

Notice of Health Information Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At **PEACHTREE NEUROLOGICAL CLINIC** we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4/1/03 and applies to all protected health information as defined by federal regulations. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your individually identifiable health information (IIHI).

We realize that these laws are complicated, but we must provide you with the following information:

- .. How we may use and disclose your IIHI
- .. Your privacy rights in your IIHI
- .. Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

Each time you visit **PEACHTREE NEUROLOGICAL CLINIC** a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record and containing your individually identifiable health information may be used and disclosed in the following ways:

- 1. Treatment.** Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment.

2. **Payment.** Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
3. **Appointment Reminders.** Our practice may use and disclose your IIHI to contact you and remind you of an appointment. For example, we may contact the home telephone number or business telephone number you provide to us on your patient information form and leave a message on your answering machine reminding you of an upcoming appointment in our office.
4. **Treatment Options.** Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives.
5. **Health-Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
6. **Release of Information to Family/Friends.** Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.
7. **Disclosures Required by Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

There are other unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information relating to public health issues.
2. **Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities authorized by law.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official for the following: regarding a crime victim in certain situations if we are unable to obtain the person's agreement, concerning a death we believe has resulted from criminal conduct, regarding criminal conduct at our offices, in response to a warrant, summons, court order, subpoena or similar legal process, to identify/locate a suspect, material witness, fugitive or missing person or in an emergency to report a crime.
5. **Research.** Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes.
6. **Workers' Compensation.** Our practice may release your IIHI for workers' compensation and similar programs.

YOUR RIGHTS REGARDING YOUR IIHI

Although your health record is the physical property of PEACHTREE NEUROLOGICAL CLINIC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record. You must submit your request in writing to Privacy Officer, 95 Collier Road, Suite 4045, Atlanta, GA 30309, in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
- Amend your health record. You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Privacy Officer, 95 Collier Road, Suite 4045, Atlanta, GA 30309. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.
- Obtain an accounting of disclosures of your health information. All of our patients have the right to request an "accounting of disclosures", which is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. **Use of your IIHI as part of the routine patient care in our practice is not required to be documented.** In order to obtain an accounting of disclosures, you must submit your request in writing to Privacy Officer, 95 Collier Road, Suite 4045, Atlanta, GA 30309. All requests for an "accounting of disclosure" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.

- Request a restriction on certain uses and disclosures of your information. You have the right to request a restriction in our use of disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. If you wish to request a restriction, we can provide you with a form on which to do so.
- Right to file a complaint. If you believe your privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Privacy Officer, 404-351-2270**. All complaints must be submitted in writing to Peachtree Neurological Clinic, **95 Collier Road, Suite 4045, Atlanta, GA 30309**. **You will not be penalized for filing a complaint.**

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Privacy Officer at 404-351-2270**.

Notice of Privacy Policies Revision Number 1