



## Notice of Privacy Practices

This Notice is provided to you pursuant to the privacy regulations enacted as a result of the **Health Insurance Portability and Accountability Act of 1996 (HIPPA)**. This joint notice of privacy practices describes how your medical information may be used and disclosed and how you can get access to your information. This Notice applies to all your medical information created or maintained by WMP.

**Please review this notice carefully.**

### **A. OUR COMMITMENT TO YOUR PRIVACY**

WMP is committed to maintaining the privacy of your health information. We are required by law to (i) maintain the privacy of your health information; (ii) provide you with this notice of our legal duties and privacy practices with respect to your health information; (iii) follow the terms of the notice privacy practices currently in effect; and (iv) notify you if there is a breach of your health information.

If there is a breach of your health information, we must also provide you with the following important information: (a) how we may use and disclose your health information; (b) your privacy rights; and (c) our obligations concerning the use and disclosure of your health information.

This Notice of Privacy Practices is NOT an authorization. Rather, it describes we and our business associates as well as their sub contractors may use and disclose your health information to carry out treatment, payment or healthcare operations, and for other purposes as permitted by law.

Protected Health Information (PHI) means information that identifies you individually; including demographic information and information that relates to your past, present or future physical and mental health condition and /or related health care services.

The terms of this notice applies to all your PHI created or maintained by WMP. We reserve the right to revise or amend this Notice at any time. Any revision or amendment to this Notice will be effective for all of your records that we created or

maintained in the past and for any of your records that we may create or maintain in the future.

We will post a copy of our current Notice online at

<http://www.waterfallsmedicalpractice.com> and you may request a copy of our current Notice at any time.

## **B. SUMMARY OF THIS NOTICE**

1. We may use and share your information as we:

- Treat you
- Run our Practice
- Bill for your service
- Help with public health and safety issues
- Conduct Research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to law suits and legal actions

2. You may have certain choices about how we use and share information when we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services or sell your information
- Raise funds

3. You have the right to:

- Get a copy of your paper or electronic medical record
- Request the correction of your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this Privacy Notice
- Choose someone to act for you
- File a complaint if you feel your privacy rights have been violated

## **C. CONTACT FOR QUESTIONS**

For more information or questions about WMP privacy policies, please contact:

Privacy Officer, Waterfalls Medical Practice, P.C  
401 Westpark Court, Suite 200  
Peachtree City, GA 30269  
678-932-8112

**D. PERSONS/ENTITIES COVERED BY THIS NOTICE**

This Notice applies to providers and staff of WMP involved indirect patient care, treatment, billing and payment as well as administrative staff who make appointments and retrieve information for providers.

**IMPORTANT**

WMP may disclose your PHI to members of WMP medical staff and other independent medical professionals in order to provide treatment, payment and health care operations. Although those professionals have agreed to follow this notice and participate in the WMP privacy program, they are independent professionals and WMP expressly disclaims any responsibility or liability for their acts or omissions relating to your care or privacy/security rights.

**E. USE AND DISCLOSURE OF YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (PHI)**

- **Treatment.** WMP may use or share your PHI to provide medical treatment or services for you and in order to manage and coordinate your medical care. WMP may disclose medical information about you to physicians and healthcare providers, DME vendors, surgery centers, hospitals, rehabilitation therapists, home health providers, laboratories, nurse case managers, workers' compensation adjusters, etc. to ensure that your medical providers have the necessary information to diagnose and provide treatment to you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may affect the healing process. WMP may also disclose your PHI to individuals who are involved in your care including family members or other care providers.
- **Payment** WMP may use and disclose your PHI in order to bill and collect payment from health plans or other entities. For example, we may disclose PHI to your health insurance plan so it will pay for your services, determine your eligibility for coverage or to obtain prior approval from the insurer to cover payment for treatment. WMP may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs including family members. WMP may also disclose your PHI to a collection agency to obtain overdue payment. WMP may disclose your PHI to a regulatory agency or other entity to determine whether the services we provided were medically necessary or appropriately billed.

- **Healthcare Operations** WMP may use and disclose your PHI to run our practices, improve your care and contact you when necessary. For example, we may use or disclose your PHI (1) to conduct quality or patient safety activities, population-based activities relating to improving health or reducing health care costs, case management and care coordination and contacting your health care providers and you about treatment alternatives; (2) when conducting training programs or performing accreditation, licensing or credentialing activities; (3) when conducting or arranging for medical review, legal services and auditing functions; and (4) for our proper management and administration, including customer service, resolving complaints, strategic planning etc. In addition, we may use or disclose de-identified information or a limited data set for certain healthcare operation purposes.
- **Appointment Reminders and Results** WMP may use and disclose your PHI to contact you and remind you of an appointment. WMP may also use your PHI to contact you about test results, leave a message reminding you of an appointment or the results of certain tests, but will leave the minimum amount of information necessary to communicate this information.
- **Treatment Options and Health-Related Benefits and Services.** WMP may use and disclose your PHI to inform you of treatment options or alternatives as well as certain health-related benefits or services that may be of interest to you. WMP may also use and disclose your PHI to describe health related products or services (or payments for such products or services) provided through your benefits plan or to offer information on other providers participating in a healthcare network that we participate in.
- **Disclosure to Family or Friends.** WMP may disclose your PHI to individuals involved in your care or treatment or responsible for payment of your care or treatment. If you are incapacitated, we may disclose your PHI to the person named in your Durable power of Attorney for health care or your personal representative (the individual authorized by law to make health-related decisions for you). In the event of disaster, your PHI may be disclosed to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition.
- **Disclosures Required by Law.** WMP will use and disclose your PHI when we are required to do so by federal, state or local law. For example, WMP may disclose PHI to comply with elder abuse reporting laws or to report certain diseases, injuries or deaths to state or federal agencies.

## F. Use and Disclosure of Your PHI in Certain Special Circumstances.

- **Public Health Reporting.** WMP may disclose and may be required by law to disclose your PHI for certain public health purposes, prevent or control disaster, report deaths, report reaction to medications or problems with health products; to provide notification of recalls of products; or report a person who may have been exposed to a disease or may be at risk of contracting and/or spreading a disease or condition.
- **Health Oversight Activities.** WMP may disclose your PHI to a health oversight agency for investigations, inspections, audits, surveys, licensure and disciplinary actions and in certain civil administrative, and criminal procedures or actions or other health oversight activities as authorized by law.
- **Lawsuits and Disputes.** WMP may disclose your PHI to a court or administrative order, subpoena, request for discovery or other legal processes. However, absent a court order, WMP will generally disclose your PHI if you have authorized the disclosure or efforts have been made to inform you of the request or obtain an order protecting the information requested.
- **Law Enforcement.** WMP may disclose your PHI if requested by a law enforcement official: (a) regarding a crime victim in certain situations, if we are unable to obtain the person's agreement; (b) in response to a warrant, summons, court order, subpoena or similar legal process (c) to identify/locate a suspected, material witness, fugitive or missing person; or (d) in an emergency, to report a crime (including the location or victim) of the crime, or the description, identity or location of the perpetrator.
- **Deceased Patients.** WMP may disclose your PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. In addition, we may disclose PHI necessary for funeral directors to fulfill their responsibilities.
- **Organ and Tissue Donation.**
- **Research**
- **Serious Threats to Health or Safety**
- **Military, National Security and Other Specialized Government Functions**
- **Workers' Compensation -to your employer or employer's representative**
- **Inmates**

## G. Your Privacy Right Regarding your PHI

- **Inspection and copies.** You may request a copy of or inspect the PHI that is used to make decisions about you, including medical and billing

records as well as laboratory and imaging reports. You have a right to obtain an electronic copy if it is readily producible by us in the form and format it is requested. We will provide a copy or a summary of your health information, to you or whomever you designate usually within thirty(30) days of your request. WMP may charge a reasonable cost-base fee to cover the cost of copying, mailing and labor associated with your request. WMP may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. There may be times that your provider, in his or her professional judgment, may not think it is in your best interest to have access to your medical record. Depending on the reason for the decision to deny the request, we may ask another licensed provider chosen by us to conduct a review of your request and its denial.

- **Confidential Communication.** You may request in writing that we communicate with you in a specific way or send mail to a different address.
- **Amendment.** You may request a correction or amendment of your PHI if you believe it is incorrect or incomplete. You may make a written request for a correction or amendment for as long as your PHI is maintained by or for WMP. Requests must provide a reason or explanation that supports the request. WMP will deny your request if it is not in writing or if, in the provider's opinion, the information is (a) accurate and complete; (b) not part of the PHI maintained by or for WMP; (c) not part of the PHI you have a right to inspect and copy; or (d) not created by WMP, unless the individual or entity that created the information is not available to amend the information. WMP will notify you in writing within sixty(60) days if we cannot fulfill your request.
- **Accounting of Disclosures.** You may request an accounting of some disclosures that WMP has made of your PHI. This accounting will list the disclosures that we have made of your PHI but will not include disclosures made for the purpose of treatment, payment, health care operations, disclosures required by law and certain other disclosures (such as you asked us to make). Your request must be in writing and state the time period for which you want the accounting (not to exceed six (5 years) prior to the date you make the request). WMP will provide one accounting a year free if you ask for another one within twelve (12) months. WMP will notify you of the costs involved with any additional request and you may withdraw your request before you incur any costs.
- **Requests for Restrictions.** You have the right to request that WMP not use or share your PHI for treatment, payment or health care operations. We are not required to agree to your request and may reject it if we believe it might affect your care. If you pay for a health

care item or service out-of-pocket in full you can ask us not to share that information for the purpose of payment or of operations with your health insurer. In that case, we will approve your request unless a law requires us to share that information. However, if complications arise from the service you paid for in full and your health insurer will be covering the cost complications, your provider will use his or her professional judgment to determine if this PHI information needs to be shared.

- **Health Information Exchange Opt-Out.** You have the right to opt-out of disclosure of your medical records to or via an electronic HIE. However, information that is sent via an HIE prior to processing your opt-out may continue to be maintained by and be accessible through the HIE. You must opt out of disclosures to or via an HIE through each of your individual treating providers who may participate in any given HIE.
- **Right to receive a Notice of a Breach of Unsecured Medical/Billing Information.** You have the right to receive prompt notice in writing of a breach of your PHI that may have compromised the privacy or security of your information.
- **Right to a paper copy of this notice.** You have the right to receive a paper copy of this notice at any given time even if you have agreed to receive the notice electronically. You may also obtain a copy of this notice at our website:  
<http://www.waterfallsmedicalpractice.org>
- **Right to File a Complaint.** If you believe your rights have been violated, you may file a complaint with us or with the Secretary of the Department of health and human Resources, office for civil Rights, 200 Independence Avenue, S.W Washington, DC 20201, calling 1877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## H. ADDITIONAL INFORMATION

- **Patient portal and other patient electronic Correspondence.** WMP may use and disclose your PHI through various secure patient portals and allow you to view, download and transmit certain medical and billing information and communicate with certain health care providers in a secure manner when using the portal. For more information on the WMP patient portal please visit:  
<http://www.waterfallsmedicalpractice.org>
- **Your Contact Information: Home and Email Addresses/ Phone Numbers.** If you provide us with a home or email address, home/work/cell telephone number or other contact information during any registration or administrative process, we will assume that the information you provided us is accurate and that you consent to

our use of this information to communicate with you about your treatment, payment for service and healthcare operations. You are responsible to notify us of any change of this information. WMP reserves the right to utilize third parties to update this information for our records as needed.

- **Email or Downloading PHI.** If you email us medical or billing information from a private email address (such a yahoo. Gmail etc.), your account information will not be encrypted unless you use a secure messaging portal to send it to us. If you request that WMP email your PHI to a private email address, we send it in an encrypted manner unless you request otherwise. If you request us to post your information in drop-boxes, flash drives, CDs etc. your information may not be secure. WMP is not responsible if your PHI is re disclosed, damaged, altered or otherwise misused by an authorized recipient. In addition, if you share an email account with another person (for example spouse/partner/room mate or choose to store, print, email or post your PHI, it may not be private or secure.
- **Sensitive Health Information.** Federal and special state laws provide for certain types of health information, including psychotherapy notes, information about substance use disorders and treatment, mental health and HIV/AIDS or other communicable diseases and may limit whether and how we may disclose information about you to others.
- **Substance Use Disorder Records and Information.** The confidentiality of patient records maintained by federal assisted substance use disorder rehabilitation programs is protected by federal law and regulations. Generally, such programs may not disclose any information that would identify an individual as having or being treated for a substance use disorder unless:
  1. The individual consents in writing
  2. The disclosure is allowed by a court order;
  3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation; or
  4. Otherwise permitted by law.

Violation of these laws is a crime. Suspected violators may be reported to appropriate authorities in accordance with federal regulations. Federal Law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threats to commit such a crime. Federal laws and regulations do not prevent any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

- **Consent to Disclose Sensitive Health and Substance Use Disorder Information.** During the registration process, you

consent to the release of federally assisted substance use disorder information, information regarding treatment of communicable diseases and mental health information. If you do not wish for this information to be disclosed, you must notify us in writing.

- **Incidental Disclosures.** Despite our efforts to protect your privacy, your PHI may be overheard or seen by people not involved in your care. Such incidental disclosures are not a violation of HIPAA.
- **Business Associates:** Your PHI may be disclosed to individuals or entities that provide services to or on behalf of WMP. Pursuant to HIPAA, WMP requires these companies to sign business associate or confidentiality agreements before we disclose your PHI to them. However, WMP generally does not control the business, privacy or security operations of our business associates.
- **Authorization for Other Uses and Disclosures.** WMP will obtain your written authorization for uses and disclosures that are not identified by this notice or otherwise required or permitted by applicable law. Any authorization you provide 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. However, your revocation will not affect actions we have already taken; in other words, we
- Are unable to take back any disclosure of PHI we have already made.

## I. USING TECHNOLOGY TO IMPROVE HEALTHCARE

Health information Exchange (HIE) enables your healthcare providers to quickly and securely share your health information electronically among a network of healthcare providers, including physicians, hospitals, laboratories and pharmacies. Your health information is transmitted securely and only authorized health care providers with a valid reason may access your information.

### **How does HIE help you?**

Improved access to information about your health history and medical care gives your health care provider a more complete picture of your overall health. This can help your provider make better decisions about your care. This information may also prevent you from adverse effects of poly-pharmacy, having repeat tests, saving you time money and worry.

- **Emergency Treatment.** In an emergency, your providers may immediately check to see if you have allergies, health problems, test results, medications or previous concerns that may help them provide emergency care

- **Helps to Protect Privacy and Information Security.** By sharing information electronically through a secure system, the risk that your paper or faxed records will be misused or misplaced is reduced.
- **How Does HIE help protect your medical information and keep it secure?** WMP is committed to protecting the privacy and security of your health information, including the sharing and accessing of your information through HIE..
  1. Every HIE and it's participants must protect your private medical information under HIPAA law, as well as applicable state laws and regulations
  2. Information shared via HIE is encrypted, meaning it can be accessed only by authorized users. This prevents hackers from accessing your information.
  3. Every individual who can access your information must have their own user name and password and must receive training before they can access your information
  4. The HIE records every time someone accesses your information. Upon request, the HIE can track who accessed your information and provide a report to the WMP privacy officer.

At this time, WMP is yet to start participating in HIE ; but once this is in place you will receive a written notice to which all the above applies and you will have the option to sign a consent/authorization form or to opt out.

#### **J. CHANGES TO THIS NOTICE**

WMP reserves the right to change this notice at any time. WMP reserves the right to make the revised or changed notice effective for medical information we already have about you, as well as for any information we receive in the future. WMP will post the current Notice on our web site.

#### **K. CONTACT INFORMATION**

**If you have any questions or concerns about this notice please contact:**

**[Privacyofficer@waterfallsmedicalpractice.org](mailto:Privacyofficer@waterfallsmedicalpractice.org);**

**OR**

**Privacy Officer, Waterfalls medical Practice, P.C  
112 Governor's Square, Suite B  
Peachtree City, GA 30269  
678-932-8112**

Waterfalls Medical Practice (WMP) Notice of Privacy Practices.  
Effective: March 2017  
Revised May 2020