



G.A.CARMICHAEL FAMILY HEALTH CENTER COLLECTS HEALTH INFORMATION ABOUT YOU AND STORES IT IN A CHART AND/OR AN ELECTRONIC HEALTH RECORD/PERSONAL HEALTH RECORD. THIS IS YOUR MEDICAL RECORD. THE MEDICAL RECORD IS THE PROPERTY OF THIS HEALTH CENTER, BUT THE INFORMATION IN THE MEDICAL RECORD BELONGS TO YOU. THE LAW PERMITS US TO USE OR DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES:

Treatment. We disclose medical information to our employees and others who are involved in providing the care you need. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

Payment. We use and disclose medical information about you to obtain payment for the services we provide.

Health Care Operations. We may use and disclose medical information about you to operate this health center. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff.

Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments.

Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or unless you had instructed us otherwise, in the event of your death.

Marketing. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you.

Sale of Health Information. We will not sell your health information without your prior written authorization

Required by Law. As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law.

Public Health. We may, and are sometimes required by law, to disclose your health information to public health authorities for specific purposes.

Health Oversight Activities. We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order.

Law Enforcement. We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners. We may, and are often required by law, to disclose your health information to coroners about their investigations of death.

Organ or Tissue Donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public Safety. We may, and are sometimes required by law, to disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

Specialized Government Functions. We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Workers' Compensation. We may disclose your health information as necessary to comply with workers' compensation laws.

Change of Ownership. In the event that G.A. Carmichael Family Health Center is sold or merged with another

organization, your health information/record will become the property of the new owner.

Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law.

Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following:

1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities.

When This Health Center May Not Use, or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, G.A. Carmichael Family Health Center will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize G.A. Carmichael Family Health Center to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time

Right to Request Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed.

Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location.

Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions.

Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete.

Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by this health center, except that this health center does not have account for the disclosures provided to you or pursuant to your written authorization.

Right to a Paper or Electronic Copy of this Notice. You have the right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. You may also access this notice at our website, www.gacfhc.org

Complaints

Complaints about this Notice of Privacy Practices or how G.A. Carmichael Family Health Center handles your health information should be directed to our Privacy Officer. If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to:

Timothy Noonan, Regional Manager, Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, S.W. Atlanta, GA 30303-8909 Customer Response Center: (800) 368-1019 Fax: (202) 619-3818 TDD: (800) 537-7697 Email: ocrmail@hhs.gov

The compliant form may be found at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf> you will not be penalized in any way for filing a complaint.

