



TRYON MEDICAL PARTNERS®

PRIVACY PRACTICES

Effective May 15, 2024

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

WHO FOLLOWS THIS NOTICE

This Notice is followed by Tryon Medical Partners, PLLC and its affiliated covered entities (ACE), which include healthcare facilities and other practitioners that are under our common ownership or control.

Members of the ACE are Tryon Endoscopy Center, Gaston Medical Group, and Mecklenburg Multispecialty Group, PLLC. These locations share information with each other as necessary to carry out treatment, payment, healthcare operations, and other purposes described in this Notice. Our employees, volunteers, and contractors also follow this Notice while they are handling your patient information for us or while providing healthcare services at our locations. Note that independent practitioners are legally separate and responsible for their own acts; Tryon Medical Partners is not responsible for how they provide care or handle your information.

Tryon Medical Partners may participate in organized health care arrangements (OHCAs) from time to time, including Tryon ACO, LLC. These arrangements allow us to share information with other entities and practitioners that participate in a clinically integrated setting. We do this to provide better care and achieve value; for treatment, payment, and health care operations purposes; and, for joint activities of the participating entities and clinicians. Please see our Privacy Page for an updated and current list of participation in such arrangements.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared your information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- This Notice may be obtained electronically from our website. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to share information with your family, close friends, or others involved in your care.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we will not share your information unless you give us written permission:

- Marketing purposes other than face to face communication.
- Sale of your information.
- Use or disclosure of psychotherapy notes for purposes other than treatment, training, or defending Tryon in a lawsuit brought by you.
- Any uses or disclosures not described in this Notice will be made only with your written authorization.
- In addition, other types of information may have greater protection under federal or state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others; we may seek that permission if permitted by law.

You may revoke an authorization for disclosure in writing at any time. If you have any questions about this, contact Tryon's Privacy Official, whose contact information is provided at the end of this Notice.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES**How do we typically use or share your health information?**

We typically use or share your health information in the following ways without the need for your consent.

Treat you

- We can use your health information and share it with other professionals who are treating you.
- *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- *Example: We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease and reporting immunizations
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Disasters and disaster relief
 - To avoid serious threat to health or safety of you or the public



Conduct research

We may use your information to conduct research designed to develop or contribute to knowledge to benefit you. All research projects will also undergo a special approval process that balances the research needs with your privacy and safety. We may disclose your information to researchers solely to prepare their research. Finally, researchers will not contact you unless you give express permission for them to do so. To see who we share your information with to conduct research, please see our Privacy Page on our website.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.
- We may also disclose information about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability determinations of the Department of State.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when a patient dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Electronic Records and Health Information Exchanges

- Your health information will be stored in our electronic medical record. The medical record we maintain may include information from other health care practitioners you see who participate in health information exchanges and/or clinically integrated networks. This allows all your healthcare practitioners, including Tryon, to exchange health information for treatment purposes.
- Tryon may provide your health care information to health information exchanges ("HIEs") in which we participate.
- An HIE is a database where other health care practitioners can access your medical information from wherever they are if they are members of the HIE.

These practitioners may include your doctors, nursing facilities, home health agencies, or other clinicians who care for you.

- For example, you may be traveling and have an accident in another part of the state. If the doctor treating you is a member of an HIE in which we participate, he or she could access the information about you that was contributed. Accessing information (like medical history, allergies, or prescriptions) on an HIE can help your doctor quickly give you well-informed care.

To find out which HIEs Tryon participates in, please visit our Privacy page on our website.

Opting Out of All Record Sharing

If you do not want your medical information to be shared with any other health care practitioners outside Tryon, please ask us to provide you with record-sharing opt out forms. After you submit the forms, it may take several days for the opt out to go into effect. Please note that if you opt out, your clinicians may not have the most recent information about you which may affect your care.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and will give you a copy of this policy upon request.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

Tryon Medical Partners, PLLC

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Suite 500
Charlotte, NC 28210

Privacy official: Katie Dever, 704 489 3376

