

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.

Healthcare facilities make and keep records of medical information. While you are a patient of **Buckhead injury Wellness Institute**, we will use and disclose your medical information:

- To provide treatment to you and to keep a record describing your care
- To receive payment for the care we provide
- To administer the clinic properly
- To comply with the law

We are required by law

- To keep your medical information confidential in accordance with legal requirements
- To give you this Notice of our legal duties and privacy practices with respect to your medical information
- To follow the terms of the Notice that is currently in effect

When we use the word we or PMC we mean Pain Management Clinic, its affiliates, medical professionals and others who assist us in our business.

YOUR PRIVACY RIGHTS

Right to Review and Right to Request a Copy

Right to Amend: If you feel your medical information in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request.

Right to an Accounting of Disclosures:

You have the right to make a written request for a list of certain disclosures PMC has made of your medical information. This list is not required to include all disclosures we make.

Right to Request Restrictions on Disclosures:

You have the right to make a written request to restrict or put a limitation on the medical information we use or disclose to someone 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.* However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required by law. In your request, you must tell us 1) what information you want to limit; 2) and to whom you want to limit that information.

Right to Revoke Permission:

If you give us permission to use or disclose information about you, you may revoke that permission, in writing, at any time.

Right to Request Confidential Communications:

You have the right to make a written request that we communicate with you about medical matters in a certain way. For example, you can ask that we contact you only at work or by mail.

Right to a Paper Copy of This Notice:

You have the right to receive a paper copy of this Notice at any time.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Treatment: We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, medical, nursing or other healthcare personnel taking care of you. We may also disclose your medical information to people outside GMPC such as your pharmacist.

Payment: We may use and disclose your medical information so that the treatment and services you receive can be submitted to your insurance carrier.

Required By Law:

We will disclose your medical information when federal, state or local law requires it. For example

Serious Threat to Health or Safety:

We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Note: Georgia and Federal Law provide protection for certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We will post the current Notice in our Lobby and a copy is available to you at the front desk