

1203 George C. Wilson Drive, Suite B
Augusta, GA 30909
Phone (706)447-1118 Fax (706)826-2775

Notice of Privacy Practices [short form]

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.

How We May Use and Disclose Medical Information About You. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. Not every 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 the categories. **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at Georgia Internal Medicine may be billed to and payment may be collected from you, and insurance company, or a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating 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, technicians, medical students, or other personnel who are involved in taking care of you at Georgia Internal Medicine or the hospital. For example, we may disclose medical information about you to people outside Georgia Internal Medicine who may be involved in your medical care, such as a family member, clergy or other persons that are part of your care.

For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Georgia Internal Medicine and ensure that all of our patients receive quality improvement efforts. **WHO WILL FOLLOW THIS NOTICE?** This notice describes Georgia Internal Medicine policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff and other Georgia Internal Medicine personnel. **POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION:** We create a record of the care and services you receive at Georgia Internal Medicine. We need this record in order 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 Georgia Internal Medicine, whether made by Georgia Internal Medicine personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives. Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; inmates; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; protective services for the President and others; public health risks; and worker's compensation.

NOTICE OF INDIVIDUAL RIGHTS

You have the following rights regarding medical information we maintain about you: **Right to 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. **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. We may deny your request to inspect and copy in certain very limited circumstances. **Right to Amend:** If you feel that medical 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, Georgia Internal Medicine. To request an amendment, your request must be made in writing and submitted to Medical Records and you must provide a reason that supports your request. We may deny your request for an amendment. **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. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. *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 restriction, you must make your request in writing to medical records. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or a certain location. You must make your request in writing and you must specify how or where you wish to be contacted. **Right to an Accounting of Disclosures:** You have the right to request and accounting of disclosures. This is a list of the disclosures we made of medical information about you. Records must be made to medical records in writing. **CHANGES TO THIS NOTICE:** We reserve the right to change this notice. We will post a copy of the current notice in the waiting room. **COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with our office at (706) 447-1118 or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. All complaints must be submitted in writing. **OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. Any permission can be revoked at any time as long as they are submitted in writing.

I acknowledge by signing below that I have received the Notice of Privacy Centers and Notice of Individual Rights.

Patient or Patient's Personal Representative

Date