

the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of healthcare and service we provide.

- **Health Information Exchange:** We may make your protected health information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your information. Participation in information exchange serves also lets us see their information about you.

OTHER USES OR DISCLOSURES:

Business Associates: There are some services provided in our organization through contacts with business associates. Examples-include physician services in emergency situations, radiology, and certain laboratory tests.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: We may disclose relevant health information to a family member, friend, or other person you identify regarding your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Fundraising/Marketing: We may contact you as part of a fundraising or marketing effort. If you do not want us to contact you for these efforts, you must notify the Medical Records Department.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Appointment Reminders/Treatment Alternatives: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health or safety.

National Security: We may disclose the health information of Armed Forces personnel to military

authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of inmates or patients to the appropriate authorities under certain circumstances

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

If you have any questions about this notice, please contact:

Corporate Office
The Family Health Centers of Georgia, Inc.
(formerly West End Medical Centers, Inc.)
868 York Avenue, SW
Atlanta, Georgia 30310
404.752.1400
fhcga.org

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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your *medical history*, symptoms, examination and test results, diagnoses, treatment, *care plan*, *insurance*, *billing*, and *employment information*. *This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.*

Understanding what is in your record and how your Health Information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of The Family Health Centers of Georgia, Inc. the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522:
You may request restrictions on how your health information is used for treatment, payment or health care operations, or to certain family members or others who are involved in your care. We may deny your request with one exception; *we must approve your request to not disclose information to a health plan if you have paid out-of-pocket in full for all expenses for a particular item or service.* If we agree to a restriction, the restriction may be lifted if use of the

information is necessary to provide emergency treatment or is required by law to make a disclosure.

- Right to obtain a paper copy of this Notice:
You may request an additional paper copy of this Notice at any time from any patient registration area.
- Right to inspect and copy your health record as provided for in 45 CFR 164.524
You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to the Medical Record Department; we may charge you a copying fee plus postage. *If your record is in electronic format, you have the right to request your copy in electronic format.*
- Right to Request Amendment:
You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the Medical Records Department. We may deny your request, if so; you will be notified of our decision in writing.
- Right to obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations). To request an accounting of disclosures, you must send a written request to the Medical Records Department. Your request must state a time period that may not be longer than six-years and may not include dates before April 14, 2003.
- Right to request communications of your health information by alternative means or at alternative locations:

You may request that we communicate with you in a certain way, in a certain location. You must make your request in writing to the patient registration area or to the medical record department and explain how or where you wish to be contacted.

- Right to revoke or restrict your authorization to use or disclose health information except to the extent that action has already been taken or as required by law.
- Right to be notified in the event of a breach of your health information.
- Right to opt out of communications for fundraising purposes

OUR RESPONSIBILITIES:

The Family Health Centers of Georgia, Inc. is required by law to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- notify you in the event of a breach of your information
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations and to *restrict information to certain entities as outlined in this notice.*

Should our Notice of Information practices change or revisions are made, the Notice will be made readily available upon request on or after the effective date of the revisions to existing patients. We will not use or disclose your health information without your authorization, except as described in this Notice.

YOUR AUTHORIZATION IS REQUIRED TO RELEASE THE FOLLOWING INFORMATION:

- Psychotherapy notes
- Marketing purposes (including subsidized treatment communications)
- Disclosures that constitute a sale of PHI
- Release of your health information to any outside agency (except as required by law)
- Other uses and disclosures not described in this Notice will be made only with your prior authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If have questions and would like additional information or If you believe your privacy rights have been violated, you can file a complaint with Risk Management at (404) 752-1408 or with the Secretary of Health and Human Services. *There will be no retaliation for filing a complaint.*

EXAMPLES OF DISCLOSURES FOR TREATMENT PAYMENT AND HEALTH OPERATIONS

- We will use your health information for *treatment*:
For example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.
- We will use your health information for *payment*:
For example: We may disclose health information about you to other qualified parties for their payment purposes.
- We will use your information for regular *healthcare operations*:
For example: Members of the medical staff,