

Notice of Privacy Practices (HIPAA)

Atlanta Heart Specialists, LLC.

Effective Date: April 14, 2003.

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information and to safeguard access to and disclosure of health information. The federal government has privacy rules which require that we provide you with information on how we might use or disclose your identifiable health information. Atlanta Heart Specialists is required by the federal government to give you our Notice of Privacy Practices.

OUR COMMITMENT TO YOUR PRIVACY

As a healthcare provider, Atlanta Heart Specialists uses your confidential health information and creates records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights under Federal and State law. This Notice applies to records of your care created or maintained by Atlanta Heart Specialists.

We are required by law to: (1) make sure that your health information is kept private; (2) give you this Notice of our legal duties and privacy practices with respect to your health information; and (3) follow the terms of the Notice that are currently in effect.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following information describes different ways that we may use or disclose your health information without your authorization. For each category of use or disclosure, we will explain what we mean and give examples to help you better understand each category. Although we cannot list every use or disclosure within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of these categories.

If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases, we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of such information. Once we have obtained your consent, we will treat the disclosure of such information in accordance with our privacy practices outlined in this Notice.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Chimere Smith, Practice Administrator
1468 Montreal Rd
Tucker, GA 30084
Phone: 770-638-1400

CATEGORIES FOR USES AND DISCLOSURES:

Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to many of the people who work for our practice – including, but not limited to, our doctors and medical assistants –who are involved in taking care of you or to assist others in your treatment. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to inform a diagnosis and treatment plan for you. We may also use your health information to order additional in-office testing or to schedule outpatient hospital procedures. Additionally, we may disclose your health information to others with your authorization who may assist in your care, such as your spouse, children or parents.

Payment. We may use or disclose health information about you in order to bill and collect payment for the services and items you may receive from us. For example, we may need to tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health insurance plan will cover the treatment. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly for services and items.

Health Care Operations. We may use and disclose health information about you to operate our practice. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may disclose your health information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may combine the health information we have with health information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer.

Appointment Reminders, Treatment Options and Health-Related Benefits. We may use or disclose health information to remind you that you have an appointment or to check on you after you have received treatment. If you have an answering machine, we may leave a message. We may contact you about possible treatment options or other health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may disclose health information to a friend or family member who is involved in your medical care or who assists in taking care of you. We may also give information to someone who helps pay for your care. We may tell your family or friends your general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Records Research. We may use or disclose health information under certain circumstances for medical research purposes. For example, a research project may compare the health of patients who received one medication to those who received another for the same condition. We will obtain your written authorization to use or disclose your health information for research purposes except when (a) an Institutional Review Board (IRB) determines in advance that use or disclosure of your health information meets specific criteria required by law; or (b) the researcher signs a legally binding document certifying that he/she will only use the health information to prepare a research protocol or for similar purposes to prepare for a research project and that he/she will maintain the confidentiality of the information and will not remove any of the health information from our practice. We may also disclose health information to a researcher if it involves health information of deceased patients and the researcher certifies the information is necessary for research purposes.

Clinical Research. If you are enrolled in a clinical research trial through Atlanta Heart Specialists and would like information on the specific privacy policies regarding use and disclosure of your health information related to the trial, you may request information from **Dr. Narendra Singh, Director of Clinical Research, 1505 Northside Boulevard, Ste 2500, Cumming, GA 30041.**

Disclosures Required By Law. We will use or disclose health information when required to do so by federal, state or local law.

SPECIAL CIRCUMSTANCES

We may also use or disclose your health information without your authorization in the following situations:

Public Health Risks. Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Our practice may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. Our practice may use and disclose your health information in response to a court or administrative order, such as if you are involved in a lawsuit or similar proceeding. We also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- concerning a death we believe has resulted from criminal conduct regarding criminal conduct at our offices
- in response to a warrant, summons, court order, subpoena, or similar legal process to identify/locate a suspect, material witness, fugitive, or missing person
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

Coroners, Medical Examiners and Funeral Directors. Our practice may release health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to carry out their duties.

Organ and Tissue Donation. Our practice may release your health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Serious Threats to Health or Safety. Our practice may use and disclose health information when necessary to prevent a serious threat to your health and safety, another person or the public. Any disclosure, however, would only be to a person or organization able to help prevent the threat.

Military and Veteran. Our practice may disclose your health information to military command authorities as required if you are a member of the armed forces (including veterans). We may also disclose health information about foreign military personnel if required to the appropriate authorities.

National Security. Our practice may disclose your health information to federal officials for intelligence and national security activities authorized by law.

Protective Services for the President and Others. We also may disclose your health information to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates. Our practice may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the safety and security of the institution; and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Our practice may release your health information for workers' compensation and similar programs.

USES AND DISCLOSURES WHICH REQUIRE YOUR AUTHORIZATION

Other types of uses and disclosures of your health information not described in this Notice will be made only with your written authorization. You may revoke your authorization by giving written notice to our office. If you revoke your authorization, we will no longer use or disclose your health information as permitted by your initial authorization. Please understand that we will not be able to take back any disclosures we have already made.

Please also note that we are required to retain records of your care to meet legal obligations and to support sound medical practice. The records we maintain for your care are and always remain the property of our practice. You may request copies of these records, but we will not transfer ownership of the records to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

EFFECTIVE APRIL 14, 2003

You have the following rights regarding the health information that we maintain about you:

Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we only contact you at home or by mail.

To request confidential communications, you must make your request in writing to our office where you received your care. You will need to include your name, or, if acting as a personal representative, include the name of the patient, social security number, date of birth and dates of service if known.

We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Requesting Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a test you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We have the right to revoke our agreement at any time, and once we notify you of this revocation, we may use or disclose your health information without regard to any restriction or limitation you may have requested.

To request restrictions, you must make your request in writing to the office where you received your care. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Inspection and Copies. You have the right to inspect and obtain a copy of your medical records and billing records. You must submit your request in writing to the office where you received your care. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct such reviews.

Amendment. If you feel that health information we have about you is incorrect, you may ask us to amend it. You have the right to request an amendment for as long as the health information is kept by or for Atlanta Heart Specialists.

To request an amendment, your request must be made in writing and submitted to the office where you received your care. In addition, you must provide a reason that supports your request. You need to include in your request your name, social security number, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, social security number, date of birth and dates of service if known.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend health information that:

- was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- is not part of the health information kept by or for Atlanta Heart Specialists;
- is not part of the health information which you would be permitted to inspect and copy;
- is accurate and complete.

Accounting of Disclosures. You have the right to request a list of the disclosures we made of your health information except for those used:

- for treatment, payment or healthcare operations,
- pursuant to an authorization,
- incident to a permitted use or disclosure, or certain other limited disclosures defined by law.

To request this list of disclosures, you must submit your request in writing to our office where you received your care. Your request must specify a time period for which you are seeking an accounting of disclosures and include your name, social security number, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, social security number, date of birth and dates of service if known.

You may not request disclosures that are more than six years from the date of your request or that were before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw or modify your request before you incur any costs.

Right to Receive a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. It may be downloaded from our website, www.ahsmed.com, or you may ask us to give you a copy of this notice at any time. To obtain a paper copy of this Notice, contact the office coordinator at any of our office locations.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at all of our locations, and you may request a copy of the current Notice. In addition, the current Notice will be posted at www.ahsmed.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by writing to **Chimere Smith**, the Practice Administrator. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

For further information, you may send written inquiries to: **Chimere Smith**, Practice Administrator, 1468 Montreal Rd, Tucker, GA 30084.