

## Notice of Privacy Practices for Protected Health Information

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

This office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information created and obtained in providing services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and a plan for future care or treatment. It also includes billing documents for those services.

### **Examples of Disclosures for Treatment, Payment and Health Operations**

#### *Treatment:*

- Information obtained by the physician will be recorded in your record and used to determine the course of treatment that should work best for you.
- During the course of your treatment, the physician determines the need to consult with another specialist in the area. Your physician will share the information with such specialist and obtain his/her input.

#### *Payment and Health Operations:*

- A bill may be sent to you. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, and procedures used.
- Appointment reminders may be sent to you.
- Your physician obtains services from insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. Information about you may be shared with such insurers or other business associates as necessary to obtain these services.

#### *Communication with family:*

- Information may be disclosed to a family member, other relative, close personal friend, or any other person you identify, that is relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

#### *Serious threat:*

- To avert a serious threat to health or safety, Dr. Fortner may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information,

- obtain a paper copy of the notice of information practices upon request,
- inspect and copy your health record,
- amend your health record, and
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

This organization is required to:

- maintain the privacy of your health information as required by law,
- provide you with a notice as to legal duties and privacy practices with respect to information collected and maintained about you,
- abide by the terms of this notice,
- notify you if unable to agree to a requested restriction,
- accommodate your reasonable requests to communicate health information with you.

For additional information about health information practices or to report a problem, contact Dr. Fortner at 404-800-5680. If you believe your privacy rights have been violated, you can file a complaint with Dr. Fortner or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

My signature below indicates that I have read the notice of privacy practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_