

GWINNETT INTERNAL MEDICINE ASSOCIATES PRIVACY POLICIES

It is the policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physicians and staff have the necessary medical and PHI to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide information to our practice and its physicians and staff for purposes of treatment, payment and health care operations (TPO). To that end, our practice and its physicians and staff will --

Adhere to the standards set forth in the Notice of Privacy Practices.

Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. Our practice and its physicians and staff will not use or disclose PHI for uses outside of practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from the patient.

Use and disclose PHI to remind patients of their appointments unless they instruct us not to.

Recognize that PHI collected about patients must be accurate, timely, complete and available when needed. Our practice and its physicians and staff will:

Implement reasonable measures to protect the integrity of all PHI maintained about patients.

Recognize that patients have a right to privacy. Our practice and its physicians and staff will respect patient's privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of the facility.

Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, our practice and its physicians and staff will:

Treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.

Not disclose PHI data unless the patient (or his or her authorized representative) has properly authorized the release or the release is otherwise authorized by law.

Recognize that, although our practice "owns" the medical record, the patient has a right to inspect and obtain a copy of his/her PHI. In addition, patients have the right to request an amendment to his/her medical record if he/she believes his/her information is inaccurate or incomplete. Our practice and its physicians and staff will:

Permit patients access to their medical records when their written requests are approved by our practice. If we deny their request, then we must inform the patient that they may request a review of our denial. In such cases, we will have an on-site health care professional review the patient's appeal.

Provide patients an opportunity to request the correction of inaccurate or incomplete PHI in their medical records in accordance with the law and professional standards.

All physicians and staff of our practice will maintain a list of certain disclosures of PHI for purposes other than TPO for each patient and those made pursuant to an authorization as required by HIPAA rules. We will provide this list to patients upon request, so long as their requests are in writing.

All physicians and staff of our practice will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and have been approved by our practice.

All physicians and staff of our practice must adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to, and including termination of employment and criminal or professional sanctions in

accordance with our practice's personnel rules and regulations.

Our practice may change this privacy policy in the future. Any changes will be effective upon the release of a revised privacy policy and will be made available to patients upon request.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at this time.

We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose your IIHI

Your privacy rights in your IIHI

Our obligation concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records 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 any amendments.

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

TREATMENT Our practice may use your IIHI to treat you. You may be asked to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis. Our physicians and/or medical assistants may use or disclose your IIHI in order to treat you, to assist others in your treatment or when ordering a prescription for you. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may disclose your IIHI to other health care providers for purposes related to your treatment.

PAYMENT Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and the range of the benefits. We may also use and disclose your IIHI to obtain payment from a third party that may be responsible for the costs (such as, a family member), bill you directly for the services and items, and to assist in obtaining payment for other health care providers and collection services.

HEALTH CARE OPERATIONS Our practice may use and disclose your IIHI to operate our medical practice, to evaluate the quality of care you received from our office and/or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations.

ADDITIONAL USES AND DISCLOSURES

APPOINTMENT REMINDERS Our practice may use and disclose your IIHI to contact you and remind you of an appointment.

TREATMENT OPTIONS Our practice may use and disclose your IIHI to inform you of potential treatment options and/or alternatives.

HEALTH RELATED BENEFITS AND SERVICES Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.

RELEASE OF INFORMATION TO FAMILY/FRIENDS Our practice may disclose your IIHI to a friend or family member that is involved in your care or who assists in taking care of you.

DISCLOSURE REQUIRED BY LAW Our practice will use and disclose your IIHI when required to do so by federal, state or local law.

PUBLIC HEALTH RISKS Our practice may disclose your IIHI to public health authorities that are:

- maintaining vital records, such as birth or death
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- reporting reactions to drugs or problems with products or devices
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

HEALTH OVERSIGHT ACTIVITIES Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs in compliance with civil rights laws and the health care system in general.

LAWSUITS AND SIMILAR PROCEEDINGS Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding and in response to a discovery request, subpoena or other lawful process by another party involved in the dispute.

LAW ENFORCEMENT We may release IIHI if asked to do so by a law enforcement official:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- concerning a death believed to have resulted from criminal conduct
- regarding criminal conduct in our offices
- in response to a warrant, summons, court order, subpoena or legal process
- to identify/locate a suspect, material witness, fugitive or missing person
- in an emergency, to report a crime

DECEASED PATIENTS Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death

ORGAN AND TISSUE DONATION Our practice may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, such as donation banks

RESEARCH Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. Your written authorization to use your IIHI will be obtained (except in certain circumstances.

See the Privacy Official for documentation.).

SERIOUS THREATS TO HEALTH AND SAFETY Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual, or the public.

MILITARY Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

NATIONAL SECURITY Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law and to federal officials in order to protect the President, other officials or foreign heads of state to conduct investigations.

INMATES Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

WORKER'S COMPENSATION Information may be disclosed for worker's compensation programs.

YOUR RIGHTS REGARDING YOUR IIHI

CONFIDENTIAL COMMUNICATIONS You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. (Request that we contact you at home rather than at work.) Any request for confidential communication must be in written form and presented to the Privacy Official.

REQUESTING RESTRICTIONS You have a right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operation. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care, such as family members or friends. This request must be in writing and presented to the Privacy Official. However, we are not required to agree to your request.

INSPECTION AND COPIES You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you (including patient medical records and billing records, but not including psychotherapy notes). You must submit your request in writing to the Privacy Official in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by our practice will conduct reviews.

AMENDMENT You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. Your request must be made in writing and submitted to the Privacy Official. Verbal requests will automatically be denied. You must provide our practice with a reason that supports your request for amendment. We may deny your request if you ask our practice to amend information that is in our opinion; accurate and complete, not part of the IIHI kept by or for the practice, not part of the IIHI which you would be permitted to inspect and copy, or not created by our practice.

RIGHT TO A PAPER COPY OF THIS NOTICE You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

RIGHT TO FILE A COMPLAINT You have the right to file a written complaint if you believe your privacy rights have been violated to either our practice Privacy Official or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Practice Manager
Gwinnett Internal Medicine Associates
601-A Old Norcross Road
Lawrenceville, GA 30045