

condition or death. If you are present prior to the use or disclosure of your protected health information, we will provide you with the opportunity to object to such uses or disclosures. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or others involved in your health care.

Emergencies: In the event of your incapacity or in emergency circumstances, we may use or disclose your protected health information to treat you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include: Required by Law: Legal Proceedings: Law Enforcement: Public Health: Abuse or Neglect: Military Activity and National Security: Inmates:

Your Rights

Your rights with respect to your protected health information and how you may exercise those rights are outlined below.

- You have a right to obtain a copy and/or inspect your health information:
 - You have a right to request a restriction on the use and disclosure of your protected health information:
 - You have a right to request to receive confidential communications by alternative means or at an alternative location.
 - You may have the right to request an amendment to your protected health information.
 - You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
 - You have the right to obtain a paper copy of this notice from us, upon request.
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Questions and Complaints

If you have any questions, concerns or want more information about our privacy practices please contact us using the information below.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we have made regarding your access to your health information or any other request you have made in the exercise of your rights, you may send your complaint to us using the information below. You may also submit a written complaint to the Secretary of Health and Human Services. Contact us for the address of the Department of Health and Human Services.

We support your right to the privacy of your health information and we will not retaliate against you in any way for filing a complaint.

Contact Office or Official Privacy Officer

Phone (336) 498-2404

**Address: 215 West Naomi Street
Randleman, NC, 27317**

This notice was published and becomes effective on April 15, 2003.