



**HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

**Summary:**

By law, we are required to provide you with our Notice of Privacy Practices (NPP). This notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient, you have the following rights:

1. The right to inspect and copy your information.
2. The right to request corrections to your information.
3. The right to request that your information be restricted.
4. The right to request confidential communications.
5. The right to a report of disclosures of your information.
6. The right to a paper copy of this Notice.
7. The right to file a complaint if you feel your privacy has been violated.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will insure that your information remains private.

**Acknowledgement of Notice of Privacy Practices**

I hereby acknowledge that I have received a copy of The Hughston Clinic's **NOTICE OF PRIVACY PRACTICES**. I understand that if I have questions or complaints regarding my privacy rights, that I may contact the person named as the Privacy Officer. I further understand that The Hughston Clinic will offer me updates to this **NOTICE OF PRIVACY PRACTICES**, should it be amended, modified or changed in any way.

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Patient or Representative Name (Please Print)

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Patient or Representative Signature

Date

Patient refused to sign       Patient was unable to sign because-

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Documented by \_\_\_\_\_



## HIPAA NOTICE OF PRIVACY PRACTICES

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

Hughston Clinic is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. Hughston Clinic is required by law to abide by the terms of this Notice.

### How your medical information will be used and disclosed:

We will use your medical information as part of rendering patient care. For example, the doctor or nurse treating you, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality of the care you receive may use your medical information.

We may also use and/or disclose your information in accordance with federal and state law without your consent for the following purposes:

- **Appointment Reminders** - May contact you to provide appointment reminders
- **Treatment Information** - Other alternative treatments or health-related services that may be of interest to you
- **Law Enforcement** - May disclose your information as required during an investigation
- **Legal Proceedings** - May disclose your information in the course of certain judicial or administrative proceedings
- **Public Safety** - May disclose your information to prevent or lessen a serious threat to the health or safety of the public
- **Military Activity and National Security** - May disclose information to military command for their military records or other federal officials conducting national security and intelligence activities for protective services for the President
- **Worker's Compensation** - May disclose information as authorized for worker's compensation or similar programs
- **Inmates** - May disclose information to the correctional facility or law enforcement official for your proper care
- **Abuse or Neglect** - May disclose information when it concerns abuse, neglect or violence in accordance with federal or state law
- **Coroner, Medical Examiner, or Funeral Director** - May disclose information for identification of a body or determine cause of death
- **Food and Drug Administration** - May disclose information to report adverse events, product recalls, to make repairs or replacements
- **Research** - May disclose information for certain research purposes if an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your information {GA Code Ann. § 31-7-6(b)}
- **Disclosure to Department of Health and Human Services** - May disclose information for public health purposes to help control disease, injury, or disability, also to a person who may have been exposed to a communicable disease or at risk of contacting or spreading a disease or condition
- **Others Involved in Your Healthcare** - May disclose information to a family member, other relatives, close personal friends or other representative you authorize when medical information is directly relevant to that person's involvement in your care
- **Health Oversight Activities** - May disclose information for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee health care systems, government benefit programs, and other government regulatory programs and civil rights law.
- **Disaster Relief** - May disclose information to a public entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts
- **Facility Directory** - Unless you object, we will use and disclose in our facility directory your name, and the location at which you are receiving care. This information will be disclosed only when someone calls and asks for you by name
- **Business Associates** - May disclose information to a business associate that we have a contract with to provide services on our behalf. We require our business associates to appropriately safeguard the health information of our patients

### AUTHORIZATIONS:

We will not use or disclose your medical information for any purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

Your Personal Provider (Physician)  
Hughston Clinic  
6262 Veteran's Parkway  
Columbus, GA 31908  
(706)324-6661/1-800-331-2910