



DISCOVER HEALTH

PRIVACY POLICY

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, paper, or oral, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your Protected Health Information ("PHI") and how we may use and disclose your PHI. We may use and disclose your medical records only for each of the following purposes:

- o Treatment. Defined as providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- o Payment. Defined as meaning such activities as obtaining reimbursement for services, confirming coverage, billing and collection activities, and utilization review. An example of this would be sending a bill for your visit to your employer or relative for payment.
- o Health Care Operations. Defined as the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing, auditing functions, cost-management analysis, and customer service. An example of this would be an Internal Quality Assessment review.
- o We may also create and distribute de-identified health information by removing all references to individually identifiable information.
- o We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- o Any other uses and disclosures will be made only with your written authorization, including disclosures for marketing purposes, disclosures of most psychotherapy notes and substance use disorder treatment, and sale of your PHI. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to Discover Health:

- o The right to request restrictions on certain uses and disclosures of PHI, including those related to treatment, payment, or our operations, as well as disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are,



DISCOVER HEALTH

however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

- o The right to reasonable requests to receive confidential communications of PHI from us by alternative means or locations (e.g., email, office or home phone, office address). We will say yes to reasonable requests.
- o The right to inspect and obtain paper or electronic copies of your personal health information. We will generally respond to your request for copies within 30 days. We may charge a reasonable, cost-based fee.
- o The right to request amendment or correction of your PHI that you think is incorrect or incomplete. Please ask us how to do this. If we deny your request, we will provide a written explanation of our denial within 60 days of your request.
- o The right to receive an accounting of disclosure of PHI for the period up to 6 years prior to the date of your request, including who received your information and why. We will include all disclosures except for those about treatment, payment, health care operations, and certain other disclosures (e.g., any disclosures that you requested). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- o The right to obtain a paper copy of this notice from us upon request, even if you have requested to receive an electronic copy.
- o The right to choose someone to act for you, exercise your rights and make decisions about your health information, including a medical power of attorney or a legal guardian. Before we take any action, we will make sure this person has the authority and can act for you.
- o We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

All information entered on our website is secure and will only be shared with third parties who agreed to these terms and signed a Partnership Agreement with Discover Health. PHI entered on this website will only be used according to the Terms and Conditions contained within this Agreement, such as processing an appointment request or forwarding on your information to a specialist.

This notice is effective as of January 1, 2023, and we are required to abide by the terms of any future versions of the Privacy Policy then in effect. We reserve the right to change the terms of our Privacy Policy and to make new provisions effective for all protected health information that we maintain. We will post and you may request a written copy of any future revisions to the Privacy Policy at any time.



DISCOVER HEALTH

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights about violations of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Daniel Hudspeth, CEO
919-885-4895
daniel@discoverhealthmd.com

For more information about HIPAA:

The US Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 202-619-0257
Toll Free 1-877-696-6775

KEEP THIS FOR YOUR RECORDS

ACKNOWLEDGEMENT OF RECEIPT-NOTICE OF PRIVACY PRACTICES

***Each member over 18 years old must sign this form. If there are multiple patients associated with this membership, a separate request will be made to obtain their signatures. **
(Parent/Guardian may sign same form for all children under 18 years old)*

Discover Health’s Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information about you. In addition to the copy that we are providing you, copies of the current notice are accessible by accessing our website and may be obtained by request from Discover Health.

I acknowledge that I have received the Notice of Privacy Practices.

Patient Name (Please print)

Signature of Patient

Date