

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies needed.

We will use your health information for regular health operations.

For example: Members of the medical staff may use information in your health record to assess the care and outcomes in your case and other cases like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require our business associate to appropriately safeguard your information.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

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 health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

NOTICE OF PRIVACY POLICIES

**Atlanta Infectious Disease
Specialists, P.C.**

Revision Number 2
October, 2006

THIS INFORMATION DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

At Atlanta Infectious Disease Specialists, P.C. we are committed to treating and using protected health information about you responsibly. This Notice of Health Information and Practices describes the personal information we collect from you, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective 4-14-03, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Atlanta Infectious Disease Specialists, P.C., a record of your visit is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care. This information is often referred to as your health or medical record and 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-payer can verify that services billed were actually provided
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to better understand who, what, when, where, and why others may access your health information.

Your Health Information Rights

Although your health record is the physical property of Atlanta Infectious Disease Specialists, P.C., the information it contains belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Request a copy of your health record (fees will apply)
- Request amendment to your health record
- Obtain an accounting of disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

Atlanta Infectious Disease Specialists, P.C. is required to:

- 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 requested information
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain or disclose. Should our information practices change, we will post a copy of the revised notice in our office.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written

revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information you may contact the Privacy Officer at 404-851-0081.

If you believe your privacy rights have been violated you can file a complaint with:

Privacy Officer
Atlanta Infectious Disease Specialists, P.C.
960 Johnson Ferry Road, Suite 430
Atlanta, GA 30342

If you feel that your privacy issue was not successfully resolved, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. We will provide you with the address upon request.

There will be no retaliation for filing a complaint with either the Privacy Officer nor the Office for Civil Rights.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your health his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will use your health information for payment.