

# Central Georgia Heart Center, PC

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY!**

*Effective date: October 2016*

The Practice of Central Georgia Heart Center, PC is required by applicable federal and state laws to maintain the privacy of your health information. Protected health information (PHI) is the information we create and maintain in the course of providing our services to you. Such information may include documentation of your symptoms, examination and test results, diagnoses and treatment protocols. It also may include billing documents for those services. We are permitted by federal privacy law (the Health Insurance Portability & Accountability Act of 1996 (HIPAA)), to use and disclose your PHI, without your written authorization, for purposes of treatment, payment, and health care operations.

### **Examples of Using Your Health Information for Treatment Purposes:**

We may use and disclose Protected Health Information (PHI) for your treatment and to provide you with treatment related services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people inside and outside our office, who are involved in your medical care and need the information to provide you with medical care. Examples include:

- Our nurse obtains treatment information about you and records it in your medical record.
- During the course of your treatment, the physician determines he will need to consult with a specialist. He will share the information with the specialist and obtain his/her input.
- We may contact you or others involved in your care by phone, if we need to speak to you or them about a medical condition and may leave messages to remind you of medical appointments.
- Other healthcare providers who are treating you may ask for your medical records to be sent to them.

### **Examples of Using Your Health Information for Payment Purposes:**

We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example:

- We submit requests for payment to your health insurance company or government payors. We will respond to health insurance company requests for information about the medical care we provided to you.
- Internally, our billing office staff may use your health information to perform a large number of duties related to payment on your account.

### **Examples of a Using Your Information for Health Care Operations:**

We may use and disclose your health information for healthcare operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example:

- We may use or disclose your PHI in order to conduct certain business and operational activities, such as quality assessments, auditing and employee training, or to professionals who help us with duties related to legal, medical, billing, compliance or communication matters. We may share information about you with these professionals, called Business Associates, third parties who perform these functions on our behalf, as necessary to obtain their services.

### **Your Health Information Rights**

**The health and billing records we maintain are the physical property of the Practice. However, you have an ownership interest in the information in those records. You have a right to:**

- Obtain a paper copy of our current Notice of Privacy Practices for PHI ("the Notice"); you may ask us to give you a copy of the Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of the Notice.
- Receive notification of a breach of your unsecured PHI.
- Request restrictions on certain uses and disclosures of your health information. We are not required to grant all requests, but we will comply with any request with which we agree unless the information is needed to provide you with emergency treatment. We will, however, agree to your request to refrain from sending your PHI to your health plan for payment or operations purposes if at the time an item or service is provided to you, you pay in full and out-of-pocket. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your cares, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to our practice.
- Request that you be allowed to inspect and copy the information about you that we maintain in the Practice's designated record set, which includes medical or billing records, other than psychotherapy notes. You may exercise this right by delivering your request, in writing, to our Practice. We have up to 30 days (or in special cases longer) to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the

information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

- Appeal a denial of access to your PHI, except in certain circumstances. We may deny your request for access to your medical records in certain limited circumstances without the opportunity for an appeal of the denial. In other cases, if we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your requests, and we will comply with the outcome of the review.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request stating your reasons for the amendment to our Practice. We may deny your request if you ask us to amend information that (a) was not created by us (unless the person or entity that created the information is no longer available to make the amendment), (b) is not part of the health information kept by the Practice, (c) is not part of the information that you would be permitted to inspect and copy, or (d) is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be placed in your record;
- Request an electronic copy of electronic medical records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- Request confidential communications. You have the right to request that we communicate with you about medical matters in certain ways or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request in writing to the Practice. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- If we engage in fundraising activities and contact you to raise funds for our Practice, you will have the right to opt-out of any future fundraising communications;
- Obtain a list of instances in which we have shared your health information with outside parties, as required by the HIPAA Rules.
- Revoke any of your prior authorizations to use or disclose information by delivering a written revocation to our Practice (except to the extent action has already been taken based on a prior authorization).

### **Our Responsibilities**

#### **The Practice is required to:**

- Maintain the privacy of your health information as required by law;
- Notify you following a breach of your unsecured PHI;

- Provide you with our Notice of Privacy Practices describing our duties and privacy practices with respect to the information we collect and maintain about you and abide by the terms of the Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods for communicating with you about your health information and comply with your written request to refrain from disclosing your PHI to your health plan if you pay for an item or service we provide you in full and out-of-pocket at the time of service.

We reserve the right to amend, change, or eliminate provisions of our privacy practices and to enact new provisions regarding the PHI we maintain about you. If our information practices change, we will amend our Notice. You are entitled to receive a copy of the revised Notice upon request by phone or by visiting our website or Practice.

### **Other Uses and Disclosures of your PHI**

#### **Communication with Family**

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for care, if you do not object, or in an emergency. We may also do this after your death, unless you tell us before you die that you do not wish us to communicate with certain individuals. 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 judgement.

#### **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services**

- We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We also may use and disclose your PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

#### **Notification**

- Unless you object, we may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, your general condition, or your death.

#### **Data Breach Notification Purposes**

- We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

#### **Research**

- Under certain circumstances, we may disclose information to researchers if an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your PHI. For example, a research project may involve comparing the health of patients who received one treatment to

those who received another, for the same condition. In some cases, research requires your consent or authorization. In other cases, we may disclose your information if the researchers require only a limited portion of your information, called a limited data set that eliminates most direct identifiers.

### **Disaster Relief**

- We may use and disclose your PHI to assist in disaster relief efforts with organizations that seek your PHI to coordinate your care, or to notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

### **Organ Procurement Organizations**

- Consistent with applicable law, if you are an organ donor, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation/transplant.

### **Food and Drug Administration (FDA)**

- We may disclose to the FDA your PHI relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### **Workers' Compensation**

- If you are seeking compensation from Workers Compensation, we may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.

### **Public Health**

- We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; or to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

### **As Required by Law**

- We may disclose your PHI as required by law, or to appropriate public authorities as allowed by law, to report abuse or neglect or for other disclosures required by law.

### **Employers**

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of the release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of information to your employer.

### **Law Enforcement**

- We may disclose your PHI to law enforcement officials (a) in response to a court order, court subpoena, warrant or similar judicial process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) if you are a victim of a crime and we are unable to obtain your agreement; (d) about criminal conduct on our premises; (e) about a death we believe may be the result of criminal conduct; and (e) in other limited emergency circumstances where we need to report a crime.

### **Health Oversight**

- Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities such as state and federal auditors, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

### **Judicial/Administrative Proceedings**

- We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order. If you are involved in a lawsuit or a dispute, we may disclose health information in response to a court or administrative order or other lawful process.

### **For Specialized Governmental Functions or Serious Threat**

- We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, for the protection of the President, to public assistance program personnel, or to avert a serious threat to health or safety. We may disclose your PHI consistent with applicable law to prevent or diminish a serious, imminent threat to the health or safety of a person or the public.

### **Correctional Institutions**

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals and the correctional institution.

### **Coroners, Medical Examiners, and Funeral Directors**

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about our Patients to funeral directors as necessary for them to carry out their duties.

### **Website**

- You may access a copy of this Notice electronically on our website.

Other uses and disclosures of your PHI not described in this Notice will only be made with your authorization, unless otherwise permitted or required by law. Most uses and disclosure of psychotherapy notes, uses and disclosures of your PHI for marketing purposes, and disclosures of your PHI that constitute a sale of PHI will require your

authorization. You may revoke any authorization at any time by submitting a written revocation request to the Practice (as previously provided in this Notice under "Your Health Information Rights.")

**To Request Information, Exercise a Patient Right, or File a Complaint**

If you have questions, would like additional information, want to exercise a Patient Right described above, or believe yours (or someone else's) privacy rights have been violated, you may contact the Practice's Privacy Officer at (478) 741-1208, or in writing to us at:

**Jennifer (JJ) Adams  
Central Georgia Heart Center, PC  
1062 Forsyth Street, Suite 1B  
Macon, GA 31201**

Please note that all complaints must be submitted in writing to the Privacy Officer at the above address. You may also file a complaint with the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR). Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail. More information regarding the steps to file a complaint can be found at: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment from the Practice.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.