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## NOTICE OF PRIVACY PRACTICES

Effective Date (November 3<sup>rd</sup>, 2006)

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, it looks complicated but is required by law. If you have any questions about this notice, please contact:

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I am required by law to:

- 1) Maintain the privacy of protected health information
- 2) Give you this notice of legal duties and privacy practices regarding your health information
- 3) Follow the terms of the notice currently in effect.

### HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Except for the following purposes, I will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to Robin Stone, M.D.

**Treatment:** I may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, I may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment:** I may use and disclose your health information so that I may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, I may give information to your health plan so that they will pay for your treatment.

**Healthcare Operations:** I may share health information about you with business associates who are performing services on my behalf. For example, I may contract with a company to service and maintain my computer systems, or to do my billing. My business associates are obligated to safeguard your health information. I will share with my business associates only the minimum amount of personal health information necessary for them to assist me.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services:** I may use and disclose your health information to contact you and remind you of your appointment, to tell you about treatment alternatives or health-related benefits and services you might be interested in.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, I may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). I may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.

**As Required by Law:** I will disclose your health information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** I may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

**Military and Veterans:** If you are a member of the armed forces, I may release your health information as required by military command authorities. If you are a member of a foreign military I may release your health information to the foreign military command authority.

**Public Health Risks:** I may disclose your health information for public health activities to prevent or control disease, injury or disability. I may use your health information in reporting births or deaths, suspected child abuse or neglect, medication reactions or product malfunctions or injuries, and product recall notifications. I may use your health information to notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If I am concerned that a patient may have been a victim of abuse, neglect, or domestic violence I may ask your permission to make a disclosure to an appropriate government authority. I will make that disclosure only when you agree or when required or authorized to do so by law.

**Health Oversight Activities:** I may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary to for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, I may disclose your health information in response to a court or administrative order. I may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** I may release your health information request by law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, I am unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on my premises; and 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

**Coroners, Medical Examiners, and Funeral Directors:** I may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstance.

**National Security and Intelligence Activities:** I may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Right to Inspect and Copy:** You have the right to inspect and copy your medical and billing records by written request to Robin Stone, MD.

**Right to Amend:** You have the right to request an amendment to your records by written request to Robin Stone, MD.

**Right to an Accounting Of Disclosures:** You have a right to an accounting of certain disclosures by written request to Robin Stone, MD.

**Right to Request Restrictions:** You have the right to request restriction or limitation on your health information used for treatment, payment or health care operations. You may request me to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to Robin Stone, MD.

**Right to Request Confidential Communication:** You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that I contact you only by mail or at work. Your written request must specify how or where you wish to be contacted and be addressed to Robin Stone, MD. I will accommodate reasonable requests.

## **PSYCHOTHERAPY NOTES**

Psychotherapy notes may be disclosed only after you have given written authorization to do so. (Limited exceptions exist eg: in order for me to prevent harm to yourself or others, and to report child abuse/ neglect) You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment, or enroll in a health plan. Psychotherapy notes are also not among the records which you may request to review or copy. If you have any questions, feel free to discuss this subject with me.

## **CHANGES TO THIS NOTICE**

I may change this notice and make it effective for medical information I already have about you as well as new information. The current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request to Robin Stone, M.D.