**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.**

 Performance Rehab Associates at Lake Norman, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, (the “Privacy Rule”) and applicable state law, is committed to protecting the privacy of your protected health information (“PHI”). PHI includes information about your health condition and the care and treatment you receive from the Practice. The Practice understands that information about your health is personal. This Notice explains how your PHI may be used and disclosed to third parties. This Notice also details your rights regarding your PHI. The Practice is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice detailing the Practice’s legal duties and practices with respect to your PHI. Performance Rehab Associates at Lake Norman is also required by law to abide by the terms of this Notice.

Examples of uses and disclosures of protected health information for treatment, payment and health care operations:

**For treatment:** Information obtained by a physician, massage therapist, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing you care. This will help them stay informed about your care.

**For payment:** We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnosis, procedures performed or recommended care.

**For health care operations:**

* We may use your medical records to assess quality and improve services.
* We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
* We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
* We may use and disclose your information to conduct or arrange for services including: Medical quality review by your health plan; accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.

**OTHER USE & DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW**

* Performance Rehab Associates at Lake Norman may also use and disclose your PHI without your consent or authorization in the following instances:
* **Appointment Reminders** -We may use and disclose your PHI to remind you by telephone, text, email or mail about appointments you have with us, annual exams, or to follow up on missed or cancelled appointments.
* **Individuals Involved in Your Care or Payment for Your Care** – We may disclose to a family member, other relative, a close friend, or any other person identified by you. Certain limited PHI that is directly related to that person’s involvement with your care or payment for your care. We may use or disclose your PHI to notify those persons of your location or general condition. This includes in the event of your death unless you have specifically instructed us otherwise. If you are unable to specifically agree or object, we may use our best judgment when communicating with your family and others.
* **Disaster Relief -** We also may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts. This will be done to coordinate information with those organizations in notifying a family member, other relative, close friend or other individual of your location and general condition.
* **De-identified Information** – Performance Rehab Associates at Lake Norman may use and disclose health information that may be related to your care but does not identify you and cannot be used to identify you.
* **Business Associate** – Performance Rehab Associates at Lake Norman may use and disclose PHI to one or more of its business associates if the Practice obtains satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists Performance Rehab Associates at Lake Norman in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies, our IT-TECH Team, or a third-party hired to perform routine maintenance on our software programs.

**Electronic transfer of patient information and HITECH ACT Guidelines -**

* You must understand that our electronic sharing of patient information is through a non-secured connection. This includes email and faxes that we may send to you upon your request.
* We will not transmit patient information electronically without your request. In example: You write an email to us requesting a Credit Card receipt from a past appointment, or you request a “Superbill” so that you can provide that information to your HSA Account at the place of your employment.
* By signing the acknowledgement form, you understand that when we respond to an email or fax sent by you, we are responding through a non-secured source.
* By signing the acknowledgement form, you understand that should we send you an email or a fax with an attachment, this is through a non-secured source.

 The HITECH ACT requires us by law to have a Business Associates Agreement and a Subcontractors of Business Associates Agreement to protect your privacy. This agreement states that if a Business Associate experiences a breach of security, the Business Associate will report this breach to our entity and is responsible for filling out the necessary information and documentation to report the breach in security. The Subcontractors of Business Associates are responsible for reporting security incidents, including breaches, to its respective Business Associate. Examples of a Business Associate or a Subcontractor of Business Associates are our IT Tech Team, Chirotouch employees, and anyone logging on through our entities server. These are all third party associates who access our server for technical support, who will be required to submit in writing any breaches of security. By signing the acknowledgement form, you understand that these third party associates have access to your patient information when logging in through our entities server.

**Personal Representative** – Performance Rehab Associates at Lake Norman may use and disclose PHI to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

**Emergency Situations** – Performance Rehab Associates at Lake Norman may use and disclose PHI for the purpose of obtaining or rendering emergency treatment to you provided that the Practice attempts to obtain your Consent as soon as possible: The Practice may also use and disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

**Public Health and Safety Activities** – Performance Rehab Associates at Lake Norman may disclose your PHI about you for public health activities and purposes. This includes reporting information to a public health authority that is authorized by law to collect or receive the information. These activities generally include:

* To prevent or control disease, injury or disability
* To report births or deaths
* To report child, elder, or dependent adult abuse or neglect
* To report reactions to medications or problems with products
* To notify people of recalls of products they may be using
* To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Victims of Abuse, Neglect or Domestic Violence** – We may disclose your PHI to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe an adult or child is a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is (a) required by law, (b) agreed to by you, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm, or, (d) if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

**Health Oversight Activities** – We may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight agencies to monitor the nation’s health care system, government benefit programs, and for the enforcement of civil rights laws.

**Judicial and Administrative Proceedings** – We may disclose your PHI in response to a court or administrative order. We also may disclose information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

**Disclosures for Law Enforcement Purposes** – We may disclose your PHI to law enforcement officials for these purposes:

* As required by law
* In response to a court, grand jury or administrative order, warrant or subpoena
* To identify or locate a suspect, fugitive, material witness or missing person
* About an actual or suspected victim of a crime if, under certain limited circumstances, we are unable to obtain that person’s agreement
* To alert a potential victim or victims or intending harm (“duty to warn”)
* To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct
* About crimes that occur at our facilities
* To report a crime, a victim of a crime or a person who committed a crime in emergency circumstances

**Your Health Information Rights**

The health and billing records we create and store are the property of Performance Rehab Associates at Lake Norman. The protected health information in it, however, generally belongs to you. You have the right to:

* Receive, read, and ask questions about this notice. Ask us to restrict certain uses and disclosures. You must deliver this request to us in writing. We are not required to grant the request, but we will comply with any request granted.
* Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”). Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
* Have us review a denial of access to your health information—except in certain circumstances. Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
* When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
* Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing. Cancel prior authorizations to use or disclose health information by giving us a written revocation.

Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

**To Avert Serious Threat to Health or Safety** – We will use and disclose your PHI when we have a “duty to report” under state or federal law because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help prevent a threat.

**Coroners, Medical Examiners and Funeral Directors** – We may disclose your PHI to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death. We also may disclose information to funeral directors so they can carry out their duties.

**Organ, Eye or Tissue Donation** – To facilitate organ, eye or tissue donation and transplantation, we may disclose your PHI to organizations that handle organ procurement, banking or transplantation.

**Workers Compensation** – We may disclose your PHI to the extent necessary to comply with worker’s compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

**Special Government Functions** – If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release information about foreign military authority. We may disclose information about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

**Research –** We may use and/or disclose your PHI for research projects that are subject to a special review process. If researchers are allowed access to information that information that identifies who you are, we will ask for your permission.

**Fundraising** – We may contact you with respect to fundraising campaigns. If you do not wish to be contacted for fundraising campaigns, please notify our Privacy Officer in writing.

**AUTHORIZATION**

The following uses and/or disclosures specifically require your express written permission:

**Marketing Purposes** – We will not use or disclose your PHI for marketing purposes for which we have accepted payment without your express written permission. However, we may contact you with information about products, services or treatment alternatives directly related to your treatment and care.

**Sale of Health Information** – We will not sell your PHI without your written authorization. If you do authorize such a sale, the authorization will disclose that we will receive compensation for the information that you have authorized us to sell. You have the right to revoke the authorization at any time, which will halt any future sale.

Uses and/or disclosures other than those described in this Notice will be made only with your written authorization. If you do authorize a use and/or disclosure, you have the right to revoke that authorization at any time by submitting a revocation in writing to our Privacy Officer. However, revocation cannot be retroactive and will only impact uses and/or disclosures after the date of revocation.

**Our Responsibilities**

**We are required to:**

* Keep your protected health information private.
* Give you this Notice.
* Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will updates this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office/medical records department to pick one up.

**To ask for help or complain**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact: Kayla Schneider, Office Manager 704-896-1811. If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also file a written complaint with the U.S. Secretary of Health and Human Services.

**Notification of family and others**

Unless you object, we may release health information about you to a friend or family member who is involved in you medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right and object to this use or disclosure of your information. If you object, we will not use or disclose it.

**Some of the ways that we may use and disclose your protected heath information without your authorization are as follows:**

* With medical researchers—if the research has been approved and has policies to protect your privacy.
* To funeral directors/coroners consistent with applicable law to allow them to carry out their duties. To organ procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
* To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products. To comply with workers’ compensation laws—if you make a workers’ compensation claim.
* For public health and safety purposes as allowed or required by law.
* To report suspected abuse or neglect to public authorities.
* To correctional institutions if you are in jail or prison, as necessary for your health and the health of safety of others. For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
* For health and safety oversight activities for examples, we may share health information with the Department of Health. For disaster relief purposes for example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
* For work-related conditions that could affect employee health for example, an employer may ask us to assess health risks on a job site. To the military authorities of U.S. and foreign military personnel for example, the law may require us to provide information necessary to a military mission.
* In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order. For specialized government functions for example, we may share information for national security purpose.

**Other uses and disclosures of protected health information:** Uses and disclosures not in the Notice will be made only as allowed or required by law or with your written authorization.

**You will now sign a *HIPAA COMPLIANCE & ACKNOWLEDGMENT FORM* stating that this information has been provided to you at the time of service.**