



## 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 DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

### ABOUT THIS NOTICE

Georgia Breast Care, PC is committed to protecting patient information and we encourage our patients to contact our staff should any issues or questions arise. Our goal is to have all privacy issues identified and resolved internally by the practice.

Effective date of Revision: August 10, 2017

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:**

Privacy Officer: Practice Administrator  
Mailing address: 780 Canton Rd NE • Suite 410  
Marietta, Georgia 30060

Phone: (678) 370.0370

email: [info@georgiabreastcare.com](mailto:info@georgiabreastcare.com)

Fax: (678) 370.0371

We are required by law to maintain the Privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights and we have certain legal obligations regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice. Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We reserve the right to amend this Notice of Privacy Practices. Any amendment or revision to this notice will be effective for all of your records that our practice has created or maintained in the past, and any of your records that we may create or maintain in the future. You may request a copy of our most current Notice of Privacy Practices at any time.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician practice, and any other use required by law.

**FOR TREATMENT:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This disclosure includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you or your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**FOR PAYMENT:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**FOR HEALTHCARE OPERATIONS:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students who sees patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, required uses and disclosures. We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirement of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization at any time in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization as permitted in Section 164.506 of the Code of Federal Regulations.

## **YOUR RIGHTS & CHOICES REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your protected health information:

**CONFIDENTIAL COMMUNICATIONS:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or 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 the compliance officer specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. If your Protected Health Information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity.

There are cases that we never share your information unless you give us written permission: marketing purposes, sale of your information, most sharing of psychotherapy notes. We may contact your fundraising efforts, but you can tell us not to contact you again.

**REQUESTING RESTRICTIONS:** You have the right to request that we restrict our disclosure of your protected health information as well as a restriction in our use or disclosure of your protected health information for treatment, payment or health care operations. 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 or in emergencies. In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing to the compliance officer; including the information you wish restricted, whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.

**INSPECTION AND COPIES:** You have the right to inspect and obtain a copy of the protected health information that may be used to make decisions about your treatment and care, including patient medical records and billing records and billing records. You must submit your request in writing to compliance officer in order to inspect and/or obtain a copy of your protected health information. You may be charged a fee for the costs of copying, mailing, or labor and supplies associated with your request. Our practice 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 will conduct reviews.

**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 our practice. Your request must be made in writing. We may deny your request if you ask us to amend the information that is in our opinion: accurate and complete, not part of the protected health information kept by or for the practice, not part of the protected health information which you would be permitted to inspect and copy, or not created by our practice.

**ACCOUNTING OF DISCLOSURES:** All of our patients have the right to request an accounting of disclosures which is a list of certain non-routine disclosures our practice has made of your protected health information for non-treatment, non-payment or non-operations purposes. You must submit your request in writing to the compliance officer stating a time period which may not be longer than 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 our practice charges you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request.

**RIGHT TO FILE A COMPLAINT:** If you believe your privacy rights have been violated, you may file a complaint in writing with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the compliance officer. You will not be penalized for filing a complaint.