BELMONT MEDICAL ASSOCIATES 1818-A RICHARDSON DRIVE REIDSVILLE, NC 27320 (336) 349-5040

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

Belmont Medical Associates is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. Belmont Medical is required by law to abide by the terms of this Notice.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED

We will use your medical information as part of rendering patient care. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for services rendered, and by administrative personnel reviewing the quality of care you receive.

We may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

Appointment Reminders

We may contact you to provide appointment reminders.

Treatment Information

We may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Department of Health and Human Services

We may disclose health information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

Family and Friends

Unless you object, we may disclose your medical information to family members, other relatives, or close personal friends when the medical information is directly relevant to that person's involvement with your care.

Notification

Unless you object, we may use or disclose your medical information to notify a family member, a personal representative, or another person responsible for your care of your location, general condition, or death.

Disaster Relief

We may disclose your information to a public or private identity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

Health Oversight Activities

We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events, and the conduct of public health surveillance, investigation, and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, and administrative and/or legal proceedings.

Abuse and Neglect

We may disclose your medical information when it concerns abuse, neglect, or violence to you in accordance with federal and state law.

Legal Proceedings

We may disclose your medical information in the course of certain judicial or administrative proceedings.

Law Enforcement

We may disclose your medical information for law enforcement purposes or other specialized governmental functions.

Coroners, Medical Examiners, and Funeral Directors

We may disclose your information to a coroner, medical examiner, or a funeral director.

Organ Donation

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Public Safety

We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Worker's Compensation

We may disclose your medical information as authorized by laws relating to worker's compensation or similar programs.

Business Associates

We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

AUTHORIZATIONS

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

Belmont Medical Associates 1818-A Richardson Drive Reidsville, NC 27320 (336) 349-5040-Angela Tuck

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and request copies of your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have a right to receive an accounting of the disclosures of your medical information made by Belmont Medical during the last six years (or following April 14, 2003), except for disclosures for treatment, payment or health care operations, disclosures which you authorized, and certain other specific disclosure types.
- You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain against us or request further information, please contact:

Belmont Medical Associates 1818-A Richardson Drive Reidsville, NC 27320 (336) 349-5040-Angela Tuck

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003.

REVISION OF THE NOTICE OF PRIVACY PRACTICES

We reserve the right to change the term of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised Notice at Belmont Medical and will make paper copies of the revised Notice of Privacy Practices available upon request.

BELMONT MEDICAL ASSOCIATES STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information to be Used or Disclosed The information covered by this authorization includes:					
Organization Authorized to Use or Disclose Information Information listed above will be used or disclosed by Belmont Medical Associates.					
Persons to Whom Information May be Disclosed Information described above may be disclosed to:					
Name of person or organization					
Name of person or organization					
Name of person or organization					
Expiration Date of Authorization This authorization is effective through/ unless revoked or terminated by the patient or the patient's personal representative.					
Right to Terminate or Revoke Authorization You may revoke or terminate this authorization by submitting a written revocation to Belmont Medical Associates. You should contact office manager Angela Tuck to terminate this authorization.					
Potential for Re-Disclosure Information disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may no be protected under federal privacy regulations.					
Signature					
Name of patient					
Signature of patient Date					
Signature of patient representative					
Relationship of patient representative to patient					