

## **HIPAA Notice of Privacy Practices**

### **North Atlanta Cardiology, P.C.**

2870 Ronald Reagan Blvd, Suite 200

Cumming, GA 30041

Phone: 404-994-4561 Fax: 404-994-4562

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information. We 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 PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

#### **We Have the Right To:**

1. Change our privacy practices and the terms of this notice at any time, provided the changes are permitted by law. 2. Make the changes in our privacy practices and the new terms of our notice effective for all records created or retained containing your PHI that we keep, including information previously created before the changes. You may request a copy of our privacy notice at any time.

#### **Use and Disclosure of your Protected Health Information (PHI) in Certain Circumstances:**

The following section describes different ways that we use and disclosure will be listed. We will not use or disclosure your medical information for any purpose not listed below, without specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

#### **For Treatment:**

We may use your PHI to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other people or facilities that are taking care of you. We may also use and disclose your PHI to other health care providers to assist them in treating you or may become involved in your care.

#### **Payment:**

Our practice may use and disclose your PHI 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 may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

#### **For Health Care Operations:**

We may use and disclose your PHI for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and obtaining accreditation, certificates, licenses and credentials we need to service and treat you.

#### **Notification:**

We may use and disclose PHI to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your general condition, location or death. If you are present, we will obtain your permission if possible before we share, or give you the opportunity to refuse permission. In case of an emergency, and if you are not able to refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgement. We will also use our professional judgement to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

**Disaster Relief:**

We may share your PHI with a public or private organization or person who can legally assist in disaster relief efforts.

**Research:**

Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when The Institutional Review Board (IRB) has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to the individual's privacy based on the following: (a) an adequate plan to protect the identifiers from improper use and disclosure; (b) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (c) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

**Coroner, Medical Examiner, Funeral Director:**

To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

**Specialized Government Functions:**

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective service for the President and other, for medical suitability determinations for the Department of State, for correctional institutions, and other law enforcement custodial situations, and for government programs providing public benefits.

**National Security:**

Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

**Court Orders and Judicial and Administrative Proceedings:**

Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI 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

**Public Health Activities:**

Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of Maintaining vital records, such as births and deaths. Reporting child abuse or neglect. Preventing or controlling disease, injury, or disability. Notifying a person regarding potential exposure to a communicable disease. Notifying a person regarding a potential risk for spreading or contracting a disease or condition. Reporting reactions to drugs or problems with products or devices. Notifying individuals if a product or device they may be using has been recalled. Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees, or we are required or authorized by law to disclose this information. Notifying your employer under limited circumstances related primarily to workplace injury, illness, or medical surveillance.

**Victims of Abuse, Neglect, or Domestic Violence:** We may use and disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your PHI it is necessary to prevent a serious threat to your health or safety of others. We help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

**Workers Compensation:**

Our practice may release your PHI for workers' compensation and similar programs.

**Health Oversight Activities:**

Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**Law Enforcement:**

Under certain circumstances, we may release PHI if asked to do so by a law enforcement official. 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. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)

**Your Individual Rights:**

You have the following rights regarding the PHI that we maintain about you:

1. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to North Atlanta Cardiology, P.C. specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests.
2. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI 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. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to North Atlanta Cardiology, P.C. Your request must describe in a clear and concise fashion, the information you wish restricted. Whether or not you are requesting to limit our practice's use, disclosure, or both. To whom you want the limits to apply.
3. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to North Atlanta Cardiology, P.C. in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and your amendment request be submitted within 30 days of your office visit. To request an amendment, your request must be made in writing and submitted to North Atlanta Cardiology, P.C. 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, accurate and complete. Not part of the PHI kept by or for the practice. Not part of the PHI which you would be permitted to inspect and copy. Not created by our practice, unless the individual or entity that created the information is not available to amend the information.
5. All of our patients have the right to request an accounting of disclosures. A list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor shares information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to North Atlanta Cardiology, P.C.

6. If you wish to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact North Atlanta Cardiology, P.C.

**Questions and Complaints:** If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with our practice administrator or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact North Atlanta Cardiology, P.C. All complaints must be submitted in writing. You will not be penalized for filing a complaint.