

## Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

**This Notice of Privacy Practices describes how we may use and disclose your protected health information needed to treat you, obtain payment for services, for health care operations and for other purposes permitted by law. The term “protected health information” means any information about you, including information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.**

The practice provides this notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our practice is required to comply with the terms of this Notice of Privacy Practices.

*This Notice of Privacy Practices will apply to:*

- ◆ any health care professional authorized to enter information into your chart (including physicians, nurse practitioners, RNs, etc.);
- ◆ all areas of the practice (front desk, administration, billing and collection, etc.);
- ◆ all employees, staff and other personnel that work for or with our practice; and
- ◆ our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on.

### CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

**The practice may change the terms of this notice at any time. The new notice will be effective for all protected health information that we maintain at that time. To request a revised Notice of Privacy Practices you may:**

- ◆ call the office at (706) 548-6881 and request a copy be sent to you at your mailing address, or
- ◆ ask for a copy at your next visit to our office.

### OUR COMMITMENT TO YOU

We understand that your medical information is personal to you, and we are committed to protecting the information about you. We will never sell your protected health information. You should be comfortable in sharing any information about your health with your doctor in order to help him/her provide the most appropriate health care. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

**All of our medical and administrative staff understands that the practice is required by law to:**

- ◆ make sure that the protected health information about you is kept private;
- ◆ provide you with a notice of our Privacy Practices and your legal rights with respect to protected health information about you;
- ◆ follow the conditions of the notice that is currently in effect; and
- ◆ notify you in the event of a breach of information

### HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED

We will use your medical information as part of rendering patient care. This explanation is provided only to help you understand how the Practice may use or disclose your protected information in compliance with any authorizations or consents required by law. For example, your medical information may be used for:

**Medical Treatment.** We will use medical information about you that was on file prior to this notice or which may be obtained after the date of this notice to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with others that have already obtained your permission to have access to your protected health information. Therefore, we may disclose medical information about you to doctors, nurses, laboratory or imaging technicians, medical students and hospital or home health personnel who are involved in taking care of you. We may also disclose information to other doctors who may be treating you or to whom we may refer you for care. These doctors may need information from your medical record to provide appropriate care.

Different areas of our practice also may share medical information about you including your records, prescriptions, requests for lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside our practice who may be involved in your medical care after you leave the practice; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent).

**Payment.** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.

**Health Care Operations.** We may use and disclose medical information about you so that we can run our practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. When business associates are used, we will advise them of their continued obligation to maintain the privacy of your medical records except:

- ◆ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- ◆ to notify the appropriate government authority if it is believed that a patient has been the victim of abuse, neglect or domestic violence. This disclosure will only be made if you agree or when required or authorized by law.

**Investigation and Government Activities.** We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the payor, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our practice in any actual or threatened action.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- ◆ in response to a court order, subpoena, warrant, summons or similar process;
- ◆ to identify or locate a suspect, fugitive, material witness or missing person;
- ◆ about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ◆ about a death we believe may be the result of criminal conduct;
- ◆ about criminal conduct at the practice; and
- ◆ in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the practice to funeral directors as necessary to carry out their duties.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact our Privacy Officer, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you. You will not be penalized for filing a complaint.

The Privacy Officer can be reached at this number: (706) 548-6881.

### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses previously mentioned here. If you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## Patient Rights

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your medical record, you must submit your request in writing to our Privacy Officer. Ask the front desk person for the name of the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request. You may also request your medical record electronically.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that our Privacy Committee review the denial. Another licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

**Right to Amend .** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the practice maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ◆ was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ◆ is not part of the medical information kept by or for the practice;
- ◆ is not part of the information which you would be permitted to inspect and copy;
- ◆ is already accurate and complete;
- ◆ if the requested amendment renders the record inaccurate and/or incomplete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" made by this practice after April 14, 2003. This is a list of the disclosures we made of medical information about you to others that are not involved with your treatment, payment of services rendered to you or health care operations as previously defined in this Notice of Privacy Practices.

To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (or the actual implementation date of the HIPAA Privacy Regulations). Your request should indicate in what form you want the list (for example: on paper or electronically). We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received. You also have the right to restrict disclosure of out of pocket payments.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we provide you. If we do agree, we comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing. In your request, you must indicate:

- ◆ what information you want to limit;
- ◆ whether you want to limit our use, disclosure or both; and
- ◆ to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)


**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voicemail or e-mail, or the like.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

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PRIVACY PRACTICES

PATIENT RIGHTS

EFFECTIVE AS OF APRIL 14, 2003