

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding the Notice of Privacy Practices. Please review carefully.

The Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient and our common practices in dealing with patient health information.

Uses and Disclosure of Health Information: We will use and disclose your health information primarily in order to treat you or to assist other health providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies or worker's compensation to process insurance claims for services rendered to you by us. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation, and training of students.

Uses and Disclosures Based on Your Authorization: Except as stated in more detail below in the Notice of Privacy Practices, we will not use or disclose your health information without your written consent.

Uses and Disclosures Not Requiring Your Authorization: In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care
(Please list: _____)
- For certain limited research purposes
- For purposes of public health and safety
- To government agencies for purposes of their audits, investigations and other oversight activities
- To government authorities to prevent child abuse or domestic violence
- To the FDA to report product deficits or incidents
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas and as otherwise required by law

Patient Rights: As our patient, you have the following rights:

- To have access to and/or a copy of your health information
- To receive an accounting of certain disclosures we have made of your health information
- To request restrictions as to how your health information is used or disclosed
- To request that we communicate with you in confidence
- To request that we amend your health information
- To receive notice of our privacy practices

If you have a question, concern, or complaint regarding our privacy practices, please contact the practice owner and privacy/security officer, Susan O'Carroll, at 3600 S. College Road, Ste. E, #392, Wilmington, NC 28412, Telephone (910) 524-8499. You may also send a written complaint to the US Department of Health and Human Services.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the notice.

Patient Name: _____ Date: _____

Patient or Guardian's Signature: _____