

NOTICE OF PRIVACY PRACTICES (HIPAA)

Our initial notice was effective April 14, 2003. This revision is effective beginning July 1, 2010

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.

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. Southeastern Geriatric Healthcare Group is required by the federal government to give you our Notice of Privacy Practices.

OUR COMMITMENT TO YOUR PRIVACY

Southeastern Geriatric Healthcare Group ("SGHG") is committed to maintaining the privacy of your protected health information (PHI). As we provide treatment and services to you, we create records that contain your medical and personal information, referred to as protected health information, or PHI. We need these records to provide you with quality care and to comply with various legal requirements. The terms of this Privacy Notice apply to all records containing your PHI that are created or retained by SGHG. We are required by federal and state law to maintain the privacy of your PHI maintained in such records. We also are required by law to provide you with this Privacy Notice of our legal duties and the privacy practices that we maintain in our Practice concerning your PHI. We must follow the terms of the Privacy Notice that we have in effect at the time.

This Privacy Notice provides you with the following important information:

- How we may use and disclose your PHI.
- Your privacy rights with respect to your PHI.
- Our obligations concerning the use and disclosure of your PHI.
- Important contact information.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment. We may use health information about you to provide you with medical treatment or services. For example, we may suggest that you have lab work or diagnostic tests, and we may use the results to help us reach a diagnosis. Your PHI may be disclosed to the facility at which you have your diagnostic tests or lab work performed. We might disclose your PHI to a pharmacy when we order a prescription for you.

Payment. We may use and disclose your PHI in order to bill and collect payment from you, an insurance company, or other designated third party payor, for the treatment and services we provide to you.

Healthcare Operations. We may use and disclose your PHI to operate our business. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use your PHI 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 and what services are not needed. We may also disclose health information to doctors, nurses, medical students and office personnel for review and learning purposes.

Appointment Reminders. We may use and disclose your PHI to contact you and remind you of an appointment

Treatment Options. We may use and disclose your PHI to provide information to you about treatment options or alternatives that may be of interest to you.

Release of Information to Family/Friends. We may use and disclose your PHI to a member of your family or a friend who is involved in your care, or who assists in taking care of you. We may also give information to someone who pays, or helps pay, for your medical care. You have the right to request restrictions on who receives your medical information.

As Required by Law. We will disclose PHI when required to do so by federal, state, or local authorities.

To Avert A Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

Public Health Risks. We will disclose your PHI to public health or government authorities that are authorized by law to collect information for purposes such as, but not limited, to the following:

1. Maintaining vital records, such as birth and deaths.
2. Reporting abuse or neglect of children, elders and dependent adults.
3. Preventing or controlling disease, injury or disability.
4. Reporting reactions to medications.
5. Notifying individuals if a product or device has been recalled.
6. Notifying a person regarding a potential risk for spreading or contracting a disease.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary

actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

Lawsuits and Similar Proceedings. We may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the requesting party has made an effort to inform you of the request or to obtain a qualified protection order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by law enforcement. For example:

1. Reporting certain types of wounds and physical injuries, as required by law.
2. Regarding a person believed to be a crime victim in certain situations.
3. Concerning a death the healthcare professional suspects has resulted from criminal conduct.
4. Regarding reasonably suspected criminal conduct at our offices.
5. In response to a warrant, summons, court order, subpoena or similar legal process.
6. To identify/locate a suspect, material witness, fugitive or missing person.
7. 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. We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their services.

Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

Serious Threats to Health or Safety. We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. If you are a member (or veteran) of U.S. or foreign military forces, we may release your PHI as required by the appropriate authorities.

National Security. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. If you are an inmate of a correctional institution, or under the custody of law enforcement officials, we may disclose your PHI to such correctional institutions or law enforcement officials. Disclosure for these purposes would be

necessary: (a) for the institution to provide healthcare 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.

Worker's Compensation. We may disclose your PHI for worker's compensation and similar programs, as required by applicable laws.

Research. Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We will almost always ask for your permission before using or disclosing your PHI for research purposes, except in the following limited situations: All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose PHI for research, the project will have been approved through this research approval process and only approved information will be used or disclosed. However, we may disclose PHI, without first going through the special approval process, to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs that would possibly benefit from the study). In these situations, the medical information they review does not leave SGHG and is not further used by the researcher.

YOUR RIGHTS REGARDING YOUR PHI

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

Requesting Restrictions. You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. *We are not required to agree to your request.* However, if we do not agree, we are bound by our agreement, except when otherwise required or permitted by law, or when the restricted information is necessary to treat you in an emergency. In order to request a restriction on our use or disclosure of your PHI, you must make your request in writing to the Privacy Officer, 5505 Peachtree Dunwoody Rd. NE, Suite 230, Atlanta, GA 30342 in accordance with our policies. Your request must be in writing and describe in a clear and concise fashion:

1. The information you wish restricted and how you want it restricted;
2. Whether you are requesting to limit SGHS' use, disclosure or both; and
3. To whom you want the limits to apply.

Confidential Communications. You have the right to request that SGHG 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 contact you at home, rather than work, or by mail, rather than telephone. We will accommodate reasonable requests, but we are **not** required to accommodate all requests. In order to request a type of confidential communication, you must make a written request to the Privacy Officer at 5505 Peachtree Dunwoody Rd. NE, Suite 230, Atlanta, GA 30342 specifying the requested method of contact, or the location where you wish to be contacted. You do not need to give a reason for your request.

Access and Copies. You have the right to inspect and obtain a copy of the PHI that we maintain about you, including patient medical records and billing records, but not including psychotherapy notes or certain other information that may be restricted by law or pursuant to a legal or administrative process or proceeding. You must submit your request in writing to the Privacy Officer at 5505 Peachtree Dunwoody Rd. NE, Suite 230, Atlanta, GA 30342. In order to inspect and/or obtain a copy of your PHI associated with your request in accordance with Georgia law. Please contact the person named above for information about such fees.

We may deny your request to inspect and/or copy some or all of your PHI in certain limited circumstances; however, you may request a review of our denial. A licensed healthcare professional, who was not involved in the denial, will be chosen by us to conduct reviews of denials. We will comply with the outcome of the review.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SGHG.

1. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at 5505 Peachtree Dunwoody Rd. NE, Suite 230, Atlanta, GA 30342. In addition, you must provide a reason that supports your request for the amendment.

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

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the medical information kept by or for SGHG;
3. Is not part of the information you would be permitted to inspect and copy; or
4. Is accurate and complete.

Accounting of Disclosures. You may have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures SGHG has made of your PHI for non-treatment or operations purposes. We are not required to provide you with an accounting of the following disclosures:

1. Disclosures for treatment, payment or the healthcare operations of SGHG;
2. Disclosures to you;
3. Disclosures incident to uses or disclosures of your information for permitted purposes;
4. Disclosures that you have authorized us to make;
5. Disclosures to others involved in your care; or for notifying your family member or personal representative about your general condition, location, or death when you have had the opportunity to agree to such disclosures (or they were otherwise permitted);
6. Disclosures for national security or law enforcement;
7. Disclosures that were part of a "Limited Data Set" (which is a set of information containing only limited amounts of identifiable information, as permitted by the HIPPA Privacy Rules); or
8. Disclosures that occurred prior to April 14, 2003.

In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer at 1872 Montreal Road, Tucker, GA 30084. All requests for "an accounting of disclosure" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates 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 a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. 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 Privacy Officer at 5505 Peachtree Dunwoody Rd. NE, Suite 230, Atlanta, GA 30342.

Right to File a Complaint. If you believe your privacy rights have been violated by our Practice or an employee of our Practice, you may file a complaint with our Practice or with the Secretary of the Department of Health and Human Services. Because we are always interested in improving the quality of services provided to you, we would encourage you to contact our Privacy Officer at 5505 Peachtree Dunwoody Rd. NE, Suite 230, Atlanta, GA 30342 first. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Right to Provide an Authorization for Other Uses and Disclosures. We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted or required by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT: Southeastern Geriatric Healthcare Group, **Privacy Officer**, 5505 Peachtree Dunwoody Rd. NE, Suite 230, Atlanta, GA 30342. Phone: (404) 497-1830.