



## DeKalb Family Practice & Geriatrics

4961 Buford Highway ■ Suite #100 ■ Chamblee, GA 30341  
Phone: (770) 458-8497 Fax: (770) 220-2839 [www.dekalbfamilymed.com](http://www.dekalbfamilymed.com)

### **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.**

This Notice takes effect on January 10, 2014

#### OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION:

Our organization is dedicated to maintaining the privacy of your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by our staff or your personal doctor. Other Physicians involved in your care may have a different notice regarding the doctor's use and disclosure of your medical information created in his/her office. Due to the nature of these services, we are required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. These records are our property. However, we are required by law:

- To keep medical information about you private.
- To give you this notice of our legal duties and privacy practices concerning your information.
- To follow the terms of the Notice of Privacy Practices that is currently in effect.

#### WHO WILL FOLLOW THIS NOTICE:

- All health care professionals who treat you at our facility.
- All employed associates, staff or volunteers of our organization at this location. This includes the physicians on our medical staff and any contracted individuals or groups we allow to help you with your care within the DeKalb Family Practice & Geriatrics, LLC (DFPG). It also includes medical residents or medical students, nursing students, or students in other health care professions.

#### CHANGES TO THIS NOTICE:

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the information that we may receive, create, or maintain. Our organization will post a copy of our current notice in our office in a prominent location, and you may request a copy of our most current notice during any visit to our organization.

#### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:

In many instances, we can use and share your medical information for activities that are common in hospitals and clinics. In certain other situations we must have your written permission (authorization) to use and/or share your medical information. The following categories describe the different ways in which we may use and disclose your medical information. Please note that not every particular use or disclosure is listed below but does fall within one of the categories.

WITHOUT YOUR WRITTEN AUTHORIZATION, we are permitted to use your health information for the following purposes:

- Treatment—For example, doctor may use the information in your medical record to determine which treatment option, such as an operation or a drug, best addresses your health needs.
- Payment—Our organization may use and disclose your medical information 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 to coordinate payment arrangements with insurers or others responsible for your bill.
- For Health Care Operations—Our organization may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you receive quality care and that our organization is well run. For example, we may use or disclose your information for quality improvement, business management, or teaching purposes.
- Health-Related Use and Disclosure—Our organization may use and disclose your medical information to remind you that you have an appointment, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also share medical information with your doctor and other health care providers when they need to provide Treatment to you, to obtain Payment for the care they give to you, to perform certain Health Care Operations, such as reviewing quality and skill of health care professionals, or to review their actions in following the law.
- Disclosure to Relatives, Close Friends and Your Other Caregivers—We may share your medical information with your family member/relative, a close personal friend, or another person who you identify if we (1) first provide you with the chance to object to the

disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your medical information with these individuals. If you are not present at the time we share your medical information, or you are not able to agree or disagree to our sharing your medical information because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing the medical information is in your best interest. We may also use or share your medical information to notify (or assist in notifying) these individuals about your location and general condition.

- Required by Law—We will use or disclose medical information about you when required by law.
- Public Health Activities—Our organization may disclose your medical information for public health purposes. Examples include:
  - to prevent or control disease, injury or disability;
  - to maintain vital records, such as births and deaths;
  - to report abuse or neglect as required by law;
  - to notify a person regarding potential exposure to a communicable disease;
  - to notify a person regarding a potential risk for spreading or contracting a disease or condition;
  - to report reactions to drugs or problems with products or devices;
  - to notify individuals if a product or device they may be using has been recalled;
  - to notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.
- Health Oversight Activities—Our organization may disclose your medical information to a health oversight agency for activities authorized by law, such as investigations, inspections, audits, surveys, licensure and disciplinary actions.
- Lawsuits and Similar Proceedings—Our organization may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute; to the extent such disclosure is legally required.
- Law Enforcement—We may release medical information to law enforcement officials regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
  - concerning a death we believe might have resulted from criminal conduct;
  - regarding criminal conduct on our premises;
  - identifying/locating a suspect, material witness, fugitive or missing person; and
  - in an emergency, reporting a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
- Business Associates—We may share your medical information with “business associates” that perform such services as chart audits for us through contracts that we have with them. These contracts contain terms that are intended to safeguard the privacy of your PHI.
- Release of Medical Information to Plan Sponsor.
- Coroners, Medical Examiners, and Funeral Directors—Our organization may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death or for funeral directors to carry out their duties.
- Organ and Tissue Donation—We may use or disclose your medical information to organizations that handle organ and tissue procurement, banking, or transplantation.
- Research—Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process.
- Serious Threat to Health or Safety—Our organization may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- Specialized Government Functions—Our organization may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, our organization may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. Furthermore, our organization may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- Health Fairs—We may use your personal information collected at health fairs for internal business management purposes.
- Workers' Compensation—Our organization may release your medical information to your employer and/or its insurance carrier respecting Workers' Compensation claims and similar programs.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

WITH YOUR WRITTEN AUTHORIZATION, we may use your health information for the following purposes:

- Marketing–We will not sell your medical information for marketing purposes. However, we may communicate with you about products or services related to your treatment, care or health care providers.
- Highly Confidential Information-Federal and state law requires special privacy protections for certain highly confidential information about you, including any portion of your medical information that is (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, treatment and referral; (4) about HIV/AIDS testing, diagnosis or treatment; (5) about sexually transmitted disease(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about domestic abuse of an adult with a disability; (9) about sexual assault; or (10) In vitro Fertilization. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

### Notice of Individual Rights

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

- **The Right to Request that We Restrict the Uses and Disclosure of Your PHI**–You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. We are not required to agree to your request. You have the right to restrict the disclosure of information regarding services for which you have paid out of pocket in full for those services. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to the Health Information Management Department of DeKalb Family Practice & Geriatrics, LLC, and must describe in a clear and concise fashion:  
(1) the information you wish restricted; (2) whether you are requesting to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **The Right to Confidential Communications**–You have the right to request that our organization 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 by mail, rather than by telephone, or at work, rather than home. If you wish to receive confidential communications, please notify the person who registers you. Our organization will accommodate reasonable requests.
- **The Right to be Notified of a Data Breach**–You have the right to be notified of a data breach involving your Protected Health Information.
- **The Right to Revoke Your Authorization**–You may change your mind about your authorization or any written permission regarding your medical information by giving or sending a written “revocation statement” to the office of DeKalb Family Practice & Geriatrics, LLC. The revocation will not apply to the extent that we have already taken action where we relied on your permission.
- **The Right to Access, Inspection and Copies of Your PHI**–You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records. Requests to inspect and/or copy records must be made in writing to the office of DeKalb Family Practice & Geriatrics, LLC. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. You also have the right to tell us, in writing, to disclose your records to another provider of your choice.
- **The Right to Amend Your PHI** –You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, please submit a written request to the office of DeKalb Family Practice & Geriatrics, LLC.
- **The Right to Request an Accounting of Disclosures**–You have a right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. We will not charge you for the list, unless you request more than one list per year. To request an accounting of disclosures, please submit a written request to the office of DeKalb Family Practice & Geriatrics, LLC.
- **The Right to Request a Paper Copy of This Notice**–You are entitled 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. Copies are available at registration desk at our office.
- **The Right to File a Complaint**–You have the right to file a complaint if you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made concerning your rights as listed above. All complaints must be submitted in writing, either on paper or by e-mail, within 180 days of the incident(s) that caused the complaint, or the date that you first became aware of the incident(s). Please address complaints to: Privacy Officer, DeKalb Family Practice & Geriatrics, LLC., 4961 Buford Highway, Suite 100, Chamblee GA 30341 or by Phone at 770.458.8497

You may also file written complaints with the Office of Civil Rights (OCR) of the Department of Health and Human Services (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>). We will not take any action against you if you file a complaint with us or with OCR.

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION ABOUT THIS NOTICE, OR ANY OF THE RIGHTS DESCRIBED ABOVE, PLEASE CONTACT THE FOLLOWING INDIVIDUAL:

By Phone:

- Privacy Officer: 770.458.8497

In Writing to: Privacy Officer

4961 Buford Highway  
Suite #100  
Chamblee ,GA 30341

Patient /Gaurdian \_\_\_\_\_ Date\_\_\_\_\_