

**ATLANTA NEUROLOGY, P.C.**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
YOUR PROTECTED HEALTH INFORMATION**

**PLEASE REVIEW THIS NOTICE CAREFULLY**

**If you have any questions about this Notice please  
contact our Privacy Officer, Kathryn Young**

Our Practice is dedicated to maintaining the privacy of your protected health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, and related health care services.

We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice at any time. Any revised Notice will be effective for all of your protected health information that our Practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our Practice will post a copy of our current Notice in our offices in a visible location. Upon your request, we will provide you with a copy of our most current Notice. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail, or asking for a copy at the time of your next appointment.

**1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

**A. Treatment, Payment and Health Care Operations**

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

**Treatment:** Our Practice will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care

provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance to your physician with your health care diagnosis or treatment.

**Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: (1) making a determination of eligibility or coverage for insurance benefits; (2) reviewing services provided to you for medical necessity; and (3) undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health plan to obtain approval for the hospital admission. This may also include providing information to a collection agency or debt collector, as needed.

**Health Care Operations:** Our Practice may use or disclose, as needed, your protected health information in order to support the business activities of our Practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We will share your protected health information with third-party “business associates” that perform various activities (for example, billing or transcription services) for our Practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract which contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

## **B. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object**

Our Practice may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company designated by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including: (1) to report adverse events, product defects or problems, biologic product deviations, or to track products; (2) to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise as required by law; (2) limited information requests for identification and location purposes; (3) requests for information pertaining to victims of a crime, or where there is suspicion that death has occurred as a result of criminal conduct, or in the event that a crime occurs on the premises of our Practice; and (4) cases of medical emergency (not on our Practice's premises) in which it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to funeral directors, as authorized by law, in order to permit them to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**De-Identified Health Information:** We may use your health information to create de-identified health information. This means that all data items which would help identify you are removed or modified.

### **C. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization in writing at any time. If you revoke your authorization, our Practice will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

The following uses and disclosures of your protected health information will be made only with your written authorization: (1) uses and disclosures of psychotherapy notes; (2) uses and disclosures for certain types of marketing purposes; (3) uses and disclosures that constitute the sale of protected health information; (4) other uses and disclosures not described in this Notice.

## **2. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Right to Inspect and Copy:** You may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the Practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and (3) laboratory results that are subject to law which prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**Right to Request Restrictions.** You may make a request in writing for our Practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. You must complete a specific form stating the restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Our Privacy Officer is the only person who has the authority to approve such a request.

Our Practice will comply with your written request to restrict the disclosure of any part of your protected health information to your health plan(s) if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the protected health information pertains solely to a health care item or service for which you have (or a person other than your health plan on behalf of you has) paid for services out-of-pocket in full.

**Right to Request Alternative Means of Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. You must complete a specific written form providing information needed to process your request. Our Privacy Officer is the only person who has the authority to act on such a request.

**Right to Request Amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.

**Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures: (1) we may have made if you authorized us to make the disclosure; (2) for a facility directory; (3) to family members or friends involved in your care, or for notification purposes; (4) for national security or intelligence; (5) to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. The first list you request within a 12-month period is free of charge, but our Practice may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to Obtain a Paper Copy of This Notice.** You may request a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

### 3. COMPLAINTS

If you believe your rights with respect to health information have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. To file a complaint, please notify our Privacy Officer. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer by telephone at (404) 256-3720 or by mail at 5673 Peachtree Dunwoody Road, NE, Suite 300, Atlanta, GA, 30342.

*This Notice was published and becomes effective on April 1, 2013.*