

FAMILY MEDICAL CENTER OF HART COUNTY
NOICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

If you consent, the office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations.

Your Health Information Rights

The health and billing records we maintain are the physical property of Family Medical Center of Hart County. You have the following rights with respect to your Protected Health Information.

1. Request a restriction on certain uses and disclosures of your health information in writing.
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office.
3. Right to inspect and copy your health record and billing record by delivering the request in writing.
4. Right to request your health care record be amended to correct incomplete or incorrect information by written request to our office.
5. Right to request in writing that communication of your health information be made by alternative means or at an alternative location.
6. If you want to exercise any of the above rights, contact Brenda Caswell, HIPAA Officer, in person or in writing, during normal hours.
7. You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

Our Responsibilities

1. Maintain the privacy of your health information as required by law;
2. Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
3. Abide by the terms of this Notice;
4. Notify you if we cannot accommodate a requested restriction or request; and
5. Accommodate your reasonable requests regarding methods to communicate health information to you.
6. Accommodate your request for an accounting of disclosures.
7. We reserve the right to amend, change, or eliminate provision 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". You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

Contact Brenda Caswell, HIPAA Officer, for questions or if you want to report a problem regarding the handling of your information. OR you may file a complaint by mailing it to the Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW., Atlanta, GA 30303-89009, telephone 404-562-7886, Fax 404-562-7881

- We cannot and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Following is a List of Other Uses and Disclosures Allowed by the Privacy Rule

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

Opportunity to Agree or Object -Notification: Unless you object, we may disclose your protected health information in the following manner:

- Notify or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, and general condition, or your death.
- Using our best judgment, we may disclose to a family member, other relative, 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 or in an emergency.
- To order to assist in disaster relief efforts.

Opportunity to Agree or Object Not Required: We may use or disclose your protected health information in the situations to the extent that the law requires or allows, without your authorization or giving you an opportunity to object to the release:

Other Uses and Disclosures besides those identified in this Notice will be made only as otherwise authorized by law or your written authorization ..

Website: We maintain a website that provides information about our entity; this Notice is on the website at www.Munfordvillefmc.com

Effective Date of this Notice: April 14, 2003 **Revised:** September 2003, February 28, 2009, October 2011

Patient or Representative Signature

Date