

# Gwinnett Urgent Care

## Notice of Privacy Practices

Effective 3/19/2008

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

**If you have any questions, please contact our Chief Privacy Officer, whose name and number is at the end of this brochure.**

### OUR LEGAL DUTY

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) we are required to maintain the privacy of your protected health information. In accordance with state and federal law, we are required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information.

### PERSONS COVERED BY THIS NOTICE

Gwinnett Urgent Care provides healthcare to patients and clients in partnership with physicians and other professionals and organizations. These entities, sites and locations may share medical information with each other for treatment, payment and operations. The following are persons covered by this notice.

- All employees, staff and other hospital personnel, including associate staff, volunteers, health care students, any business associates or partners and our administrative services with whom we share health information.
- Persons or entities performing services for Gwinnett Urgent Care under agreements containing privacy protections or to which disclosure of medical information is permitted by law.
- Person or entities with whom Gwinnett Urgent Care participates in managed care agreements.
- Members of the medical staff and other medical professionals involved in your care or performing peer review, quality improvement, medical education and other services.

### OUR PLEDGE TO YOU

We understand that the medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding their use and disclosure of your medical information. We are required by law to:

- Keep medical information about private.

- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of this notice that is currently in effect.

### CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Prior to making any significant changes in our policy, we will post the new notice with effective dates in the waiting room. You may receive a copy of the current notice at any time. The effective date is listed just below the title and revision date is listed at the bottom of this notice. You will be offered a copy of the current notice at each visit and asked to acknowledge in writing your receipt of this notice.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

**Treatment:** We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other personnel taking care of you. Gwinnett Urgent Care may share your information to schedule tests, x-rays, order prescriptions, or arrange transfer to other health care facilities for further care. We may also discuss your health information with other healthcare professionals outside our facility and those involved with your care after you leave Gwinnett Urgent Care such as family members, diagnostic testing facilities, hospitals, or pharmacists.

**Payment:** We may use and disclose your medical information so that the treatment and services you receive can be billed and collected from you, an insurance company or another third party.

**Business Associates:** There may be instances where services are provided to our organization through contracts with third-party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require of our own employees and affiliates.

**Affiliates:** We may disclose your medical information to our affiliates in connection with your treatment or other Urgent Care activities. For example, we may discuss your health information with medical staff who are independent medical professionals who may or may not have privileges at our facility.

**Organized Health Care Arrangements:** For certain activities, Gwinnett Urgent Care P.C. members of its Medical Staff, employees and other independent professionals are called an Organized Health Care Arrangement. We may disclose information about you to health care providers participating in our Organized Health Care Arrangements, such as managed care or physician-hospital organization. Such disclosures would be made in connection with our services, your treatment under a health plan arrangement and other activities of the Organized Health Care Arrangements.

### Important Notice

Gwinnett Urgent Care P.C. may share your medical information with members of the Medical Staff who are independent medical professionals in order to provide treatment and perform other activities such as peer view, quality improvements, medical education and other services. While those professionals may follow this Notice and otherwise participate in the privacy program of Gwinnett Urgent Care P.C., they are independent professionals and Gwinnett Urgent Care P.C. expressly disclaims any responsibility or liability for their acts or omissions.

**Health Services, Treatment Alternatives and Health-related Benefits:** We may disclose or use your medical information to tell you about (i) health-related products or services that we offer, (ii) other providers participating in a health care network that we participate in, (iii) possible treatment options or alternatives, or (iv) health related benefits or services that may be of interest to you. We also may use that information to communicate with you to coordinate your care. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care.

**Communication with Family or Friends:** We may release your medical information to the person you named your Durable Power of Attorney for Health Care (if you have one), to a friend or a family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you) or any other person you identify, relevant to that person's involvement in your care or payment related to your care.

In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

**Research:** We may use and disclose your medical information for research, including clinical trials and experimental drugs. Most research projects, however, are subject to a special approval process. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address, or other information that identifies you. However, the law allows some research, including Institutional Review Board, to be done using your medical information without requiring your authorization.

**Required by Law:** We will disclose your medical information when required by federal, state, or local law. For example, Gwinnett Urgent Care P.C. must comply with child abuse reporting laws and laws requiring us to report certain diseases or injuries to state or federal agencies.

**Serious Treat to Health or Safety:** Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety of the public or another person.

**Note:** Georgia Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we disclose information about you to others.

## Special Situations

**Organ and Tissue Donation:** If you are an organ donor, we may release any information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to aid in its organ or tissue donation and transplantation process.

**Military or Veterans:** If you are a member of the U.S. or foreign armed forces, we may disclose health information about you as required by military command.

**Workers Compensation:** We may disclose health information to provide benefits for work-related injuries and illness to the extent authorized by and to the extent necessary to comply with laws related to workers compensation or other similar programs.

**Minors:** If you are a minor (under 18 years of age) we may release certain types of information to your parent or guardian in accordance with applicable law.

**Public Health Risks:** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, to report child abuse or adult abuse, neglect or violence, to report reactions to medications or problems with products, to notify people of recalls of products and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose any health information to a health oversight agency for activities such as audits, investigations, inspections, and licensing of our facilities, and of the providers who treat you. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws.

**Lawsuits and Disputes:** We may disclose any information about you to respond to a court or administrative order or a search warrant. We may also disclose information in response to subpoenas, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been able to tell you about the request and have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

**Law Enforcement:** Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of federal, state or local law enforcement.

**Medical Examiner, Coroners, and Funeral Directors:** We may disclose your medical information to a coroner, medical examiner, or funeral director so they may carry out their duties.

**Protective Services for the President, National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, to conduct special investigations, for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution, or a law enforcement officer. This release would be necessary for us to provide you with health care, to protect your health, and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

## Other Uses of Medical Information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision. You understand that we are unable to take back any disclosures we have already made with your permission, we will continue to comply with laws that require certain disclosures and we are required to keep our records of the care that we provide to you.

## Your Privacy Rights

If you believe that the information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; or if we determined that record accurate. You may appeal, in writing, a decision by us not to amend a record.

**You have the right to a list of those instances where we have disclosed medical information about you**, other than for treatment payment and health care operations or where you specifically authorized a disclosure when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive a list or summary in paper or electronic form. We will inform you of the cost before incur any costs.

**You have the right to a paper copy of this notice** even if you agreed to receive it electronically.

**You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to communicate with you.

**You may request, in writing, that we not use or disclose medical information about you** for treatment, payment, or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it**. We will inform you of our decision on your request.

All written **requests or appeals** should be submitted to our Chief Privacy Officer listed at the bottom of this notice.

## Complaints

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made regarding your protected health information you may contact our Chief Privacy Officer (listed below).

Finally, you may send a written complaint to the U.S. Department of Health and Human Services of Civil Rights. Our Chief Privacy Officer can provide you with the address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

## Chief Privacy Officer

Natalie Truex  
1300 Peachtree Industrial Blvd  
Suite 4101  
Suwanee, GA 30024

## For General Questions

**770-831-5525**