



Prestige Healthcare Atlanta, LLC

Where Wellness is Our Focus

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. PLEASE REVIEW IT CAREFULLY

Effective Date of This Notice: April 14, 2003

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The law permits us to use or disclose your health information for the following purposes without written consent from you:

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or other personnel in our organization who are involved in taking care of you. For example, we may need to tell a nurse about your condition in order to coordinate the different things you need, such as lab work. We also may disclose medical information about you to health care providers outside our organization who are involved in your treatment, such as consulting physicians.
- **For Payment:** We may use and disclose medical information about you so that the services you receive from us or other providers may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received, so your health plan will pay us or reimburse you for the treatment, or to obtain prior approval or determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about you for our operations and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We will 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 patients are.

We are committed to protecting the confidentiality of health information about you. We collect health information from you to store it in a chart and on the computer creating a record of the care and services you received in our facility. We need this record to provide you quality care and to comply with certain legal requirements. We may obtain this information directly from you, such as information provided to us on your general exam/family history form or patient information form. Information may also be collected from third parties, such as your insurance carrier, your employer (especially for workman's compensation) and from any and all doctors, individual, hospitals, labs, or pharmacies for which you give permission, either in writing or verbally. This also includes billing documents for those services. This notice informs you of the way in which we may use and disclose this information about you.

We are required by law to maintain the privacy of your health information, give you this notice of our privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice. We must follow the terms of the notice that is currently in effect.

If you have questions about any part of this notice or if you want more information about our privacy practices, please contact:

PRESTIGE HEALTHCARE ATLANTA, LLC.

Charis J. Trench-Simmons, M.D.

Privacy Officer

3886 Princeton Lakes Way, Suite 280

Atlanta, Georgia, 30331

T: 404-346-7100

F: 404-346-1122

OTHER POSSIBLE USES AND DISCLOSURES

- **Appointment Reminders/Messages:** We may use and disclose medical information to contact you as a reminder that you have an appointment with us. We may also use information to contact you following a procedure to verify your recovery. If we try to contact you by phone and you are not available, we may leave a message with a family member or on your answering machine.
- **Health Related Benefits and Services:** We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you
- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose protected health information about you to a friend or family member who is involved in your medical care. We may also disclose protected health information to someone who helps pay for your care.
- **Business Associates:** There may be some services provided by our business associates, such as billing and transcription services, or legal and accounting consultants. We may disclose your protected health information to our business associates so they can perform the jobs we have asked them to do. To protect your health information, we require our business associates to enter into written contracts that require them to appropriately safeguard your information
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities may include: the prevention or control of disease, report births and deaths, report child abuse or neglect, to notify people of recalls, and to report reactions to medications.
- **Abuse or Neglect:** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child or adult abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence as may be required or permitted by Virginia and/or federal law.
- **Public Safety:** We may disclose medical information when necessary to reduce or prevent a serious threat to your safety or the safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- **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, governmental programs, and compliance with civil rights laws.
- **Food and Drug Administration:** We may disclose your health information to a person or company required by the FDA to report adverse events, problems with the products and reaction to medications, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as necessary
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- **Serious Threat:** 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.
- **Deceased Person Information:** 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 the Practice to funeral directors as necessary to carry out their duties.
- **Organ or Tissue Donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Specialized Government Functions:** We may disclose health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical

information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

- **Survey:** We may use and disclose health information about you to contact you to assess your satisfaction with our services.
- **Employers:** We may disclose your medical information concerning a work related injury or illness to your employer if you are covered under your employer's policy in order to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work-related injury, in accordance with the law.
- **Fundraising Activities:** We may use medical information about you to contact you in an effort to raise money for the agency and its operations. We may disclose medical information to a foundation related to the agency so that the foundation may contact you in raising money for the agency. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the agency. If you do not want the agency to contact you for fundraising efforts, you must notify *the Privacy Officer* in writing.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to the address listed on the first page no sooner than one week before you would like to inspect your protected health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. To request an amendment, your request must be made in writing and submitted to the address listed on the first page. 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, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the protected health information kept by or for the practice;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you that were not related to treatment, payment, or health care operations. To request this list or accounting of disclosures, you just submit your request in writing to the address listed on the first page. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within any 12-month period will be free. For additional lists, 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 protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. 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 you emergency treatment. To request restrictions, you must make your request in writing to the address listed on the first page. In your request, you must tell us (1)

what information you want to limit; (2) whether 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 can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address listed on the first page. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the office at the number listed on the first page.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we create or receive in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice and with the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer at 404-346-7100. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT

You will be asked to provide a written acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make good faith efforts to provide you with our Notice and obtain such acknowledgement from you. However, your receipt of care and treatment from our office is not conditioned upon you providing a written acknowledgement



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