

NEWNAN DERMATOLOGY HEALTH PLAN

**Notice of Privacy Practices**

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.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records generated by the Health Plan. This Notice explains the ways in which we may use and disclose medical information about you. The Notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

Federal law requires us to:

- ensure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of the Notice that are currently in effect.

How We May Use and Disclose Your Medical Information

**Health-Related Benefits and Services:** The Health Plan may use your medical information to tell you about other health-related benefits or services.

**For Payment:** We may use and disclose medical information to determine payment for your care, to coordinate coverage with other payors, and to determine the adjudication of claims appeals.

**For Health Care Operations:** We may use and disclose medical information about you for Health Plan operations. These uses and disclosures are necessary to operate the Health Plan and make sure that you receive quality service. For example, we may use your medical information for quality assessment, fraud auditing, business management, underwriting, and administrative activities.

A. With Your Authorization

We may use or disclose your medical information for purposes other than treatment, payment, or health care operations only if:

- 1) you sign an Authorization form, or 2) there are special circumstances as described below in section

B. You may revoke your written Authorization at any time, except to the extent that the Health Plan has already relied on the Authorization. If you decide to revoke your written Authorization, you should complete an Authorization Revocation Form and submit it to the Health Plan. Your revocation will become effective upon its receipt by us.

## Special Circumstances – Without Your Authorization

There are special circumstances when we are permitted to use or disclose your medical information without your Authorization. The following explains what these special circumstances are:

*Individuals Involved in Your Care or Payment for Care.* We may release medical information about you to a friend or family member who is involved in your medical care. If you are present or coherent, we can disclose your medical information to family and friends when you agree or do not object or we can reasonably infer that you agree. If you are not present or you are incapacitated, we can disclose certain medical information to family and friends when we determine that the disclosure would be in your best interests.

*Threat to Health or Safety.* We may use or disclose medical 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 only to someone able to help prevent the threat.

*Public Health Activities.* We may disclose medical information about you for public health activities to federal and state authorities. These activities generally include the following:

*Disclosures to public health authorities* to prevent or control disease, injury, or disability;

Disclosures to report reactions to medications or problems with products to the U.S. Food and Drug Administration;

*Disclosures to notify individuals of recalls* of products they may be using;

*Disclosures to individuals who may have been exposed to a disease* or may be at risk for contracting or spreading a disease or condition;

*Disclosures as permitted under law* if we reasonably believe that you are a victim of abuse, neglect, or domestic violence;

- *Health Oversight Activities.* We may disclose your medical information to a government agency as required by law for activities such as audits, investigations, inspections, and licensure.
- *Lawsuits.* If you are involved in a lawsuit or dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information 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 or to obtain an order protecting the information requested.
- *Law Enforcement.* We may release your medical information if asked to do so by a law enforcement official.
- *Coroners, Medical Examiners, and Funeral Directors.* We may release your medical information to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- *Specialized Government Functions.* We may release your medical information to authorized units of the government with special functions, such as the U.S. military, the U.S. Department of State, or the U.S. Secret Service.
- *Military and Veterans.* If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- *As Required By Law.* We will disclose medical information about you when required to do so by applicable federal, state, or local law.

#### YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding your medical information that we maintain:

*Right to Inspect and Copy:* You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you should request a Participant Request to Access Protected Health Information (a “Request for Access”), complete the request and submit it to the Health Plan. Specific requirements for access to your medical information are described in the Request for Access.

*Right to Amend:* If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend your medical information. If you want to amend your information, you must obtain a Participant Request to Amend Protected Health Information (an “Amendment Form”), complete the form, and submit it to the Health Plan. Specific requirements for amending your medical information are described in the Amendment Form.

*Right to an Accounting of Disclosures:* You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information. To request this accounting of disclosures, you should request a Participant Request for Accounting of Disclosures (an “Accounting Form”), complete the form, and submit it to the Health Plan. Specific requirements for an accounting of disclosures are described in the Accounting Form.

*Right to Request Restriction:* You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care. To request restrictions, you should request a Participant Request for Restrictions on Uses and Disclosure of PHI (a “Restrictions Form”), complete the form, and submit it to the Health Plan. Specific information about the right to request restrictions is included in the Restrictions Form.

*Right to Request Confidential Communications:* If disclosure of medical information could endanger you, you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Health Plan on a Participant Request for Confidential Communications (“Confidential Communications”). Specific information about the right to request restrictions is included in the Confidential Communications Form. Your request must specify how or where you wish to be contacted.

*Right to a Paper Copy of This Notice:* You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Health Plan.

#### CHANGES TO THIS NOTICE

We reserve the right to change this Notice, and to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. We will post a copy of the current Notice on our Internet site.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Health Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with us, submit your complaint in writing to:

Newnan Dermatology  
710 Newnan Crossing Bypass  
Newnan, Georgia 30263  
Telephone: 770-251-5111  
Attn: Privacy Officer

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization.

#### FURTHER INFORMATION

For further information or to obtain any of the forms described above, you may contact:

Newnan Dermatology  
710 Newnan Crossing Bypass  
Newnan, Georgia 30263  
Telephone: 770-251-5111  
Attn: Privacy Officer