



American Health Research Network

Notice of Privacy Practices

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 the Privacy Officer, Kelly Woodell, at 704-697-1928.

Effective: September 12, 2013

Introduction

American Health Research is committed to protect the privacy of your personal health information (PHI).

This Notice of Privacy Practices describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment, or healthcare options. 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 you PHI.

American Health Research is required by law to maintain the privacy of Protected Health Information (PHI) and to provide our research participants with adequate notice of:

- The use and disclosure of PHI by American Health Research
- Research participants' right with respect to PHI
- American Health Research legal duties with respect to PHI

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.
- If requested, making copies of the new Notice available in our office or by mail.

Examples of How We May Use and Disclose PHI

If you agree to participate in one of our research studies, we will obtain your authorization to use and disclose your PHI for the purposes of conducting the study. The following are descriptions and examples of how we use and disclose PHI:

- **For treatment:** We may use and disclose PHI about you to coordinate or manage your health care services (Examples: Information that you provide to our research staff may be disclosed to physicians involved in your care; we may contact you to provide appointment reminders or to provide information about treatment alternatives or other information that may affect your decision to continue to participate in the study).
- **For payment:** We may give PHI about you to others to bill and collect payment for treatment provided to you (Example: We may inform the hospital about which services you received while participating in a study are study-related so that a third party reimbursement and other bills are processed correctly).
- **For health care operation:** We may use and disclose PHI in performing business activities. (Example: Our Quality Auditors may review information in your health care record to monitor the performance of the research staff in an effort to continually improve the quality and effectiveness of the research services we provide, or training new staff members).

We also may use or disclose PHI for the following purpose without your authorization:

- **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. (For example, we may be required to report gunshot wounds or suspected abuse about or neglect).
- **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. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **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.
- **Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **"Pre-screening" activities:** Prior to agreeing to participate in a study, we may review PHI (for example, your medical record and/or contact you) to determine if you meet basic eligibility requirements to participate. If so, one of our research staff would meet with you to explain the study to see if you want to participate.

Other uses and disclosures of your health information include:

- **Business Associates:** Some services are provided through the use of contracted entities call "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. (Examples of business associates include shredding companies, Information Technology Group)
- **Health Information Exchange:** We may make your health information available electronically and/or by mail to other health care 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 service that may improve your overall health.
- **Appointment reminders:** We may contact you as a reminder about upcoming appointments or treatment.

We may use or disclose your PHI in the following situations UNLESS you object:

- We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care. 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.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

The following uses and disclosures require your written authorization:

- Marketing

All other disclosure not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want you 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 of disclosure will occur.

Your Rights

You have the following rights pertaining to your PHI:

- **To revoke authorization:** Even if you have agreed to participate in a study and have given your authorization to use your PHI for this purpose, you may revoke this authorization at any time. If you revoke your authorization, you will be withdrawn from the study. Upon receipt of the written revocation, we will stop using or disclosing your PHI about you. However, once your information has been released, it is no longer protected and may be used or released by the recipient.
- **To obtain a paper copy of this Notice upon request:** You may request a paper copy of the Notice, or any revised notice, at any time by asking any American Health Research employee.
- **To request restriction:** You may request restrictions on certain uses and disclosures of PHI. However, we are not required to agree to the requested restriction.
- **To receive confidential communications:** You may request that we contact you about medical matters only in writing or at a different residence or post office box. To request a change in the confidential communication of PHI, you must submit a request in writing to the American Health Research contact person listed in the consent form. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.
- **To inspect and obtain a copy of your PHI:** You have the right to see a copy of PHI about you that is maintained by American Health Research. However, you might not be allowed to see these records until after the study has been completed.
- **To request an amendment of your PHI:** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it for as long as we maintain the PHI. To request an amendment, contact the American Health Research contact person listed in the consent form. You must include a reason that supports your request. In certain cases, we may deny your request for amendment for certain reasons, you have the right to file a statement of disagreement, and we may give a rebuttal to your statement.
- **To receive an accounting to disclosures of PHI:** You have a right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 for some purposes, not including treatment, payment, or health care operations. The accounting will exclude certain other disclosures, such as disclosures made directly to you, disclosures you authorized, disclosures to friends and/or family members involved in your care, and disclosures that have been approved by the Institutional Review Board or Privacy Board. To request an accounting, you must submit a request in writing to the American Health Research contact person listed in the consent form. Your request must specify the time period, but may not be longer than six years. You may be charged for the cost of providing such an accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.
- **To complain:** If you believe your privacy rights have been violated, you may file a complaint with American Health Research or to the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. Your complaint must be submitted in writing no later than 180 days from the perception of a violation related to your PHI.

To file a complaint to the Secretary of the Department of Health and Human Services, use the following address:

Office of the Secretary
US Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
Phone: (404) 562-7886

- **To request more information:** If you have questions or would like additional information about our privacy practices, you may contact us at the address below.

American Health Research
HIPAA Officer
1918 Randolph Rd. Suite: 440

Charlotte, NC 28207
Phone: (704) 926-8030

Our Right and Duties

We have the following right and duties with regard to PHI:

- **To abide by this notice:** We are required to abide by the terms of the notice currently in effect.
- **To change the terms of this notice:** We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. You may request an updated notice at any time.

This notice was published and becomes effective on September 23, 2013.

