



As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF ATLANTA CARE CENTER INC.) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

**This document is available on our website or you may request a copy for your records.**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

Atlanta Care Center 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 we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in Atlanta Care Center concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI
- Your privacy rights in your IIHI
- Our obligations concerning the use and disclosure of your IIHI

**The terms of this notice apply to all records containing your IIHI that are created or retained by Atlanta Care Center. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that Atlanta Care Center has created or maintained in the past, and for any of your records that we may create or maintain in the future. Atlanta Care Center will post a copy of our current Notice in our office(s) in a visible location at all times, on our website, and you may request a copy of our most current Notice at any time. The Notice will contain the effective date on the first page, in the top right-hand corner.**

#### **B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

ATLANTA CARE CENTER  
1801 PEACHTREE ST. NE #225  
ATLANTA, GA 30309

#### **C. 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 disclose your IIHI:

**1. Treatment.** Atlanta Care Center may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. Additionally, we may disclose your IIHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to treat you or provide others assistance in your treatment.

**2. Health Care Operations.** Atlanta Care Center may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, Atlanta Care Center may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for Atlanta Care Center.

**3. Appointment Reminders.** Atlanta Care Center may use and disclose your IIHI to contact you and remind you of an appointment.



**4. Treatment Options and Health Related Benefits.** Atlanta Care Center may use and disclose your IIHI to inform you of potential treatment options or alternatives or health related benefits and services that may be of interest to you.

**5. Individuals Involved in Your Care.** Atlanta Care Center may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you, when appropriate. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

#### **D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES**

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

**1. Disclosures Required By Law.** Atlanta Care Center will use and disclose your IIHI when we are required to do so by federal, state or local law.

**2. Public Health Risks.** Atlanta Care Center may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- 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 medications or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

**3. Health Oversight Activities.** Atlanta Care Center may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

**4. Lawsuits and Similar Proceedings.** Atlanta Care Center may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**5. Law Enforcement.** We may release IIHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our office(s)
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

**6. Coroners, Medical Examiners, and Funeral Directors.** Atlanta Care Center may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

**7. Organ and Tissue Donation.** Atlanta Care Center may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.



**8. Research.** Atlanta Care Center may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IIHI is being used only for the research and (iii) the researcher will not remove any of your IIHI from Atlanta Care Center; or (c) the IIHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.

**9. Serious Threats to Health or Safety.** Atlanta Care Center may use and disclose your IIHI 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. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**10. Military.** Atlanta Care Center may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**11. National Security.** Atlanta Care Center may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**12. Inmates.** Atlanta Care Center may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**13. Workers' Compensation.** Atlanta Care Center may release your IIHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**14. Business Associates.** Atlanta Care Center may disclose your IIHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**15. Data Breach Notification Purposes.** Atlanta Care Center may use or disclose your IIHI to provide legally required notices of unauthorized access to or disclosure of your health information.

## **E. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT**

**1. Individuals Involved in Your Care.** Unless you object, Atlanta Care Center may disclose to a member of your family, a relative, a close friend or any other person you identify, your IIHI 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.

**2. Disaster Relief.** Atlanta Care Center may disclose your IIHI to disaster relief organizations that seek your IIHI to coordinate your care, or to notify family 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.



## **F. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your IIHI will be made only with your written authorization:

1. Uses and disclosures of you IIHI for marketing purposes
2. Disclosures that constitute a sale of your IIHI
3. Disclosures when it is sought to investigate or impose liability on individuals, healthcare providers, or others who seek, obtain, provide, or facilitate reproductive health care that is lawful under the circumstances in which such health care is provided, or to identify persons for such activities

Atlanta Care Center will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

## **G. YOUR RIGHTS REGARDING YOUR IIHI**

You have the following rights regarding the IIHI that we maintain about you:

**1. Confidential Communications.** You have the right to request that Atlanta Care Center 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 at home, rather than work. In order to request a type of confidential communication, you must make a written request to Atlanta Care Center specifying the requested method of contact, or the location where you wish to be contacted. Atlanta Care Center will accommodate **reasonable** requests. You do not need to give a reason for your request.

**2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care 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 for 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 you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Atlanta Care Center. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit Atlanta Care Center's use, disclosure or both; and
- (c) to whom you want the limits to apply.

**3. Inspection and Copies.** You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Atlanta Care Center in order to inspect and/or obtain a copy of your IIHI. Atlanta Care Center may charge a fee for the costs of copying, mailing, labor and supplies associated with your request, unless you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. Atlanta Care Center may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional, chosen by us, who was not directly involved in the denial of your request will conduct reviews, and we will comply with the outcome of the review.

**4. Amendment.** You may ask us to amend your health 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 Atlanta Care Center. To request an amendment, your request must be made in writing and submitted to Atlanta Care Center. You must provide us with a reason that supports your request for amendment. Atlanta Care Center will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by Atlanta Care Center, unless the individual or entity that created the information is not available to amend the information.



**5. Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures Atlanta Care Center has made of your IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care at Atlanta Care Center is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Atlanta Care Center. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but Atlanta Care Center may charge you for additional lists within the same 12-month period. Atlanta Care Center will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**6. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Atlanta Care Center.

**7. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Atlanta Care Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Atlanta Care Center, contact Atlanta Care Center. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured IIHI.

**9. Right to an Electronic Copy of Electronic Medical Records.** If your IIHI 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 IIHI in the form or format you request, if it is readily producible in such form or format. If the IIHI 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.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact:

ATLANTA CARE CENTER  
1801 PEACHTREE ST. NE #225  
ATLANTA, GA 30309