

Druid Hills Primary Care

Notice of Privacy Practices

Effective Date: 04/01/2003

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.

Our Legal Duty

We are required by law to maintain the privacy of your health information and provide you with this Notice. We must follow the privacy practices described in this Notice while it is in effect.

How We May Use and Disclose Your Health Information

The following categories describe ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. Not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. We may use and disclose your health information for the following purposes listed below:

Treatment:

We may use your health information to provide you with medical care and share it with other healthcare providers involved in your care such as doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the practice or the hospital. For example, we may disclose medical information about you to people outside the practice who may be involved in your medical care, such as family members, clergy, or other persons that are part of your care.

Payment:

We may use and disclose all information about you and the services you receive at Druid Hills Primary Care, to bill and receive payment for the services we provide to you. Payment may be collected from you, an insurance company, or a third party regardless of when services were rendered.

Healthcare Operations:

We may use your health information for practice operations, such as quality improvement, staff training, and accreditation. The uses and disclosures are necessary to run the practice and ensure that all our patients receive quality care. We may disclose information to doctors, nurses, technicians, medical students, or other personnel for review and learning purposes.

Who Will Follow This Notice:

This notice describes our practice policies and procedures and that of any healthcare professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff, and other practice personnel.

Appointment Reminders and Follow-Up:

We may contact you to remind you of appointments or follow-up on care. These may be sent via phone call, text message, voicemail, or email.

Family and Friends:

With your permission, we may share information with family members or others involved in your care.

As Required by Law:

We will disclose your health information if required to do so by federal, state, or local law.

Public Health and Safety:

We may disclose your information for public health purposes, such as to report communicable diseases, abuse, or to prevent a serious threat to health or safety. We may disclose to or for: organ and tissue donations, coroners, medical examiners, funeral directors.

Health Oversight Activities:

We may disclose your information to government agencies for oversight activities like audits, investigations, research, and inspections.

Lawsuits and Legal Proceedings:

We may share health information in response to a court order, subpoena, or legal process.

Law Enforcement:

We may disclose limited information to law enforcement, national security, and intelligence agencies in specific circumstances, such as identifying or locating a suspect or responding to a crime on our premises.

Your Individual Rights Regarding Your Health Information

You have the following rights regarding the health information we maintain about you:

- **Right to Access:** You may request to see or get a copy of your medical record. You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.
 - **Right to Request Amendment:** If you believe your record is incorrect or incomplete, you can request a correction. To request an amendment, your request must be submitted in writing and submitted to the Privacy Officer, and you must provide a reason that supports your request. We may deny your request for an amendment.
 - **Right to an Accounting of Disclosures:** You can request a list of certain disclosures we have made of your health information. You must submit your request in writing to the Privacy Officer.
 - **Right to Request Restrictions:** You can ask us not to use or share certain information for treatment, payment, or operations, though ***we are not required to agree to all requests***. You also have a right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. All requests must be submitted in writing to the Privacy Officer.
 - **Right to Confidential Communications:** You can request that we communicate with you in a certain way or at a certain location. You must submit your request in writing, and you must specify how or where you wish to be contacted.
 - **Right to a Paper Copy:** You have the right to receive a paper copy of this Notice at any time.
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Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use, will be made only with your written authorization. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

Changes to This Notice

We reserve the right to change this Notice at any time. Any changes will apply to all the health information we have about you. We will post the current Notice in our office and on our website.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with:

Druid Hills Primary Care

1700 Briarcliff Rd NE Atlanta, GA 30306

P: 404-228-2648

You may also file a complaint with the **U.S. Department of Health and Human Services**. You will not be penalized for filing a complaint.

Contact Information

If you have any questions about this Notice or want to exercise any of your rights, please contact:

Privacy Officer

Druid Hills Primary Care

1700 Briarcliff Rd NE Atlanta, GA 30306

P: 404-228-2648

druidhillsprimarycare@gmail.com