturbance, without your permission. However, we are allowed to reveal this information if: (1) your doctor thinks your parents need to know because there is a serious threat to your life or health, or (2) your parents or guardian ask your doctor about the treatment, and your doctor believes that sharing the information is in your best interest.

## ❖ Other uses and disclosures

**1. Other uses and disclosures.** In any situation other than those listed above, we may ask for your written authorization before we use or disclose your PHI. If you sign a written authorization allowing us to disclose PHI, you can cancel it later. Your cancellation must be in writing and delivered to the Privacy Official at the address provided below. We will not disclose PHI about you previously authorized after we receive your cancellation and had a reasonable time to implement the cancellation.

## ❖ Your privacy rights

You have the following rights about the health information we maintain about you. If you want to exercise your rights, you must fill out a special form. Please contact the MedQuest privacy official at 678-992-7228 or at 3480 Preston Ridge Rd, Suite 600, Alpharetta, GA 30005 for the form or more information.

**1. Right to ask for restrictions.** You have the right to ask us to limit the ways we use and disclose your PHI for treatment, payment, or healthcare operations. You also have the right to ask us to limit the health information we share about you to someone involved in your care or the payment for your care. Your request must be in writing. We do not have to agree to your request in most cases, but we do have to agree if you ask us not to disclose PHI to your health plan for payment of healthcare operations or for our healthcare operations if the PHI is about an item or service you paid for, in full, out-of-pocket, and disclosure is not otherwise required by law. Even if we agree, your restrictions may not be followed in some situations such as emergencies or when disclosure is required by law.

**2. Right to ask for different ways to communicate with you.** You have the right to ask us to contact you in a certain way or at a certain location. For example, you can ask us to only contact you at your work phone number. *If your request is reasonable, we will do what you ask.* In some situations, we may require you to explain how you will handle payment and give us another way to reach you.

**3. Right to see and copy PHI.** You have the right to see and get a copy of the health information about you. You must sign a written request for access or an authorization. We may charge you a fee if you have asked for a copy of records. *We can deny your request in some situations.* If we deny your request, we will notify you in writing and explain how you can ask for a review of the denial.

**4. Right to ask for changes.** You have the right to ask us to change PHI about you if you do not believe it is correct or complete. You must ask us in writing. You must explain why you want the change. We can deny your request in some situations. If we deny your request, we will explain why in writing and tell you how to give us a written statement disagreeing with our decision.

**5. Right to ask for an accounting of disclosures.** If you ask in writing, you can get a list of some, but not all, of the disclosures we made of your health information. For example, the list will not include disclosures made for treatment, payment, healthcare operations or disclosures you specifically authorized. You may ask for disclosures made in the last six years. We cannot give you a list of any disclosures made before April 14, 2003. If you ask for a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

**6. Right to a paper copy of this Notice.** We will give you a paper copy of this Notice on the first day we treat you at our facility (in an emergency, we will give this Notice to you as soon as possible).

**Availability of electronic medical record outside of MedQuest.** Some medical records at MedQuest are maintained within an electronic medical record system that can allow other unaffiliated healthcare providers to view your records through a health information exchange. You can contact HealthConnex by either going to the website – <https://hiea.nc.gov/patients>, or calling 919-754-6912. If you do not want your electronic medical record to be available to non-MedQuest providers through health information exchanges, you may request to opt out by contacting MedQuest Privacy Officer or the medical records department, and request to “opt out.” Participation in an electronic health information exchange also lets us see other providers’ information about you for our treatment purposes. If you do not want those health care systems to share your information, you will need to contact them directly. If you choose not to allow your electronic medical record to be available through health information exchanges, another provider who is involved in your care may not be able to retrieve your full medical history electronically.

## ❖ We must protect health information about you, and you may file a complaint about our privacy practices

If you think we have violated your privacy rights or you want to complain to us about our privacy practices, you may contact the MedQuest privacy official at 678-992-7228 or 3480 Preston Ridge Rd, Ste 600, Alpharetta, GA 30005. You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. We will not refuse to treat you for filing a complaint.

This Notice of Privacy Practices applies only to care and treatment you receive at this facility or other MedQuest facilities that are treated as an “affiliated covered entity” under the federal law known as the Health Insurance Portability and Accountability Act (HIPAA) that protects the privacy of your health information. Terms defined in the HIPAA Rules will have the same meaning in this Notice.

### Changes to this Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in all our locations. Each version of the Notice will have an effective date listed on the first page.