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NOTICE OF PRIVACY PRACTICES: PATIENT SUMMARY

We understand that medical information about you is personal. We are committed to protecting medical information about you. Batish Family Medicine employees are committed to protecting your personal health information and privacy.

We will use your information to provide you care and treatment, create a record of the care and services you receive, bill your insurance in a timely fashion and operate our facility in a diligent manner.

We will safeguard your information and share it only with those who need or are entitled to know. We will obtain your permission for other use or disclosure.

You may ask to see, change, restrict or obtain a copy of your information and file a formal complaint if we fail to assure your privacy or information confidentiality.

For more details, please read this Notice of Privacy Practices.

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 or privacy complaints please contact the privacy officer at (910) 383-1500 or email at christine@batishfamilymedicine.com.

Batish Family Medicine provides health care to our patients in partnership with physicians and other professionals and organizations involved in your care, including:

- Any health care professional who treats you at any of our locations.
- All departments and units of our organization, including all off-campus units or departments.
- All staff or volunteers of our organization.
- Any business associate or partner of Batish Family Medicine with whom we need to share your health information.

We are required by law to:

- Keep medical information about you private.
- Provide you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the most stringent state or federal law.
- Abide by our currently published Notice of Privacy Practices.

We may change our policies at any time. Changes will apply to medical information we already have. Before we make a significant change to our policies, we will change our notice and post the new notice in waiting areas and exam rooms. You may receive a copy of the current notice at any time. You will be offered a copy of the current notice at the time you are admitted for treatment. You will also be asked to acknowledge your receipt of this notice in writing.

How we may use and disclose medical information about you.

- We may use and disclose medical information about you for treatment (example, sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (example, sending billing information to your insurance company or Medicare); and to support our health care operations (example, using patient information to improve quality care.)
- We may use and disclose medical information about you without your authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, funeral arrangements, organ donation, workers compensation purposes and emergencies.