

## **Infectious Disease Consultants**

### **PRIVACY POLICY**

**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.**

From herein, Infectious Disease Consultants will be referred to as “Covered Entity” and include its affiliates, medical professionals and others who assist us in our business as covered by law.

Health care facilities are required to make and keep records of all medical information referred to as Private Health Information (PHI). While you are a patient of the covered entity, we will use and disclose your PHI for the following:

- To provide treatment to you and to keep a record describing your care
- To receive payment for the care we provided to you
- To administer continuity of care with hospitals
- To comply with Georgia State law (O.C.G.A 31-33-1)

We are required by law:

- To keep your medical information confidential in accordance with legal requirements
- To give you this Notice of our legal duties and privacy practices with respect to your PHI

#### **YOU'RE PRIVACY RIGHTS**

You have the right to review and request a copy of your PHI in your medical and billing record. The Health Information Management (medical records) Department has a form you can complete to request to review or copy your PHI and to tell you how much will it cost according to state law. The Covered Entity will tell you if it cannot fulfill your request and reason within limitation of the law. If you are denied the right to see or copy your medical information, you may ask us to reconsider its denial in writing. Depending on the reason for the denial, we may ask a licensed health care professional to review your request and its denial. We will comply with this person's decision.

#### **Right to Amend.**

If you feel your PHI in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment that will be reviewed by your medical provider and responded to within 30 days. This is in accordance to 45 CFR Section 164.526

#### **Right to an Accounting of Disclosures.**

You have the right to make a written request for a list of certain disclosures the covered entity has made of your medical information. This list is not required to include all disclosures we make. Disclosure for treatment, payment, or covered entity administrative purposes made to you or which you authorized, and other disclosures are not required to be listed. This is in accordance to 45 CFR 164.528

#### **Right to Request Restrictions on Disclosures.**

You have the right to make a written request to restrict or put a limitation on the medical information we use or disclosure about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request within limitation of the law. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that are required under law. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your adult children.

**Right to Request Confidential Communications.**

You have the right to make a written request that we communicate with you about medical matters in a certain way. For example, you can ask that we contact you only at work, by mail or in electronic communication. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted but you do not need to tell us why.

**Right to a Paper Copy of This Notice.**

You have the right to receive a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this notice from any office within the covered entity.

**USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION TREATMENT.**

We will use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, medical nursing or other health care students, or other personnel taking care of you. The covered entity may share your medical information with another facility to schedule any test or procedure you may need, as well as with any paramedic, hospital provider or referred physician as applicable for continuity of care.

**Payment.**

We may use and disclose your medical information so that the treatment and services you receive can be billed and collected from you, an insurance company or another third party. For example we may give your health plan information about surgery you received so your health plan will pay us for the surgery. We also may tell your health plan about treatment you are going to receive in order to obtain prior approval from your plan to cover payment for the treatment.

**Health Care Operations.**

We may use and disclose your medical information for internal purposes, such as for peer review, performance improvement, risk management, and our compliance with licensure, accreditation or certification requirements.

**Treatment Alternatives and Health-Related Benefits.**

We may use and disclose your medical information to tell you about (1) health-related products or services that we offer, (2) other providers participating in a health care network that we participate in, (3) possible treatment options or alternatives, or (4) health-related benefits or services that may be of interest to you. We also may use that information to communicate with you to coordinate your care. We may use and disclose your medical information to contact and remind you if an appointment for treatment or medical care.

**Individuals Involved in Your care or Payment for your Care.**

We may release your medical information to the person you named as your personal representative or emergency contact. Please provide in writing any changes regarding who may discuss your medical care or financial obligations.

**Research.**

We may use and disclose your medical information for research purposes. Most research projects, however, are subject to a special approval process. Most research require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your authorization.

**Required By Law.**

We will disclose your medical information when federal, state or local law requires it. For example ENT must comply with abuse reporting laws and laws requiring us to report certain diseases or injuries to government agencies.

**Breach of PHI:**

In the event there is a breach of your PHI, the covered entity has a policy in place to notify and protect you. You have the right to request a copy of this policy.

**Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Inmate/Child (custody of the state):** If you are in the custody of the state, we may release your medical information to correctional facility or case worker in order to maintain your health safety.

**Lawsuit:** We may disclose your medical information in response to subpoena, administrative order or search warrant. Efforts to contact you will be made where applicable by law.

**Medical Examiner & Funeral Director:** We may release your information where needed to allow medical examiner or funeral director to perform their duties.

**Military/National Security:** We may release your medical information to authorized officials where applicable by law.

**Organ/tissue Donor:** We may release your medical information to organizations for the use of your medical organs where applicable by law.

**Workers' Compensation:** We may release medical information to your workers' compensation carrier for any work related injury.

**Non-Discrimination:** The covered entity will not discriminate based upon sex, race, color, religion, national origin, age, disability, veteran status or any other class protected by law.

**Note:** Georgia and Federal Law provide protection for certain types of health information including information about alcohol or drug abuse, mental health and AIDS/ HIV, and may limit whether and how we may disclose information about you to others. We reserve the right to change this notice at any time. We are obligated to comply with all disclosure laws and retain records of care provided to you. If you believe your privacy rights have been violated, you may write a written complaint to the covered entity or with the Secretary of the Department of Health and Human Services within 180 days of suspected violation. If you have any questions regarding this policy, please call our office and ask to speak to a compliance officer.

**Compliance Officers:**

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Bill Powers  
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