

North of Atlanta Pain Clinic L.L.C. Notice of Privacy Practices

Effective Date: April 14, 2017

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. North of Atlanta Pain Clinic L.L.C. HEREIN, WILL BE REFERRED TO AS N.O.A. PAIN CLINIC

We understand that medical information about you and your health is personal. N.O.A. PAIN CLINIC is required by law to maintain the privacy of your health information, to follow the terms of the Notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect. A paper copy of this notice may be obtained from N.O.A. PAIN CLINIC upon request.

How N.O.A. PAIN CLINIC May Use or Disclose Your Health Information N.O.A. PAIN CLINIC protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits N.O.A. PAIN CLINIC to use or disclose your health information for the following purposes without your authorization:

- ~ For Treatment. Information obtained by N.O.A. PAIN CLINIC will be used for evaluation and treatment of you, the patient.
- ~ For Payment. N.O.A. PAIN CLINIC may use and disclose your health information so that your services may be billed to, and payment may be collected from, you an insurance company or a third party.
- ~ As Required by Law. N.O.A. PAIN CLINIC will disclose information about you when required to do so by federal, state or local law.
- ~ To Advert a Serious Threat to Health of Safety. N.O.A. PAIN CLINIC may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.
- ~ Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report reactions to medications or problems with products; (3) to notify people or recalls of products they may be using; (4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree and when required or authorized by law).
- ~ For Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.
- ~ Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- ~ For Specific Government Functions. N.O.A. PAIN CLINIC may disclose health information for the following specific government functions: (1) health information of military personnel, as required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; and (4) for national security reasons.

When N.O.A. PAIN CLINIC May Not Use or Disclose Your Health Information

Except as described in this Notice, will not use or disclose your health information without your written authorization. If you do not authorize N.O.A. PAIN CLINIC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

You Have the Following Rights With Respect to Your Health Information.

- ~ You have the right to request restrictions on certain uses and disclosures of your health information. N.O.A. PAIN CLINIC is not required to agree to a restriction that you request. If we do agree to any restrictions, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the used or disclosures of information that are required by law.
- ~ You have the right to inspect and copy your health information as long as N.O.A. PAIN CLINIC maintains the health information. Your health information usually will include the dictated physicians' progress notes and billing records. To inspect or copy your health information, you must submit a written request to N.O.A. PAIN CLINIC. We may charge a fee for the cost of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
- ~ You have the right to request that N.O.A. PAIN CLINIC amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request to N.O.A. PAIN CLINIC along with the reason for request. N.O.A. PAIN CLINIC is not required to amend health information that is accurate and complete. N.O.A. PAIN CLINIC will provide you with information about the procedure for addressing any disagreement with a denial.
- ~ You have a right to receive an accounting of disclosure of your health information we have made after April 14, 2003 for purposes other than disclosures (1) for treatment, payment or health care operation, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a written request to N.O.A. PAIN CLINIC. You must specify the time period, which may not be longer than six years.
- ~ You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request to N.O.A. PAIN CLINIC. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.