

Atlanta Injury Specialists

SUMMARY OF NOTICE OF PRIVACY PRACTICES

Our Legal Duty: We have the duty to protect the confidentiality of your medical information. We are required by law to provide you with a Notice of Privacy Practices explaining the ways we may use and disclose your medical information. This Notice also describes your legal rights and our obligations regarding the use and disclosure of your medical information.

Parties Following the Notice: The Notice will be followed by Atlanta Injury Specialists and its affiliates, together with their healthcare professionals, staff, and volunteers, members of Atlanta Injury Specialists' medical staff, and those participating in managed care networks with : and other legal entities that provide services to Atlanta Injury Specialists.

How We May Use and Disclose Your Medical Information: We may use and disclose your identifiable health information for many reasons including:

- Treatment
- Payment
- Healthcare Operations
- Public Health Purposes
- Auditing
- National Security/Protective Services
- Research
- Workers' Compensation
- Lawsuits and Disputes
- Law Enforcement Purposes
- Activities of Managed Care Networks in which we participate
- Activities of Our Affiliates
- Appointment Reminders
- Fundraising Activities
- Organ Donation
- To Avert a Serious Threat to health or Safety
- To Coroners, Medical Examiners, and Funeral Directors
- To Military Command Authorities
- As Required by Law

In general, other uses and disclosures of your medical information will require your written authorization. We may use or disclose certain limited information about you **unless you object in writing or request a limitation of the disclosure**, for:

- Individuals Involved in Your Care or Payment

Your Privacy Rights:

You have the following rights with respect to your health information:

- The Right to Request Confidential Communication and an Alternate means of Communication with you
- The Right to Request Restrictions on Certain Uses of Your Medical Information
- The Right to Inspect and Copy Certain Medical Information that we Maintain about you
- The Right to Request an Amendment of your Health Information
- The Right to Accounting of Certain Disclosures of Your Health Information

Changes to the Notice: We reserve the right to change the Notice. We will post a revised Notice in Atlanta Injury Specialists.

Complaints: If you believe your rights have been violated, you may file a complaint with the office manager of Atlanta Injury Specialists; Jerel Green at 770-454-8300, or you may file a written complaint with the Secretary of The U.S Department of Health and Human Services.

ACKNOWLEDGEMENT

Patient's Name (please print): _____

Patient Acknowledgement: I acknowledge that I have received a copy of the Notice of Privacy Practices for Atlanta Injury Specialists. In receiving the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Signature of Patient: _____

Date: _____

For Use by Atlanta Injury Specialists Personnel Only: [Complete if patient acknowledgement is not obtained]

The patient was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An acknowledgement was not obtained because, _____.

Signature of Atlanta Injury Specialists Representative: _____

Date: _____