

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how your medical information may be used and disclosed and how you may obtain access to this information. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a Federal program that requests all medical records and other identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally be kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information (PHI) is used. HIPAA provides penalties for covered entities that misuse personal health information.

Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents for those services. **With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations.**

Treatment means providing, coordinating, or managing health care and related services by one or more healthcare provide.

Example of the use of your health information for treatment purposes: A nurse obtains treatment information about you and records it in a health record. During the course of your treatment, the doctor determines a need to consult with another specialist in the area. The doctor will share the information with such specialist and obtain input.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.

Example of the use of your health information for payment purpose: We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding medical care given. We will provide information to them about you and the care given.

Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service.

Example of the use of your information for Health Care Operations: We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

The practice may also disclose your personal health information for law enforcement and other legitimate reasons although we shall do our best to assure its continued confidentiality to the extent possible. We may contact you by phone or in writing, to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, in addition to other fundraising communications, that may be of interest to you. You do have the right to "opt out" with respect to receiving fundraising communications from us. The use and disclosure of personal health information for marketing and sale purposes does require patient authorization, which also can be revoked.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the practice, however the information in them belongs to you. You have the right to:

- A. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with and request granted.
- B. Obtain a paper copy of this Notice of Privacy Practices for Protected Health Information by making a request at our office.
- C. Request that you be allowed to inspect and copy your health record and billing record (you may exercise this right by delivering the request in writing to our office).
- D. Appeal a denial of access to your protected health information except in certain circumstances.
- E. Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office.
- F. File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- G. Obtain an accounting of disclosures of your health of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures, made to family members or friends in the course of providing care.
- H. Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office.
- I. The right to be advised if your unprotected personal health information is intentionally or unintentionally disclosed.
- J. Review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. If you want to exercise any of these rights, please contact Monica Mitchell, our HIPAA Compliance Officers, during normal business hours. Her contact information is as follows:

Kent Stewart, HIPAA Compliance Officer
5243 Snapfinger Woods Drive, Suite 106, Decatur, GA 30035
Phone: 770-981-9400
Fax: 770-987-8720

If you have paid “out of pocket” in full for services and you request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are permitted by law to make a disclosure.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI. The practice is required to:

- A. Maintain the privacy of your health information as required but law
- B. Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you
- C. Abide by the terms of this Notice
- D. Notify you if we cannot accommodate a requested restriction or request
- E. Accommodate your reasonable requests regarding methods to communicate health information with you

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have any questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Monica Mitchell. Additionally, if you believe your privacy rights have been violated, you may file a written complaint addressed to Monica Mitchell. You may also file a complaint by mailing it to the Secretary of Health and Human Services at the following address:

Secretary Tom Price, U.S. Department of Health & Human Services, 200 Independence Ave, Washington D.C. 20201

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the practice. We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

OTHER DISCLOSURES AND USES

- Notification:** Unless you object, we may use or disclose or PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.
- Communication with Family:** Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person’s involvement in your care or in payment for such care if you do not object or in an emergency.
- Food and Drug Administration:** We may disclose to the FDA your PHI relating to adverse events with respects to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.
- Workers Compensation:** If you are seeking compensation through Workers Compensation, we may disclose your Protected Health Information to the extent necessary to comply with laws relating to Workers Compensation.
- Public Health:** As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Abuse and Neglect:** We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- Law Enforcement:** We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in a case involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.
- Health Oversight:** Federal law allows is to release your protected health information to appropriate health oversight agencies or for health oversight activities.
- Judicial/Admin Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceedings as allowed by or required by law, with your consent, or as directed by proper court order.
- Other Uses:** Other uses and disclosures besides those identified in the Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.
- Website:** As we maintain a website that provides information about our entity, this Notice will be on the website posted and clearly marked.

This notice is effective as of April 7, 2014 and it is our intention to abide by the terms of the **NOTICE OF PRIVACY PRACTICES AND HIPAA REGULATIONS** currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all Protected Health Information that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.