

ACTIVE CARE ATLANTA

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NOTICE OF PRIVACY PRACTICES ACTIVE CARE ATLANTA

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) for treatment, payment, health care operations and for other purposes required by law. It also describes your rights to your PHI. PHI is information about you, that relates to your past, present or future physical or mental health or condition and related health care services.

We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices or you may access it on our website.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

The following are examples of the types of uses and disclosures of PHI that may be made by our office.

<u>Treatment:</u> We may use and disclose your PHI to provide, coordinate, or manage your health care. This includes the coordination of your health care with another provider. For example, we may disclose PHI to other physicians who may be treating you or to whom you have been referred to.

<u>Payment:</u> Your PHI may be used and disclosed to obtain payment for services provided by us or by another provider. This may include certain activities such as: making a determination of eligibility or coverage for insurance benefits, or a medical necessity review or authorization.

<u>Health Care Operations:</u> We may use or disclose your PHI in order to support the business operations. This may include quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting other business activities. we may share your PHI with third party "business associates" that perform various activities (for example billing) for our practice. When this occurs we will have a written contract that contains terms that will protect the privacy of your PHI.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object. Such situations include:

Required By Law: The use or disclosure will be made in compliance with and limited to the requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

<u>Public Health:</u> A disclosure may be made to a public health authority permitted to receive such information. For example, for the purpose of preventing or controlling disease, injury or disability.

<u>Communicable Diseases:</u> We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency, such as a government agency, for activities authorized by law, such as audits, investigations, and inspections.

<u>Abuse or Neglect:</u> We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may also disclose your PHI 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. The disclosure will comply with applicable federal and state laws.

<u>Food and Drug Administration:</u> We may disclose your PHI to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities.

<u>Legal Proceedings:</u> We may disclose PHI in the course of any judicial or administrative proceeding, in response to a court order or in response to a subpoena, discovery request or other lawful process.

<u>Law Enforcement:</u> We may disclose PHI for law enforcement purposes. This includes: (1) legal processes 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 our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

<u>Coroners, Funeral Directors, and Organ Donation:</u> We may disclose PHI 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. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your PHI 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 PHI.

<u>Criminal Activity:</u> Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security: We may use or disclose PHI of Armed Forces personnel (1) for activities deemed necessary by military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities.

<u>Workers' Compensation:</u> We may disclose your PHI to comply with workers' compensation laws and other similar legally-established programs.

<u>Inmates:</u> We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Uses and Disclosures of Protected Health Information (PHI) Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgement, determine whether the disclosure is in your best interest.

<u>Facility Directories:</u> Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, and your general condition (such as fair or stable). All of this information will be disclosed to people that ask for you by name.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

2. YOUR RIGHTS

Any questions or requests regarding your medical records should be made to us at info@activecareatlanta.com or 770-559-4236.

You have the right to inspect and copy your PHI for as long as we maintain the PHI. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee.

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 laboratory results that are subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please make this request in writing.

You may have the right to have your physician amend your PHI for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If denied, you have the right to file a statement of disagreement with us and we may prepare a rebuttal which we will give you a copy of.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement or correctional facilities. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact us at 770-559-4236 or email at info@ActiveCareAtlanta.com about the complaint process.