

ATLANTA OBSTETRICS & GYNECOLOGY ASSOCIATES

a Division of Atlanta Women's Healthcare Specialists, LLC

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our practice is committed to maintaining the privacy of your health information and is 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 privacy practices and to abide by the terms described in this Notice. We reserve the right to change the terms of this Notice and its privacy policies, and to make the new terms applicable to all of the PHI that our practice maintains. Before we make an important change to our privacy policies, we will promptly revise this Notice and post a new Notice in registration areas in our office. This Notice describes the ways in which we can use and disclose your health information called "protected health information" or "PHI" and your privacy rights with respect to PHI. We protect the privacy of PHI which also is protected from disclosure by state and federal law. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

I. Our practice may use and disclose PHI for Treatment, Payment, Health Care Operations and other purposes, described in more detail below, **without** obtaining written authorization from you.

A. For Treatment: Our practice may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of your PHI for treatment activities of another health care provider. These types of uses and disclosures may take place between physicians, nurses, technicians, and other health care professionals who provide you with health care services or are otherwise involved in your care. For example, we might disclose your PHI to another physician for purposes related to your treatment.

B. For Payment: Our practice may use and disclose your PHI in order to bill and collect payment for the health care services provided to you. For example, we may need to give your PHI to your health plan in order to be reimbursed for the services provided to you. We also may disclose PHI to our business associates, such as claims processing companies and others that assist in processing health claims. We also may disclose PHI to other health care providers, like laboratories, for the payment activities of such providers.

C. For Health Care Operations: Our practice may use and disclose PHI as part of our operations. Examples are for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include provider training, underwriting activities, compliance and risk management, planning and development and management and administration. We also may disclose your PHI to other health care providers and health plans for certain quality assessment and improvement activities, credentialing and peer review, health care fraud and abuse detection or compliance, provided that those other providers and plans have, or have had in the past, a relationship with the patient who is the subject of the information.

D. Appointment Reminders: Our practice may use and disclose your PHI to contact you and remind you of appointments.

E. Release of Information to Family/Friends: Our practice may use and disclose your PHI to a friend or family member identified by you, who is involved in your care or who assists in taking care of you.

F. Disclosures Required by Law: Our practice will use and disclose your PHI when we are required to do so by federal, state and local law.

II. Other Uses and Disclosures for Which Authorization is Not Required – Our practice may use and disclose your PHI **without** your written authorization under the following **special** circumstances:

Effective Date of this Notice: April 1, 2003

- A. For Public Health Activities and Public Health Risks** – Our practice may use and disclose your PHI to public health authorities who are authorized by law to collect information for the purposes 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 or illness or medical surveillance
- B. For Health Oversight Activities** – Our practice may use and disclose your PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs and compliance with civil rights laws.
- C. Lawsuits and Similar 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.
- D. Law Enforcement** – Our practice may use and disclose your PHI if asked to do so by a 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)
- E. Serious Threats to Health or Safety** – Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another person or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- F. Military** – Our practice may use and disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- G. National Security** – Our practice may use and disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may use and disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- H. Inmates** – Our practice may use and disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Effective Date of this Notice: April 1, 2003

Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

- I. Workers' Compensation** – Our practice may use and disclose your PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

III. Your Rights Regarding Your PHI:

- A. Right to Confidential Communications** – You have the right to request that communications of PHI to you be made by particular means or at a particular location. For instance, you may request that we contact you at home, rather than work. Your request must be made in writing and sent to the Privacy Officer at our office. We will accommodate your reasonable requests without requiring you to provide a reason.
- B. Right to Request Restrictions** – You may request that we restrict the use and disclosure of your PHI for treatment, payment or health care operations. You have the right to request that we restrict our disclosure of your PHI to only certain persons involved in your care or the payment for your care, such as family members and friends. We are not required to agree to any restrictions you request, but if we do agree, we are bound by our agreement except when otherwise required by law, in emergency situations, or when information is necessary to treat you. In order to request a restriction in our use and disclosure of your PHI, you must make your request in writing to the Privacy Office at our office. Your request must describe in a clear and concise manner: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.
- C. Right to Inspect and Copy** – You have the right to inspect and obtain a copy of your PHI. You must make your request in writing to the Privacy Officer at our office. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), we will inform you of the extent to which your request has or has not been granted. Our practice may charge you a reasonable fee to cover copying, postage and related costs. We may deny your request and will explain the basis for denial. You may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
- D. Right to Amend Your PHI** – If you believe that your PHI contains an error or needs to be updated, you have the right to request that we correct or supplement your PHI. Your request must be made in writing to the Privacy Officer in our office and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), we will inform you of the extent to which your request has or has not been granted. We generally can deny your request if your request related to PHI: (a) is not created by our practice; (b) is not part of the records our practice maintains; (c) is not subject to being inspected by you; or (d) is accurate and complete. If your request is denied, we will give you a written denial that explains the reason for the denial and your rights to: (a) file a statement disagreeing with the denial; (b) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and the practice's denial attached; and (c) complain about the denial.
- E. Right to an Accounting of Disclosures** – You generally have the right to request and receive a list of disclosures of your PHI our practice has made during the six (6) years prior to your request (but not before April 14, 2003). The list includes non-routine disclosures of your PHI for non-treatment, non-payment or non-health care operations purposes. Use of your PHI as part of your routine patient care in our practice is not required to be documented. For example, your doctor shares information with the nurse or the billing department uses your information to file your insurance claim. You should submit any such request to the Privacy Officer in our office and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), we will respond

to you regarding the status of your request. Our practice will provide the list to you at no charge, but if you make more than one request in a year, you will be charged a fee.

- F. Right to Obtain a Paper Copy of This Notice** – You have the right to a paper copy of this Notice of Privacy Practices upon request. To obtain a copy of this notice, contact the Privacy Officer in our office.
- G. Right to File a Complaint** – You have the right to file a complaint if you believe your Privacy rights with respect to your PHI have been violated. Contact the Privacy Officer in our office and submit a written complaint. We will not penalize you or retaliate against you for filing a complaint regarding our Privacy Practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.
- H. Right to Provide an Authorization for Other Uses and Disclosures** – Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. An example is requesting PHI for you or your personal representative. You may revoke in writing at any time any authorization you provided to us regarding the use and disclosure of your PHI. After you revoke your authorization, we will no longer use or disclose your PHI for reasons described in the authorization.

How to Contact Us:

If you have any questions about this Notice, please contact the Privacy Officer in our office at 404.355.0320. If you want to submit a written request to us as required in any of the sections of this Notice, write to us at:

HIPAA Privacy Officer
275 Collier Road, NW
Suite 100-C
Atlanta, Georgia 30309