

Hypertension and Kidney Associates of Middle Georgia

Notice Of Privacy Practices

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

THIS NOTICE IS ABOUT HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND/OR DISCLOSED, AND YOUR RIGHTS AND RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services that we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By Federal and State Law, we must follow the terms of the privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your individually identifiable health information that is created and retained by this practice. We reserve the right to revise or amend this Notice of Privacy Practices as warranted. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create and maintain in the future. Our practice will post a copy of our current Notice of Privacy Practices in a visible location at all times and you may request a copy of our most current Notice at any time.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE SITE

MANAGER FOR OUR PRACTICE, OR:

Hypertension and Kidney Associates of Middle Georgia

105 Tommy Stalnaker Dr. Suite 1

Warner Robins, GA 31088

(478) 333-3612

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and/or disclose your IIHI:

- A. **Treatment.** We will use your IIHI to treat you. Treatment includes, but is not limited to: conducting or ordering diagnostic tests from other healthcare providers that we deem necessary to render a diagnosis and provide quality medical care and treatment to you. We also may disclose your IIHI to other healthcare providers that are involved directly or indirectly in your treatment or care. **Additionally, we may disclose your IIHI to others who may assist in your care, such as spouse, children or parents.** Ga law OCGA 37-3-164 and 37-7-167 requires that patients have the right to be informed of, and exercise their right to object or agree to information being given to a personal representative regarding their treatment, especially mental health, mental retardation and substance abuse. However, under federal regulations, the physician may exercise his professional judgment to determine the scope and duration of a patient's objection or agreement to disclosure of information to a personal representative.
- B. **Payment.** Our practice may use and disclose your IIHI to bill and collect payment for the services and items that you may receive from us.
- C. **Health Care Operations.** Our practice may use and disclose your IIHI to operate our business. Uses and disclosures of this nature includes but is not limited to: evaluation of the quality of care that you have received from us; to conduct cost management and business planning activities of our practice; and to evaluate billing and coding practices for compliance with current healthcare laws and health insurance participation contracts.
- D. **Appointment Reminders.** It is a policy of our practice to contact you by mail or telephone regarding appointment scheduling when necessary. We may also leave a detailed message on your answer machine regarding your appointment. We will not leave any voice mail regarding medical information, test results, etc.
- E. **Treatment Options.** Our practice may use and disclose your health information to inform you of potential treatment options or alternatives.
- F. **Health Related Benefits and Services.** Our practice may use and disclose your IIHI to inform you of health related benefits or services that may be of interest to you.
- G. **Release of Information to Family/Friends.** Our practice may release information to a family member or friend who assists in taking care of you or who is involved in your care. This includes but is not limited to: childcare providers who have been authorized by a child's legal guardian to seek medical care; adult children who are involved in their parent's healthcare decisions, and persons who have been authorized by the patient to receive healthcare information regarding their condition or treatment. It is not our policy to disclose health information to persons who are not authorized to receive that information or to persons who are not involved in your care.
- H. **Disclosures Required by Law.** Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your individually identifiable health information.

- A. **Public Health Risks.** Our practice may disclose your IIHI to public health authorities that are authorized by law to collect that information for the purpose of:
 - Maintaining vital records such as birth and death certificates
 - Reporting child abuse and neglect
 - Preventing or controlling disease and neglect
 - Providing proof of immunization records for educational institutions
 - 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 used in medical care
 - Notifying individuals of product or device recalls

- Notifying appropriate government agencies and authorities regarding the potential abuse and neglect of an adult patient including domestic violence; however, we will only disclose this information if authorized by the patient or required to do so by law
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- B. **Health Oversight Activities.** Our practice may disclose your IIHI to a health oversight agency for activities that are required by law. Oversight activities can include but are not limited to: investigations, inspections, audits, surveys, and other activities necessary for the government to monitor compliance with government programs, civil rights laws and the healthcare system in general.
- C. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your IIHI in response to a court or administrative order, such as a discovery request, subpoena or other lawful process, but only if we have made an effort to inform you of the request or to obtain an order protecting the information that has been requested.
- D. **Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official involved in the performance of their duties as dictated by law.
- E. **Deceased Patients.** Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or determine a cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs. All other use and disclosure of deceased patients' IIHI will be subject to the same federal and state laws that protect all patients.

YOUR RIGHTS REGARDING YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the Individually Identifiable Health Information that we maintain about you:

- A. **To Be Informed.** You have the right to be informed of how this practice uses your protected health information.
- B. **Requesting Restrictions.** You have the right to request a reasonable restriction in our use and/or disclosure of your IIHI for treatment, payment or other healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat your condition. In order to request a restriction in our use and disclosure of your IIHI, you must complete the appropriate form and describe in a clear and concise fashion the following information:
- a. The information you wish restricted;
 - b. Whether you are requesting to restrict the use or disclosure or both
 - c. To whom you want the restrictions to apply
- C. **Request Inspection and Copies.** You have the right to request, to inspect and to obtain a copy of your medical record. This request must be submitted in writing. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request, as approved by Georgia law. Our practice may also deny your request to inspect and copy your medical records in certain circumstances; however you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct the review.
- D. **Request Amendments.** You have the right to ask us to amend any health information if you have reason to believe that the information is incorrect or incomplete. The request must be made in writing and submitted to the Houston Primary Care INC Privacy Officer at the address listed on the first page of this notice. Our practice has the right to deny any amendment request that we feel is unreasonable.
- E. **Request Accounting of Disclosures.** It is a federal regulation that our practice keeps an accounting of all non-routine disclosures of your medical record. Non-routine disclosures are disclosures made to third parties without your written authorization and that are not related to treatment, payment or other healthcare operations. In order to obtain an accounting of non routine disclosures, you must request this accounting in writing to the Practice Privacy Officer. The first list you receive will be free of charge but any further accountings requested within a 12-month period will be subject to a service charge.
- F. **Right to a copy of this notice.** You are entitled to receive a paper copy of this notice. Please request this from the receptionist.
- G. **You have the right to file a complaint.** If you have reason to believe that your privacy rights may have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact:

**Hypertension and Kidney Associates of Middle Georgia
105 Tommy Stalnak Dr. Suite 1
Warner Robins, GA 31088
(478) 333-3612**

To file a complaint with the Secretary of the Department of Health and Human Services, please contact:

**U.S. Dept. of Health and Human Services
200 Independence Ave. S.W.
Washington, D.C. 20201**

All complaints must be made in writing.

- H. **Right to provide authorization for other uses and disclosures.** Our practice will obtain a written authorization from you for all uses and disclosures of your health information for any reason not related to treatment, payment or other healthcare operations of this business, or those uses and disclosures permitted by applicable law. Any authorization you provide to us must be obtained in writing and may be revoked at any time in writing.

If you have any questions regarding this notice of our health information privacy policies, please contact the Hypertension and Kidney Associates of Middle Georgia Office Manager.