



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- 1) The *SOUTHLAKE FAMILY PRACTICE* is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - o For treatment - Medical information including, but not limited to, physician or nursing staff documentation, diagnostic test results, patient social and family history, medication listings, and demographic and health insurance information may be disclosed or used when providing any health care service to an individual and when coordinating such care with other facilities, health care providers, ancillary health services, and health insurers when applicable for the betterment of the patient.
 - o For payment - Medical information including, but not limited to, physician or nursing staff documentation, diagnostic test results, patient social and family history, medication listings, and demographic and health insurance information may be disclosed or used when processing health care claims in order to receive payment for services rendered.
 - o For health care operations - Medical information including, but not limited to, physician or nursing staff documentation, diagnostic test results, patient social and family history, medication listings, and demographic and health insurance information may be disclosed or used when assisting or participating in an individual's health insurance carriers quality assurance programs, utilization management review and data analysis, benefit management activities, accreditation and administrative activities and routine claims processing.
- 2) The *SOUTHLAKE FAMILY PRACTICE* is permitted and at times required, under specific circumstances, to use or disclose protected health information without individual patient's written authorization.
- 3) Other uses and disclosures will be made only with the individual patient's written authorization, and individuals may revoke such authorization.
- 4) The *SOUTHLAKE FAMILY PRACTICE* may contact individual's to provide appointment reminders and information about treatment alternatives or other health related benefits and services, including billing and health care operations, that may be of interest to the individual.
- 5) The *SOUTHLAKE FAMILY PRACTICE* may use public, outside, sources to obtain demographic information if not provided by the patient in a timely manner.
- 6) The *SOUTHLAKE FAMILY PRACTICE* may also disclose protected health information to group health plans or a health insurance issuer or HMO in order to facilitate the billing process and health care operations.
- 7) Individuals have the following rights regarding protected health information:
 - o The right to request restrictions on certain uses and disclosures of protected health information. **SFP** is not required to agree to a requested restriction, however.
 - o The right to receive confidential communications of protected health information, as applicable.
 - o The right to inspect and copy, amend and receive an accounting of disclosures of protected health information, as provided in the Privacy Regulation.
 - o The right to obtain a paper copy of the Privacy Notice from the *SOUTHLAKE FAMILY PRACTICE* upon request.

- 8) The SOUTHLAKE FAMILY PRACTICE is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
- 9) The SOUTHLAKE FAMILY PRACTICE is required to abide by the terms of the Notice currently in effect, but reserves the right to modify or change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains and will be posted in each office and provided to all patients via the website www.southlakefp.com and paper copy upon arrival for treatment or services.
- 10) Individuals may complain to the SOUTHLAKE FAMILY PRACTICE and to the Secretary of the Department of Health and Human Services at (404) 562-7886, without fear of retaliation by SFP if they believe their privacy rights have been violated. Complaints should be provided in writing to either the Office Administrator of the location where the complaint is derived.
- 11) The SOUTHLAKE FAMILY PRACTICE'S contact person for matters relating to complaints is:
- Piotr Kaluza, Office Administrator, (904) 827-0788
- 12) This Notice is in effect on July 1, 2005

I hereby acknowledge that I have received a copy of the SOUTHLAKE FAMILY PRACTICE Notice of Privacy Practices.

Individual:

Printed Name

Date of Birth of Patient

Signature

Date