**ATLANTA DIGESTIVE CENTER, LLC**

***Notice of Privacy Practices***

**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**.

Atlanta Digestive Center, LLC is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of its legal duties and privacy practices with respect to your health information. We will not use or disclose medical information about you without your written authorization, except as described in this Notice.

**How Atlanta Digestive Center, LLC May Use or Disclose Your Health Information**

Atlanta Digestive Center, LLC protects the privacy of your health information. The law permits Atlanta Digestive Center, LLC to use or disclose your health information for the following purposes:

* *Treatment, payment and Regular Healthcare Operations:* Information obtained by Atlanta Digestive Center, LLC will be used to dispense and provide services to you, bill your insurance carrier, and to record and monitor service provided to you. Information will also be provided to you upon your request.
* *As and When Required by Law:* We may use and disclose your health information to Public Health Officials, Law Enforcement, Health Oversight Activities ( for audits, investigations, etc.), Judicial and Administrative, Deceased Person Information, Workers Compensation Programs, Food & Drug Administration (FDA for reporting of adverse drug events and quality issues), if there was a serious threat to your health or safety, in times of National Security, if you are in the Military or a Veteran of the armed forces when requested, or if you become an inmate in a correctional facility.
* *Personal Communications*: We may contact you to provide appointment reminders and/or other information about the treatment alternatives or other health-related benefits and services that may be of interest to you as well as communicate with individuals involved in our care of payment for your care.
* *Disclosure to Our Business Associates:* There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose health information about you to our business associate so they can perform the job we have asked them to do and bill you and your insurance carrier for the services rendered. To protect your health information, we require the business associate to appropriately safeguard the health information.  I acknowledge and agree that Frost & Arnett and any affiliates or vendors thereof, including collection or billing companies, may contact me by telephone or text message to any telephonic number I have provided to you, and any other telephone number associated with my account, including wireless or mobile telephone numbers.  I further agree that you may use any method of contact to these numbers, such as an Automated Telephone Dialing System (ATDS) or prerecorded message.  I also agree that I will notify Atlanta Digestive Center if I have given up ownership or control of any such telephone number.
* *Victim of Abuse, Neglect, or Domestic Violence:* We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

**When Atlanta Digestive Center, LLC May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, Atlanta Digestive Center, LLC will not use or disclose your health information without your written authorization. If you do authorize Atlanta Digestive Center, LLC to use or disclose your health information for another purpose, you may revoke your authorization in writing any time.

**You Have the Following Rights with Respect to Your Health Information**

* You have the right to request restrictions on certain uses and disclosures of your health information. To make such a request, you must do so in writing.
* You have the right to request a copy of your information as long as Atlanta Digestive Center, LLC maintains the information. Your health information will include your progress notes, labs, x-rays. You may request your billing information to be added. You may request this information by filling out the *Request for Medical Record Form*. We may charge a fee to any requestor listed in the above notice, including you the patient. We may deny your request for the health information if you have a balance on your account that is due to Atlanta Digestive Center, LLC by you or your insurance company. If you are denied access to your health information, you may request that the denial to be reviewed.
* You have the right to request that Atlanta Digestive Center, LLC amend your health information that is incorrect or incomplete. To request an amendment, you must do so in writing. Atlanta Digestive Center, LLC is not required to change your health information and will provide you with information about the procedure for addressing any disagreement with the denial.
* You may request communications about your health information by alternative means. For example, you may request that we contact you about medical matters only in writing or at a different residence or post office box. It is your responsibility to keep this information updated with us. To request confidential communication of your health information, you must do so in writing. Your request must state how and when you would like to be contacted. We will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, submit a written request to Atlanta Digestive Center, LLC**,** 2675 North Decatur Rd, Suite 305, Decatur, Ga. 30033.

**Changes to this Notice of Privacy Practices**

Atlanta Digestive Center, LLC reserves the right to amend our practices and this Notice of Privacy Practices at any time in future and to make the new notice effective for all medical information we maintain. Until such amendment is made, Atlanta Digestive Center, LLC is required by law to comply with this notice. The revised notice will be presented to you on your next visit and you will be asked to sign the new notice.

**If you think your privacy rights have been violated, you may file a written complaint, for which there will not be retaliation. By signing below, I acknowledge that I have received Atlanta Digestive Center, LLC, privacy Notice.**

Jeffrie Kamean, MD • 2675 North Decatur Road, Suite 305 Decatur, GA 30033 • 404-299-8320