

Internal Medicine Associates Of Middle Georgia

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NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

ABOUT US

Internal Medicine Associates of Middle Georgia is committed to providing quality healthcare in middle Georgia. Craig Caldwell, M.D. has been providing Adult and Geriatric care since 1980. Jeremy Goodwin, M.D. joined Internal Medicine Associates of Middle Georgia in 2007. Both Dr. Caldwell and Dr. Goodwin are Board Certified Physicians. Tammy Barnett, Nurse Practitioner joined our practice in February 2011. She has been providing patient care since 2004.

WHAT IS "PROTECTED HEALTH INFORMATION" OR "PHI" "Protected Health Information," or "PHI" for short, is information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or past, present, or future payment for the provision of health care to you. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are. If you are an employee of our participating physician's office, PHI does not include your health information in your personnel file.

PURPOSE OF THIS NOTICE In the course of doing business, we gather and maintain PHI about our members. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes our privacy of your PHI. We are obligated to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also obligated to explain to you by this Notice about our legal obligations to maintain the privacy of your PHI. We must follow our Notice that is currently in effect.

HOW WE PROTECT YOUR PHI We restrict access to your PHI to those employees who need access in order to provide services to our members. We have established and maintain appropriate physical, electronic and procedural safeguards to protect you PHI against unauthorized use or disclosure. We have established a training program that our employees must complete and update annually. We have also established a Privacy Office, which has overall responsibility for developing, training and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use and disclosure.

TYPES OF USE AND DISCLOSURE OF PHI WE MAY MAKE WITHOUT YOUR AUTHORIZATION:

Treatment; Payment; Health Care Operations

Federal and state law allows us to use and disclose your PHI in order to provide health care services to you, as well as to bill and collect payments for the health care services provided to you by our participating physicians. For example, we may use your PHI to authorize referrals to specialist and to review the quality of care provided by your participating physician. We may disclose your PHI to health plans or other responsible parties to receive payment for the services provided to you by our participating physicians.

Federal and state law also allows us to use and disclose you PHI as necessary in connection with our health care operations. For example, we may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may also use your PHI in connection with population-based disease management

programs. We may use or disclose your PHI to perform certain business functions to our business associates, who must also agree to safeguard your PHI as required by law.

Appointment Reminders, Treatment Alternatives and health Related Benefits and Services.

We may also use or disclose your PHI, for example, to recommend to you treatment alternatives, to inform you about health-related benefits and services that we offer, or to contact you to remind you of your appointments. We conduct these activities to provide health care to you, and not as marketing.

Individuals involved in Your Care or Payment for your Care.

We may disclose your PHI, without your written authorization, to your family members or other persons if they are involved in your care or payment for that care. We may also notify disaster relief organizations to assist them with their relief efforts and notify your family about your location or general condition in a disaster relief effort.

Research.

We may use and disclose your medical information for medical research. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research.

We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

When required by law -In some circumstances, we are required by federal or state laws to disclose certain PHI to others, such as public agencies for various reasons.

Business Associates-To perform functions on our behalf or to provide us with services. For example we may use another company for billing purposes, answering services, etc. All of our business associates are obligated to protect your Health Information.

Public Health Risks.-To report to FDA or appropriate reporting entities to prevent or control disease, injury or disability, report deaths, report child abuse or neglect, reactions to medications or problems with products, to notify people of recalls of products they may be using, to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.

For health oversight activities- to governmental agencies that are responsible for licensing physicians or other health care providers; these activities also include audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

For lawsuits and other legal disputes-In connection with court proceeding or proceedings before administrative agencies, in response to subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, or to defend us or our participating physicians in a legal dispute.

For law enforcement purposes-to respond to a warrant, or report a crime.

Reports to coroners, medical examiners, or funeral directors- to assist them in performance of their legal duties.

For tissue or organ donations-to organ procurement or transplant organizations to assist them.

To avert a serious threat to the health or safety of you or other members of the public-We may use and disclose your medical information when necessary to a serious threat to the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Military and Veterans- If you are a member of the US or foreign armed forces, we may release Health Information as required by military command authorities and/or foreign military authority if you are a member of a foreign military.

For national security and intelligence/protective services for the President and others- to authorized federal officials as for protection of the President or foreign dignitaries as authorized by law.

In connection with services provided under workers' compensation laws-We may release Health Information for Worker's comp for work related injuries and illnesses.

Minors-If you are a minor (under 18 years old), we will comply with Georgia law regarding minors. We may release certain types of your medical information to your parent or guardian, if required or permitted by law.

Inmates or individuals in Custody-If you are an inmate of a correctional institute or under the custody of law enforcement, we may release your medical information to the correctional institution or a law enforcement officer or the correctional institution.

Data Breach Notification Purposes-We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

When you are a patient at a hospital or medical facility with which we are affiliated, we may create a directory that includes your name, your location at the facility, your general condition and your religious affiliation. Information in this directory may be disclosed to visitors and clergy. However, we must first provide you with an opportunity to agree or object to such disclosure. If you cannot agree or object because you are incapacitated or otherwise unavailable, we will use our professional judgment. You, as a parent, can generally control your minor child's PHI. In some cases, however, we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission.

We never share your information without written permission for marketing purposes, most uses and disclosures of psychotherapy notes, Sale of your information, and other uses and disclosures not described in the Notice of Privacy Practices.

Note: There are some types of PHI, such as HIV test results or mental health information, including information about alcohol or drug abuse, which are protected by stricter laws. However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

AUTHORIZATIONS

All other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you need an authorization form, we will send you one for you to complete. When you receive the form, please fill it out and send it to the following address: **Internal Medicine Associates of Middle Georgia, 97 Martin Luther King Jr. Drive, Forsyth, Georgia 31029.**

You may revoke or modify your authorization at any time by writing to us at the same address. Please note that your revocation or modification may not be effective in some circumstance, such as when we have already taken action relying on your authorization. We must continue to comply with laws that require certain disclosures, and we are required to retain our records of the care we provided to you.

YOUR RIGHTS REGARDING YOUR PHI

ACCESS TO YOUR PHI. You have the right to review and copy medical information in your paper or electronic medical or billing record. If you wish to have access to your PHI, please write to us. We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If we provide you with a copy, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we deny your request for review or copy of your PHI, we will explain the reason in writing. If we don't have your PHI, but know who does, we will tell you who to contact.

RIGHT TO AN ELECTRONIC COPY OF ELECTRONIC MEDICAL RECORDS. If your PHI is maintained in an electronic format, EMR, you have the right to request that an electronic copy of your record be given to you or another entity. If the PHI is not readily producible in the format you are requesting, PHI will be provided in our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

RIGHT TO AMEND YOUR PHI. You have the right to request amendments to your paper or electronic medical information. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why.

RIGHT TO GET NOTICE OF A BREACH. You have a right to be notified promptly of a breach of the privacy and security of your PHI.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURE OF YOUR PHI. You have the right to request an accounting of certain disclosures that we make of your PHI for purposes other than those made for treatment, payment, or health care operations. You can request an accounting by writing to us. We will respond to your request within a reasonable period of time.

RIGHT TO RECEIVE A COPY OF THIS NOTICE. You have the right to request and receive a paper copy of this Notice at any time even if you have agreed to receive this notice electronically.

RIGHT TO REQUEST RESTRICTIONS. You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. You also have a right to request a limit on the health information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restrictions to protect your PHI, and that additional restrictions may be harmful to your care.

If you pay for services we provide in full and you requested that we not bill your health plan for a specific item or service, you have the right to ask that your PHI for that service not be disclosed to a health plan for purposes of payment or our operations with your health insurer. We will agree with your request unless a law requires us to share that information.

RIGHT TO CONFIDENTIAL COMMUNICATIONS. You have the right to request that we provide your PHI to you in a certain way or at a certain location. For example, you may ask that we contact you only at work or by mail or send information to an alternate address. We will not ask you the reason for your request. We will accommodate any reasonable requests. Your request must specify how or where you wish to be contacted. We ask that you submit your request in writing to 97 Martin Luther King Jr. Drive, Forsyth, Georgia 31029.

RIGHT TO COMPLAIN

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or to file a complaint, please direct your inquiries to: **Internal Medicine Associates of Middle Georgia: Privacy Officer, 97 Martin Luther King Jr. Drive, Forsyth, Georgia 31029.**

You may contact your Health Plan with your concerns as well. You also have the right to the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint against us.

RIGHTS RESERVED

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to this Notice at anytime.

EFFECTIVE DATE

The effective date of this Revised Notice is September 23, 2013