

Southside Medical Care, P.C.
6325-D Shannon Pkwy
Union City GA 30291
770-964-1400

Notice of Privacy Practices

As required by the Regulations Created as a Result of the Health Insurance Portability And accountability Act of 1996. (HIPPA)

This notice describes how medical information about you may be used and disclosed and how you can get access to your individually identifiable medical information. **Please review it carefully.**

Our Responsibilities:

- Our practice is required by law to maintain the privacy and security of your protected health information.
- Our practice must follow the duties and privacy practices described in this notice and give you a copy of it.
- Our practice will not use or share your information other than as described here unless you notify our practice that we can in writing. You may change your decision at any time. You must let our practice know in writing that you have changed your decision.
- Our practice will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Your Rights:

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Our practice will provide you with a paper copy promptly.
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- Our practice will provide a copy of your health information within thirty days of your request in writing. We may charge a reasonable, cost-based fee.
- You may ask us to amend health information about you, that you think is incorrect or incomplete.
- Our practice may deny your request, and we will notify you in writing within sixty days.
- You can request confidential communication by notifying us to contact you in a specific way. For example: cell number, home number, office number, or by mail.
- You can ask us to limit what we use or share by requesting us not to use or share certain health information for treatment, payment or our practices operations. Our practice is not required to agree to your request, if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask our practice not to share that information for the purpose of payment or our operations with your health insurance carrier, unless a law requires us to share that information.
- You may request a list of the times we have shared your health information for six years prior to the date you are requesting, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (any that you asked us to make) Our practice will provide the first list for one accounting year for free but will charge a reasonable cost-based fee if you ask for another one within twelve months. Our practice will notify you of the costs involved and you may withdraw your request before you incur any costs.
- You may choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- If you believe your privacy rights have been violated, you may submit a complaint in writing to our practice. Southside Medical Care, P. C. 6325-D Shannon Parkway, Union City GA 30291. Privacy Official 470-615-7864.
- You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington D.C. 20201, calling 1-877-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You will not be penalized for filing a complaint.

Your Choices:

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the following cases, please tell us what you want us to do, and we will follow your instruction.
- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, for example if you become unconscious, we may go ahead and share your information if we believe it is in your best interest. We also may share your information when needed to lessen serious and imminent threat to health safety.
- In the following cases we will never share your information unless you give us written permission:
 - Marketing Purposes
 - Sale of your information
 - Sharing of psychotherapy notes.
- In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures:

- Our practice can use your health information and share it with other professionals who are treating you.
- Our practice can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Our practice can use and share your health information to bill and get payment from health plans or other entities.
- Our practice is allowed or required to share information that contribute to the public good, such as public health and research. Our practice is required to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html.
- Our practice can share health information about you for certain situations such as, preventing disease, product recalls, reporting adverse reactions to medication, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- Our practice can use or share your information for health research.
- Our practice will share information about you if state, or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- Our practice can share health information about you with organ procurement organizations.
- Our practice can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Our practice can share health information about you for workers compensation claims. Law enforcement purposes or with law enforcement official. With health oversight agencies for activities authorized by law. Special government functions such as military, national security and presidential protective services.
- Our practice can share health information about you in response to a court administrative order, or in response to a subpoena.

This Notice of Privacy Practices applies to the following organizations:

Southside Medical Care, P.C.

If you have any question about this notice, please contact our Privacy Official at info@southsidemedicalcare.com or 470-6155-7864.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of this Notice: September 16, 2013

