

Notice of Privacy Practices

JOHNS CREEK DERMATOLOGY AND FAMILY MEDICINE 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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally be kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for any of the following purposes:

1. **TREATMENT** – providing, coordinating or managing health care and related services by one or more health care providers. An example of this would be teeth cleaning services.
2. **PAYMENTS** – activities such as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill to your insurance company for payment.
3. **HEALTH CARE OPERATIONS** – activities include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

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.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respects to your protected health information (PHI), which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI
- The right to obtain a paper copy of this notice from us upon request

We are required by law to maintain your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

This notice is effective as of February 1, 2009 and we are required to abide by the terms of the Notice of Privacy Practices and to make the new notice provisions for all PHI that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint:

The US Department of Health and human Services

Office of Civil Rights

Independence Ave SW

Washington, DC

1-877-696-6775