



## Notice of Privacy Practices

Effective Date: April 14, 2003

Revised: June 13, 2013

**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. If you have any questions about this Notice please contact us using the information listed at the end of this Notice.**

We are committed to protecting the privacy of your personal health information (PHI). This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice. We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by: posting the new Notice in our office, making copies of the new Notice available in our office or by mail if requested, and posting the revised Notice on our website: [www.olsenbraces.com](http://www.olsenbraces.com). We will provide you a copy of this Notice the first day we treat you at our facility.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

**Payment:** We may provide your PHI to others in order to bill or collect payment for services. PHI may be shared with the following: billing companies, insurance companies, health plans, government agencies in order to assist with qualification of benefits.

**Healthcare Operations:** We may use and disclose health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications for healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Business Associates:** Some services are provided through the use of contracted entities called "business associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information.

**Health Information Exchange:** We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.

**Treatment alternatives:** We may provide you notice of treatment options or other health related services that may improve your overall health.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders.

**National Security:** We may disclose to military authorities the health information of Armed Forces Personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**If Required by Law:** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health Activities:** The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information.

**Health Oversight Agencies:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**Legal proceedings:** To assist in any legal proceedings or in response to a court order.

**Police or Other Law Enforcement Purposes:** The release of PHI will meet all applicable legal requirements for release.

**Abuse or Neglect:** We may use or disclose your child's health information to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your child's health information to the extent necessary to avert a serious threat to your child's health or safety or the health or safety of others.

**Coroner, Funeral Directors:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

**Medical Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**To Your Family and Friends:** We must disclose your child's health information to legal guardians, as described by the Patients Rights section of this Notice. We may disclose your child's health information to a family member, friend, or other person to the extent necessary to help with your child's healthcare or with payment for your child's healthcare, but only if you agree we may do so. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location,

general condition or death.

**Disaster Relief Efforts:** We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative. Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur.

## YOUR PRIVACY RIGHTS

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice.

**You have the right to see and obtain a copy of your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. If requested we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

**You have the right to request a restriction of your protected health information.** You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment. We must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

**You have the right to request for us to communicate in different ways or in different locations.** We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

**You may have the right to request an amendment of your health information.** You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

**You have the right to a list of people or organizations who have received your health information from us.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

**You have a right to receive notification of any breach of your protected health information.**

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions and concerns, please contact us. If you think we have violated your rights or you have a complaint about our privacy practices you can contact us using the information listed below. You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. If you file a complaint we will not retaliate against you for filing a complaint.

This notice was published and becomes effective on June 13, 2013

## CONTACT INFORMATION

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