

Athena Medical Clinic and Sleep Medicine Associates HIPAA – Notice of Privacy Practices

**This notice describes how medical information about you may be used
and disclosed and how you can get access to this information.**

Effective April 10, 2016

To request confidential communications, you must request in writing to our Privacy Officer or designee. We will accommodate your request if it is reasonable.

Athena Medical Clinic and Sleep Medicine Associates of Athens is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Right to Paper copy of This Notice: You may request us to give you a copy of this notice. To obtain a paper copy of this notice, contact our Privacy Officer or designee.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in our practice. The notice will contain the effective date on the first page.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with our practice. Contact Athena Medical Clinic / Sleep Medicine Associates Privacy Officer at 706-850-6383. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

Other Uses of Medical Information. Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide permission to use or disclose medication about you, you may revoke your permission in writing; we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care we provide to you.

Who Will Follow This Notice. This notice describes our practice's procedures and that of

- Any health care professional authorized to enter information into your medical record,
- All departments and units of our practice,
- Any member of a volunteer group we allow to help you while you are in our practice, and
- All employees, staff and other practice personnel.

Our Pledge Regarding Your Health Information. We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive at our practice, as well as records regarding

payment for those services. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice doctors and/or personnel working for the practice.

We are Required by Law To:

- Make sure that medical information that identifies you is kept private,
- Make available to you this notice of our legal duties and privacy practices with respect to medical information about you, and
- Follow the terms of the notice that is currently in effect.

How We May Use and disclose Health Information About You. The following categories describe different ways that we use and disclose your health information. For each category of uses or disclosure, we will explain what we mean and try to give some examples. Not every possible use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **Treatment:** We may use health information about you to provide you with medical treatment or service. We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you. For example, we may need to share information with another doctor. Our practice also may share medical information about you in order to coordinate the different things you need, such as prescriptions and lab work.
- **Payment:** We may use and disclose health information about you so that the treatment and services you receive at our practice may be billed and that payment may be collected from you, an insurance company or another third party. For example, we may need to give your health plan information about services that you received at our practice so your health plan will pay us or reimburse you for services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you for the practice's health care operations. These uses and disclosures are necessary to run our practice and to make sure that all patients receive quality care. For example, we may use your medical information to review our treatment and service and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services our practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, residents and other practice personnel for review and training purposes. We may also disclose your information, in conducting or arranging other business activities of the practice. We may also disclose information as part of a sale, transfer, merger or consolidation of our practice to another entity covered by the Privacy Rule. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and service we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patient's name.

- **Appointment Reminders.** We may disclose information, if needed, to contact you to remind you of your appointment.
- **Treatment Alternatives.** We may use and disclose medical information to inform you of recommended possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits of Service.** We may use and disclose medical information to tell you of health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or in Payment for Your Care.** Unless you object in writing, we may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be informed about your condition and location.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations:

- **Research.** We may also do research using your records, but only if a legally authorized review board gives us permission to use your information and provided the researcher agrees to use safeguards to protect your information.
- **Organ and Tissue Donation.** If you are an organ donor, we may release your medical information, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose information to the Department of Veterans Affairs to determine if you are eligible for certain benefits.
- **Workers' Compensation.** If applicable, we may release your medical information to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risk.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability,
 - To report death,
 - To report reactions to medications or problems with products,
 - To notify people of recalls of products they be using,
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and
 - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when we are required/authorized by law.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable civil rights law.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process,
 - To identify or locate a suspect, fugitive, material witness or missing person,
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement,
 - About a death we believe may be the result of criminal conduct,
 - About criminal conduct at our offices, and
 - In emergency circumstances to report crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of our practice to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials in order for protection to be provided to the President, other authorized persons or foreign heads of state or conduct special investigations.

Your Rights Regarding Your Medical Information

You have the following rights regarding your medical information that we maintain:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This information usually includes medical and billing records, but does *not* include psychotherapy notes and other mental health records. To inspect and have copied medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer or designee. Either an appointment will be made for you to sit down with the Privacy Officer to review your information or you will receive a denial. You may request that the denial be reviewed. We comply with the outcome of the review.
- **Right to Amend.** If you feel the medical information we have about you is incorrect or incomplete, you may request the information be amended. You have the right to request an amendment 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 our Privacy Officer or designee. In addition, you must provide a reason that supports your request.

- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us,
 - Is not part of the medical information kept by or for our practice,
 - Is not part of the information which you would be permitted to inspect and have copied, or
 - Is accurate and complete.
- **Right to and Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer or designees. Your request must state a time period which may not start more than six years in the past and may not include dates before April 20, 2009. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations purposes. You may also request a limit on the medical information we disclose about you to someone who is involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer or designee. In your request you must include:

 1. What information you want to limit,
 2. If you want to limit our use, disclosure or both, and
 3. To whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we only contact you by mail or by home phone.

Athena Medical Clinic and Sleep Medicine Associates
HIPAA – Health Insurance Portability and Accountability Act Receipt

I, _____, have been offered a copy of the Health Insurance Portability and Accountability Act from Athena Medical Clinic and Sleep Medicine Associates. I have had the opportunity to ask questions and the notice has been explained to me.

Patient Signature: _____

Date: _____