

**TRYON URGENT CARE  
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.

This notice of Privacy Practices describes how Tryon Urgent Care (We) may use and disclose your "protected health information" (PHI) to carry out treatment, payment and/or healthcare operations and for other purposes that are permitted or required by law. It describes your right to access and controls your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related healthcare services.

We are required to maintain the privacy of your health information and to provide you with a notice as to our legal duties and privacy practices with respect to information collected and maintained about you. We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of our notice at any time. Any new notice will be given to you upon your request and will be effective for all PHI we maintain at that time.

**HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe ways we may use or disclose your protected health information. There are explanations of what we mean for each category of uses and disclosures.

**Treatment, payment and healthcare operations**

Federal law permits Tryon Urgent Care to use and disclose your PHI without your authorization or consent for the purposes of treatment, payment and healthcare operations.

**\*Treatment**

We may disclose PHI to other healthcare providers who are responsible for your medical treatment. For example we may provide other physicians, upon request, copies of various information to assist him/her in treating you.

**\*Payment**

We may use or disclose information about you to determine coverage eligibility for insurance plan benefits, obtain co-payment/coinsurance amounts and to facilitate payment for the treatment/services you receive from our healthcare providers.

**\*Healthcare Operations**

Healthcare operations refer to business functions undertaken by Tryon Urgent Care. Operations may include referral/specialist, appointment schedule/reminders, recommending treatment alternatives and /or providing information regarding services that may be of interest to the individual. Information may be disclosed for purposes of medical review, legal services, audit services, and fraud and abuse detection programs. We will share your protected health information for purposes of claim administration on behalf of your medical insurance plan.

**Other uses and disclosures permitted without authorization**

Federal law allows Tryon Urgent Care to disclose PHI without your authorization or consent in the following ways:

- \* To you or a personal representative designated by you or designated by law to act for you.
- \* To the Secretary of Health and Human Services or any employee of HHS as part of an investigation to determine our compliance with Federal Privacy laws.
- \* To the State Medical Review Board to respond to inquires/investigations of our practice or request for audit.
- \* In response to a court order, subpoena, discovery requests or other lawful judicial or administrative proceeding.
- \* As required for law enforcement purposes. For example, to notify authorities of a criminal act.
- \* As required by law.
- \* As required to comply with Worker's Compensation and/or other similar programs established by law.

**YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION**

**Right to Request Restrictions on Uses and Disclosures**

You have the right to request Tryon Urgent Care to limit its uses and disclosures of PHI in relation to treatment, payment or healthcare operations. You also have the right to restrict the disclosure of PHI to family members or personal representatives. Any such request must be in writing and must state the specific restriction and to whom it applies.

**Right to Access Your Protected Health Information**

You have the right to copies of your PHI following the procedures of Tryon Urgent Care. Federal law prohibits you from having access to psychotherapy notes: information for use in a civil, criminal or administrative action or proceeding. If your request for access is denied you may file a written complaint to:

US Department of Health and Human Services 200 Independence Ave. SW Washington, DC 20201

Federal law indicates you read and sign this Notice as notification of your right to an accounting and disclosure rights pertaining to Private Health Information after April 14, 2003.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name (Please print)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian for Minor

\_\_\_\_\_  
Date