



## NOTICE OF PATIENT INFORMATION PRACTICES

This Notice describes how your medical information may be used or disclosed and how you can get access to that information. Please review this document carefully.

### OUR LEGAL DUTY

Cornerstone Family Medicine, PLLC, located at 326 North Market Street, Washington, NC, (Cornerstone) is required by laws to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

### USES AND DISCLOSURES OF HEALTH INFORMATION

Cornerstone uses your personal health information primarily for treatment and obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Cornerstone may use your personal health information to contact you to provide appointment reminders, and information about treatment options, or other health related benefits.

Cornerstone may also use or disclose your personal health information without prior authorization for public health purposes, auditing purposes, research studies, and for emergencies. We also provide information when required by law.

In any other situation, Cornerstone's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosure at any time.

Cornerstone may change its policy at any time. When changes are made, a new notice of information practices will be made available to you. You may also request an updated copy of our Notice of Information Practices at any time.

### PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, and administration purposes, except when specifically authorized by you, when required by law, or in emergency circumstances. Cornerstone will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

### CONCERNS AND COMPLAINTS

If you are concerned that Cornerstone may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice at the address listed below. You may also send a written complaint to the US Department of Health and Human services. For further information concerning Cornerstone's health information practices, or if you have a concern, please do not hesitate to contact our practice with attention to: [info@cornerstonemedicine.org](mailto:info@cornerstonemedicine.org).