

HIPPA PRIVACY DISCLOSURE AND ELECTRONIC PORTABILITY

The privacy of your medical records and information is very important to us and we will make every effort to keep sensitive information confidential. The federal government passed a law, effective April 2003, known as "HIPAA" detailing the rights of patients, providers, and other agencies which use sensitive health information. The following paragraphs elaborate our privacy practice.

Besides the exceptions listed (see USES AND DISCLOSURES section) in this document, disclosure of your health information requires your specific written authorization. If you decide to revoke this authorization, this can be done in writing at any time. Your decision to revoke authorization does not undo or affect the use of information occurring before this decision is made in writing.

The federal law allows you the right to request restrictions on the use and disclosure of your protected health information, and the right to inspect and copy your health information. It also gives you the right to receive confidential communications concerning your medical condition and treatment and allows you to receive a list of who your health information is disclosed to. Furthermore, you have the right to amend or submit corrections to your health information.

NOTICE OF CHANGE OF PRIVACY POLICIES

We reserve the right, by law, to amend or modify our privacy policies at any time in accordance to revisions and/or changes in federal and state laws and mandates. These changes will be applicable for all the medical information we keep including information previously created or received before the changes. We will provide you with the most recent revised notice on any office visit per your request.

AMENDMENTS

You may request an amendment of your health information kept by our practice. To request an amendment, please submit a written request with a reason supporting the amendment to our privacy officer. We may deny your request if we feel that you ask us to amend information that is, in our opinion, accurate and complete, or not part of the protected health information which you would be typically permitted to inspect and copy. Also, we cannot amend information that was not created in our practice unless the person or entity who created the information is not available to amend the information. All verbal or non-written requests will be denied.

RIGHT TO INSPECT PROTECTED HEALTH INFORMATION

You have the right to inspect your protected health information. All requests to inspect or copy protected health information should be submitted in writing, and our office will respond to your request within 30 days. We reserve the right to extend our response to 60 days with an explanation of extension. Also, we may deny your request under certain circumstances which include but are not limited to legal and/or medical reasons. You have the right to request a review of our denial. Our office may charge a fee to cover the costs of copying, mailing, labor and supplies associated with your request. If you would like a copy of the information from your medical record, please contact our privacy officer.

USES AND DISCLOSURES

The following information reviews who we disclose your information to:

1. Payers/Insurers: Your health information may be used to seek payment from your health plan. Most health plans require information on the patients' diagnosis, date of treatment and services provided.
2. Providers and Staff: Health information may be used by health care providers and staff members for the purpose of evaluation and treatment of your health. The information may be forwarded to other health care providers and laboratories for the purpose of evaluation, diagnosis and treatment of your health. Health information may also be used for appointment reminders.
3. Workers Compensation: Your health information may be released to companies and providers dealing with workers compensation and similar programs.
4. Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, certain infectious diseases are reportable to the county or state health department.
5. Business Operations: Your health information may be used for accounting purposes and financial management of our medical practice. Information may be used for the purpose of obtaining license and re-certification, certificates, and credentialing.
6. Law Enforcement: Your health information can be disclosed to law enforcement agencies to comply with governmental mandates, investigations and to support governmental audits and inspections. Medical information may also be used to assist public and private organizations assist in disaster relief.
7. Family and Friends: Under certain situations, your health information may be disclosed to family, friends or others involved in your or your family's care. For example, if your child is brought to the office by a friend, his/her health information may be released to that person for the use of adequate diagnosis, evaluation and treatment of the child.
8. Research: We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
9. Funeral Director, Coroner, Medical Examiner: Your health information may be provided to a funeral director, coroner, or medical examiner.

Please submit all comments, and privacy requests to our privacy officer in writing. Also, if you feel your privacy rights have been violated, please bring this matter to our attention as soon as possible. Please ask the front desk personnel if you would like an additional copy of this statement.

Submit requests to:

Privacy Officer

South Forsyth Family Medicine and Pediatrics

1845 Lockeway Drive, Suite 404

Alpharetta, GA 30004