



HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs healthcare 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. The Compassion Center is required by the federal government to give you our **Notice of Privacy Practices**.

A. OUR COMMITMENT TO YOUR PRIVACY

As a healthcare provider, The Compassion Center, uses your confidential health information and creates records regarding the health information in order to provide you quality care and to comply with certain legal requirements. We understand that this health information is personal and we are dedicated to maintaining your privacy right under Federal and State Law. The Notice of Privacy Practices applies to records of your care created to be maintained by Compassion Center, whether made by Compassion personnel or your personal physician while at Compassion Center, Compassion Center will abide by the Notice of Privacy Practices.

We are required by law to:

- a) Make sure that your health information is kept private;
- b) Give you the Notice of Privacy Practices of our legal duties and privacy practices with respect to your health information; and
- c) Follow the terms of the Notice that are currently in effect.

We reserve the right to change the Notice Privacy Practices. We reserve the right to make the revised change effective for health information we already have about you as well as any information we receive in the future. We will post a current notice that will be posted at Compassion Center facilities and you may request a copy of the notice. In addition, the current notice will be posted at www.compassionga.org.

B. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US BY WRITING TO:

Compassion Center
Attn: Executive Director
25 Liberty Dr
#4390
Cartersville, GA 30120

C. HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

- 1) **Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, dentists, dental assistants, dental hygienist, optometrist or other healthcare personnel who are involved in taking care of you at Compassion Center or at another healthcare provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments within Compassion Center also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of such information. Once we have obtained your consent on Compassion Center Admission/Registration Agreement, we will treat the disclosure of such information in accordance with our privacy practices outlined in the Notice of Privacy Practices.
- 2) **Health Care Operations.** We may use and disclose health information about you for Compassion Center operations. For example, we may use health information 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, what services are not needed, and whether certain new treatments are effective. We may disclose your health information to doctors, nurses, technicians, medical students, residents, nursing staff, dentists, dental assistants, dental hygienists, optometrists and other personnel for review and learning purposes. We may combine the health information we have with health information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer.
- 3) **Get a Copy of Health Records.** You can ask to see or get a copy of your health records and other health information we have about you. Ask us how to do this.
- 4) **Appointment Reminders, Follow-up Calls, and Treatment Alternatives.** We may use or disclose health information to remind you that you have an appointment or to check on you after you have received treatment. If you have a voicemail we may leave a message. We may contact you about possible treatment options, alternatives, other health related benefits or services that may be of interest to you.
- 5) **Directory.** We may use or disclose health information about you in the patient directory while you are a patient at Compassion Center.

- 6) **Records Consent Form.** By signing the Records Consent form, we we are permitted to disclose health information to a friend or family member of your designation who is involved in your medical care or who assists in taking care of you.
- 7) **Records Research.** We may use or disclose health information under certain circumstances for medical research purposes. For example, a research project may compare the health of a patient who received medication to those who received another for the same condition. We will obtain your written authorization to use or disclose your health information for research purposes except when (a) an Institutional Review Board (IRB) determines in advance that use or disclosure of your health information meets specific criteria required by law; or; (b) the researcher sings a legally binding document certifying that he/she will only use health information to prepare a research protocol or for similar purposes to prepare for a research project that he/she will maintain the confidentiality of the information and will not remove any of the health information from Compassion Center. (c) Compassion Center may also disclose health information to a researcher if it involves health information of deceased patients and that researcher certifies the information is necessary for research purposes.
- 8) **As Required By Law,** we will use or disclose health information when required to do so by Federal, State, or Local Law.
- 9) **To Avert a Serious Threat to Health or Safety.** We may use or disclose health information when necessary to prevent a serious threat to your health and safety, another person, or the public. However, any disclosure would only be to someone able to help prevent the threat.

D. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN CERTAIN SPECIAL SITUATIONS

- 1) **Military and Veterans.** To military command authorities as required, if you are a member of the armed forces. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- 2) **Workers' Compensation.** To workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- 3) **Public Health Activities.** To public health agencies or other governmental authorities to report public health activities or risks. These activities generally in the following:
 - a) to prevent or control disease, injury, or disability;
 - b) to report births and deaths; to report child abuse or neglect;
 - c) to report reactions to medications or problems with product;
 - d) to notify a people of recalls of products they may be using;
 - e) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading
 - f) a disease or condition as authorized by law;

- g) to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or
 - h) domestic violence (we will only make this disclosure if you agree, when required, or authorized by law).
- 4) **Health Oversight Activities.** To a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- 5) **Lawsuits and Disputes.** In response to a court or administrative order, if you are involved in a lawsuit or a dispute. 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 or to obtain an order protecting the health information requested.
- 6) **Law Enforcement.** In response to a court order, subpoena, warrant, summons process; or upon request by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person or to obtain information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization. We may report a death we believe may be the result of criminal conduct or report suspected criminal conduct occurring on the premises. We may also report information related to suspected crime discovered in the course of providing emergency medical services.
- 7) **National Security and Intelligence Activities.** To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- 8) **Inmates.** To the correctional institution or law enforcement official, if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary:
- a) for the institution to provide you with health care
 - b) to protect your health and safety or the health and safety to others
 - c) for the safety and security of the correctional institution
- 9) **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.
- 10) **Organ and Tissue Donation.** Our Practice may release your PHI to organizations that handle organ procurement or transplantation of organs, eyes or tissue, including bank organ donation, as necessary, to facilitate the donation and transplantation of organs or tissue if you are a donor organ.

E. USE AND DISCLOSURE WHICH REQUIRE YOUR AUTHORIZATION

Other types of uses and disclosures of your health information not described in the Notice of Privacy Practices will be made only with your written authorization. You may revoke your authorization by giving written notice to the medical records department where you received your care. Please see the list of addresses at the end of this Notice of Privacy Practices. If you revoke your authorization we will no longer use or disclose your health information as permitted by your initial authorization. Please understand that we will not be able to take back any disclosures we have already made and that we are still required to retain our records containing your health information that documents the care that we provided to you.

F. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION (THESE RIGHTS ARE EFFECTIVE NOVEMBER 1, 2023)

- 1) **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your billing record and/or medical record (except psychotherapy notes). To inspect and copy your medical or billing record, you must submit your request in writing to the Compassion Center. In the request, include the full name of the patient, social security number, date of birth, and dates of service if known. If you request a copy, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy records in certain limited circumstances; however, you may request that the denial be reviewed by our Medical Director. We will comply with the outcome of the review.

- 2) **Rights to Request an Amendment.** If you feel that the health information we have about you is incorrect, you may ask us to amend it. You have the right to request an amendment for as long as the health information is kept by or for the Compassion Center. To request an amendment, your request must be made in writing and submitted to the Compassion Center Mobile Medical Clinic. In addition, you must provide a reason that supports your request. In your request, include the name of the patient, social security number, date of birth, and dates of service if known. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend health information that:
 - a) Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
 - b) Is not part of health information kept by or for Compassion Center;
 - c) Is not part of the health information which you would be permitted to inspect and copy; or
 - d) Is not part of the health information which you would be permitted to inspect and copy; or

- 3) **Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures we made of your health information except for disclosures:
 - a) for treatment, payment, or healthcare operations,
 - b) pursuant to an authorization,
 - c) incident to a permitted use or disclosure, or
 - d) certain other limited disclosures defined by law.

To request this list of disclosures, you must submit your request in writing to the Compassion Center. Your request must specify a time period for which you are seeking an accounting of disclosures and include the name of the patient, social security number, date of birth, and dates of service if known. You may not request disclosures that are more than six years from the date of your request or that were before November 1, 2023. Your request should indicate in what form you want the list, for example, on paper or electronically. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

4) **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

5) **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We have the right to revoke our agreement at any time.

To request restrictions, you must make your request in writing to the Compassion Center, you must tell us:

- a. what information you want to limit;
- b. whether you want to limit our use, disclosure or both; and
- c. to whom you want the limits to apply, for example, disclosures to your spouse.

6) **Right to Request Confidential Communications.** 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 Compassion Center, Attn: Medical Records 25 Liberty Dr #4930 Cartersville, GA 30120. In the request, include the name of the patient, social security number, date of birth, and dates of service is known. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

7) **Right to Receive a Paper Copy of our Notice of Privacy Practices.** You have the right to receive a paper copy of the Notice of Privacy Practices, which you may ask for at any time. You may obtain a copy of this Notice of Privacy Practice by requesting a copy in writing to: Compassion Center, Attn: Medical Records, 25 Liberty Dr #4930, Cartersville, GA 30120.

8) **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice by writing to: Compassion Center, Attn: Director, 25 Liberty Dr #4930, Cartersville, GA 30120. You may also file a complaint with

the Secretary of the Department of Health and Human Services, Office of Civil Rights,
200 Independence Avenue SW, Washington, DC 20201, or phone (202)619-0257 or toll
free (877) 696-6775. You will not be penalized for filing a complaint.