

THIS NOTICE DESCRIBES HOW CPC MIGHT USE AND DISCLOSE INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW CAREFULLY.**

Introduction

At the Center for Primary Care (CPC), we are committed to treating and using Protected Health Information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your individual rights as they relate to your Protected Health Information. This Notice is effective May 25, 2015 and applies to all Protected Health Information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit CPC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your chart or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Tool in educating health professionals;
- Source of data for medical research;
- Source of information for public health officials charged with improving the health of this state and the nation;
- Source of data for our planning and marketing; and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Your Health Information Rights

Although your health record is the physical property of CPC, the information belongs to you. You have the following rights:

- *Right to a Paper Copy of this Notice.* You may ask us to give you a copy of this Notice at any time.
- *Right to Inspect and Copy.* You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care. We

Rev. 5/2019

may deny your request to inspect and copy in certain very limited circumstances.

- *Right to Amend.* You may request that we amend the Protected Health Information CPC has about you if you feel it is incorrect or incomplete. You may request an amendment for as long as the information is kept by the practice.
- *Right to an Accounting of Disclosures.* You may request an “accounting of disclosures.” This is a list of the disclosures CPC has made of Protected Health Information about you.
- *Right to Request Confidential Communications.* You may request that we communicate with you about medical matters in a certain way or at a certain location.
- *Right to Request Restrictions.* You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- *Right to Revoke Your Authorization.* You may revoke your authorization to use or disclose Protected Health Information except to the extent that the action has already been taken.
- *Right to Opt out of Fundraising Activities.* We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.
- *Right to Receive Notice of a Breach.* You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- *Out-of-Pocket Payments.* If you paid out-of- in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

CPC’s Responsibilities

CPC will:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our policy and to make the new provisions effective for all protected health information we maintain. You are entitled to a paper copy of our Notice of Privacy Practices at any time at your request.

We will not use or disclose your Protected Health Information without your authorization, except as described in this Notice. We will also discontinue using or disclosing your Protected Health Information after we have received a written revocation of your authorization.

For More Information or to Report a Problem

If you have questions, would like additional information, or believe your privacy rights have been violated, you can contact the:

Center for Primary Care
Attn: Privacy Officer
P.O. Box 1967
Evans, GA 30909
(706) 650-7799

or

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHS Building
Washington, DC 20201

There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Examples of Disclosures and Uses of Your Protected Health Information

Treatment. We may use Protected Health Information about you to provide you with medical treatment or services. We may disclose Protected Health Information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the practice or the hospital. *For example, we may disclose Protected Health Information about you to people outside the practice who may be involved in your medical care, such as family members, clergy, or other persons who are part of your care.*

Payment. We may use and disclose Protected Health Information about you so that the treatment and services you receive at the practice may be billed to and payment may be collected from you, an insurance company, or a third party. *For example, we may disclose your record to an insurance company, so that we can get paid for treating you; we may disclose your account information to our third-party business associates for payment(s).*

Healthcare Operations. We may use and Protected Health Information about you for healthcare operations. These uses and disclosures are necessary to run the practice and provide your healthcare. We also may disclose information to doctors, nurses, technicians, medical students, and other practice personnel for review and learning purposes. *For example, we may review your record to assist our quality improvement efforts.*

Business Associates. There are some services provided in our organization through contacts with business associates. An example is certain tests performed by outside laboratories. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associates to appropriately safeguard your information.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Rev. 5/2019

Research. We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information.

As Required by Law. We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

Workers' Compensation. We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose Protected Health Information for law enforcement purposes as required by law or in response to a valid subpoena.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Abuse, Neglect, or Domestic Violence. We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or if we are required or authorized by law to make that disclosure.

Military and Veterans. If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.



NOTICE OF PRIVACY PRACTICES