

Quail Ridge Family Practice, LLC
1 Doctors Park - Cairo, GA 39828 - 229-378-8110

Notice of Privacy Practices for Protected Health Information

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.

Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Disclosures for which Patient Authorization is not Required, include:

- Treatment – for example, if treatment is provided by a specialist who asks a primary care physician to share a patient's protected health information.
- Payment – for example, to complete a claim form to obtain payment from an insurer.
- Healthcare Operations – for example, to engage in quality review activities or for the implementation of compliance programs.
- Public Health, Abuse or Neglect, and Health Oversight – for example, to alert a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- Other Disclosures Required by Law, including: legal proceedings and law enforcement; Workers' Compensation; PHI related to inmates; Military, National Security and Intelligence Activities; organ donation; for use by coroners, medical examiners and funeral directors; certain approved research purposes; or any other reason such disclosure would be required by law.

Disclosures for which Patient Authorization is Required, include:

There are uses and disclosures that will be made only with the individual's written authorization, and the individual may revoke such authorization, except to the extent information or action has already been taken, by delivering a written revocation to our office.

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications.
- Disclosures that constitute a sale of protected health information.
- Other uses and disclosures not described in the Notice of Privacy Practices.

We may contact you as part of a fundraising effort. We will inform you of this intention, and you will have the right to opt out such fundraising communications with each solicitation.

We may also contact you to provide appointment reminders.

Your Health Information Rights

The health and billing records we maintain are the physical property of the doctor's office. The information in it, however, belongs to you. You have a right to –

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We may choose not to comply with a restriction request, unless the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item/service for which the individual or person, other than the health plan, on behalf of the individual, has paid the covered entity in full.

- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information from our office upon request, even if the individual has agreed to receive the Notice of Privacy Practices electronically.
- Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request.
- Appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments.)
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment or operations; disclosures made to you or made at your request; or disclosures made to individuals to whom you gave us permission to release relevant information regarding your care.
- Request that communications of your protected health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request.
- Revoke authorizations that you made previously to use or disclose protected health information except to the extent information or action has already been taken by delivering a written revocation to our office.
- Receive notification of any breach of unsecured PHI.

If you want to exercise any of the above rights, please contact our Privacy Office by telephone, in person, or in writing, during normal business hours. You will receive assistance on the steps to take to exercise your rights.

Our Responsibilities

Our office is required to –

- Maintain the privacy of your protected health information as required by law.
- Provide you with a notice as to our duties and privacy practices with respect to protected health information.
- Abide by the terms of this Notice of Privacy Practices.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate protected health information about you.
- Obtain patient authorization regarding the use and disclosure of protected health information for marketing purposes (including subsidized treatment communications) and regarding disclosures that constitute a sale of protected health information.
- Notify you of any breach of unsecured protected health information.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice of Privacy Practices. You are entitled to receive a revised copy of the Notice upon request.

Other Disclosures and Uses

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 protected health information.

Disaster Relief – We may use and disclose your protected health information to assist in disaster relief efforts.

Funeral Directors or Coroners – We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations – Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Appointment Reminders – We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Workers Compensation – If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

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

Abuse and Neglect – We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions – If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement – We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight – Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings – We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law or as directed by a proper court order.

Serious Threat to Health or Safety – To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Government Functions – We may disclose your protected health information for specialized government functions authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Health Plans – Health plans may not use or disclose genetic information of an individual for underwriting purposes.

Communication with Family/Friends – Using our best judgment, we may disclose to a family member, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in the case of an emergency.

Website – If we develop a website, access to this Notice will be on our home page.

Other Uses – Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with written authorization, and you may revoke the authorization as previously described.

Specific Information Regarding Your Information

Canceling your appointment. If we need to cancel an appointment, we will call your home or business depending upon the time of day. If we are unable to get you directly, we will only leave a message for you on your voice mail to contact our office and leave our telephone number. At your office, if you do not have voice mail, we will not leave a message or our telephone number with anyone at your office.

Returning your telephone call. If you are not available, we will leave a message for you to contact the office. If we get your answering machine, we may leave a message informing you a prescription has been phoned in but the name of the prescription will not be given. Any detailed information will not be given to anyone other than you. You will be required to call the office regarding any detailed medical information. At your office, if you do not have voice mail, we will not leave a message or our telephone number with anyone at your office.

Shredding patient information. We will shred all discarded/outdated patient health and billing information. We will not simply “throw” anything away in the trash pertaining to your protected health information.

Billing questions we might have for you. If you are not available, we will leave a message for you to contact the office. We will not give out any account information to anyone other than you. If we get your answering machine, we will leave a message for you to contact this office and we will leave you our telephone number. At your office, if you do not have voice mail, we will not leave a message or our telephone number with anyone at your office.

Referral appointments. If we need to schedule an appointment for you with another physician, someone from our office will contact you with the information. If you are not available, we will leave a message with a family member or on your answering machine to contact our office. At your office, if you do not have voice mail, we will not leave a message or our telephone number with anyone at your office.

Appointment reminders. We will contact you one or two days before your appointment to remind you of your scheduled appointment. If you are not available, we will leave a message with a family member or on your answering machine to contact our office. At your office, if you do not have voice mail, we will not leave a message or our telephone number with anyone at your office.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Privacy Officer by telephone, in person, or in writing.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to our Privacy Officer. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the U.S. Department of Health and Human Services.
- If you wish to file a complaint, simply ask our Privacy Office for our Complaint Form. It has all relevant website and mailing addresses for the U.S. Department of Health and Human Services.