

Hope Health Clinic of Spalding County, Inc.

Notice of Privacy Practices

Effective Date: April 14, 2003

Revised: October 8, 2014

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Please contact the Privacy Officer at 678-688-8700 if you have any questions about this Notice.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your Protected Health Information. We will follow the terms outlined in this Notice of Privacy Practices. We may change the terms of our Notice, at any time. Any changes will apply to all Protected Health Information. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a copy be sent to you in the mail or by asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

We may use or share your protected health information to provide health care treatment for you.

Your Protected Health Information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Treatment: Your Protected Health Information may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose or treat you. We may also share your Protected Health Information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. We may also share your Protected Health Information with people outside of our practice that may provide medical care for you such as home health agencies.

Payment: We may use and disclose your Protected Health Information to obtain payment for services. We may provide your Protected Health Information to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for. Protected Health Information may be shared with billing companies, insurance companies, health plans, and Government agencies in order to assist with qualification of benefits and Collection agencies.

Healthcare Operations: We may use or disclose, as-needed, your Protected Health Information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities and training of medical students.

For example, we may disclose your protected health information for training students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve their skills. We may also use your protected health information for quality improvement processes which look at delivery of health care and for improvement in processes which will provide safer, more effective care for you and to assist in resolving problems or complaints within the practice.

In addition, we may use a sign-in sheet at the registration desk where you will be asked to print your name and time of visit. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment and, if you are unavailable, we may leave the information with another member of your household or on your voice mail.

We will share your protected health information with third party "business associates" that perform various duties (e.g., lab services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and disclosures of Protected Health Information that Require Your Written Authorization:

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclosure will occur. All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

We may use or disclose your Protected Health Information in the following situations UNLESS you object.

We may share your information with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss instructions for your care with the person who drove you to the facility unless you tell us specifically not to share the information. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

We may use and disclose your Protected Health Information in other situations without your permission:

Required By Law: We may disclose your protected health information in compliance with the law.

Public Health Activities: We may disclose your protected health information for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Health Oversight Agencies: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose your protected health information to assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.

Law Enforcements: We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal process and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct (5) in the event that a crime occurs on the premises of the practice and (6) medical emergency and it is likely that a crime has occurred.

Coroners and Funeral Directors: We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Medical Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Special Government Purposes: We may disclose your protected health information for national security purposes, or if you are a member of the military, to the military under limited circumstances.

Correctional Institutions: We may disclose your protected health information if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

2. Your Privacy Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and obtain a copy of your protected health information.

You may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have any questions about access to your medical record.

If requested we will provide you a copy of your records in an electronic format. We may charge you a reasonable cost based fee for a copy of the records.

You have the right to request a restriction of your protected health information.

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in you care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclose your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we will honor the restriction request unless the information is needed to provide emergency treatment.

You have the right to request for us to communicate in different ways or in different locations.

We will accommodate reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You may have the right to request an amendment of your health information.

You may request an amendment of your protected health information if you feel that the information is not correct for as long as we maintain this information, along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement. We will provide you a copy of this rebuttal. Please contact our Privacy Officer if you have any questions about amending your medical record.

You have the right to a list of people or organizations who have received your health information from us.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may made to you, to family members or friends involved in your care, as a result of an authorization signed by you or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations. If you request more than one list within a 12 month period you may be charged a reasonable fee.

3. Additional Privacy Rights

You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible. You have a right to receive notification of any breach of your protected health information.

4. Complaints

If you think we have violated your rights or you have a complaint about our privacy practices you can contact our Privacy Officer at 678-688-8700. You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on April 13, 2003.