



# NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

**Effective Date:** March 1, 2025

## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Your health information is personal, and TeamWork Health PLLC is committed to protecting it. This notice of privacy practices explains the following:

- How we may use and disclose your medical information
- Your rights and how you can access this information

## YOUR RIGHTS

When it comes to your health information, you have certain rights. You have the right to:

- **Access Your Records:** Request to see or obtain a copy of your paper or electronic medical records.
- **Request Corrections:** Ask us to correct any inaccurate or incomplete information.
- **Request Confidential Communications:** Specify how you would like to be contacted (e.g., home or office phone, different mailing address).
- **Request Restrictions:** Ask us to limit what we share, though we may not always be able to comply.
- **Get a List of Disclosures:** Receive an accounting of whom we have shared your information with and why.
- **Obtain a Copy of This Notice:** Request a paper or electronic copy at any time.
- **Appoint a Representative:** Designate someone to act on your behalf regarding your health information.
- **File a Complaint:** If you believe your privacy rights have been violated, you can file a complaint without fear of retaliation.

## YOUR CHOICES

For certain health information, you have a say in how we share your information. This includes:

- Sharing information with family, friends, or others involved in your care.
- Disclosing information for disaster relief.
- Including your name in a hospital directory.
- Using your information for marketing or fundraising purposes (we will only do so with your written permission).
- As part of our commitment to providing efficient high-quality care, our clinical team is supported by a Virtual Medical Assistant during your visit. The VMA is a trained HIPAA compliant team member who assist with documentation, coordination and care planning



under the supervision of your provider and will be present virtually in the exam room during your visit. Their presence is solely to enhance the accuracy and efficiency of your visit.

If you are unable to express your preferences, we may share your information if it is in your best interest or necessary to prevent a serious health or safety threat.

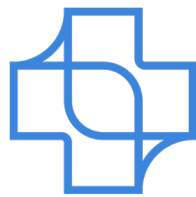
### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We typically use or share your health information in the following ways:

- **Treatment:** We may use and disclose your information to coordinate and provide your medical care.
- **Billing & Payment:** We may use and disclose your information to obtain payment from insurers or other responsible parties.
- **Healthcare Operations:** We may use and disclose your information for internal operations, such as quality improvement and staff training.
- **Public Health & Safety:** We may disclose your information as required by law for public health activities, such as disease prevention, reporting abuse, or reducing serious threats to safety.
- **Legal Compliance:** We may share your information in response to court orders, subpoenas, or other legal processes.
- **Research:** Under specific conditions, we may use and disclose medical information for research purposes.
- **Business Associates:** We may share your information with third-party vendors who help us provide healthcare services, provided they agree to safeguard your information.
- **Organ & Tissue Donation:** We may share information with organ procurement organizations as required.
- **Medical Examiner or Funeral Director:** We may share information with coroners, medical examiners, or funeral directors when necessary.
- **Workers' Compensation & Law Enforcement:** We may use or share information for workers' compensation claims, law enforcement requests, or government-mandated purposes.

### **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly in the event of a breach that may have compromised your information.
- We will only use or share your information as described in this notice unless you give us written permission.



**TEAMWORK HEALTH**  
BETTER TOGETHER

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- If you give us permission to use your information in a way not covered in this notice, you can change your mind at any time by notifying us in writing.

For more details, visit:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice of Privacy Practices. The changes will apply to all medical information we maintain. We will post the revised notice in our office and on our website.

By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please call (919) 883-1583 if you have questions regarding this policy document.  
For questions regarding your bill, please e-mail [billing@twhasg.com](mailto:billing@twhasg.com).*