

# North Atlanta Vascular Clinic, PC

## Privacy Policy

Notice of Privacy Practices Effective Date: January 1, 2003

**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.**

If you have any questions about this notice please contact your practice's Office Manager. You may also contact the Human Resources Department for general questions at (770) 771 - 5260.

### **OUR OBLIGATIONS**

This form is based on current federal law and subject to change based on changes in federal law or subsequent interpretative guidance. This form is based on federal law and must be modified to reflect state law where that state law is more stringent than the federal law or other state law exceptions apply.

### **HOW WE MAY USE AND DISCLOSE HEALTH**

**INFORMATION** This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **1. Uses and Disclosures of Protected Health Information (PHI)**

#### **WRITTEN CONSENT**

You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice. Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of

uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected

health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and

fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written

contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact your physician's office representative to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact your physician's office representative and request that these fundraising materials not be sent to you.

#### **WRITTEN AUTHORIZATION**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation. [This section will only be applicable to larger practices or those practices that operate facilities.]

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician

has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if your physician or

another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

#### Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information has approved their research.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 ET. seq.

## 2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain

a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a

civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please

contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting your physician's office.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request

for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement

with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for

purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

### 3. Changes to this Notice

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right hand corner. Upon your request, we will

provide you with a copy of the revised Notice of Privacy Practices by way of mail or asking for one at the time of your next appointment.

### 4. Complaints

You may complain to us or to the Secretary of Health and Human Services (HHS) if you believe your privacy rights have been violated by us.

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W. Washington, D.C.  
20201

(202) 619-0257

Toll Free: 1-877-696-6775 <http://www.hhs.gov/>

You may also file a complaint or obtain further information about the complaint process by notifying our Privacy Officer or contacting your physician's office representative. AWHG will not retaliate against you for filing a complaint.

This notice was published and becomes effective on January 1, 2003. The HIPAA final regulation governing Private Health Information takes effect April 14, 2003.

# NORTH ATLANTA VASCULAR CLINIC, PC

## PATIENT RIGHTS & RESPONSIBILITIES

### PATIENT RIGHTS

- a) The Clinic is owned by Uthan Vivek, MD. All other physicians have Clinic privileges. Patients have the right to choose another facility for his/her procedure. The patient will be provided a copy of the Patient Rights and Responsibilities prior to the date of the procedure. The provision of this form is delegated to the Medical Practice which shall provide a copy of the signed and dated form to the Clinic prior to the procedure.
- b) Some or all of the health care professionals performing services in this Clinic are independent contractors and are not Clinic agents or employees. Independent contractors are responsible for their own actions and the Clinic shall not be liable for the acts or omissions of any such independent contractor.
- c) The privacy of all patients shall be respected at all times. Patients shall be treated with respect, consideration and dignity.
- d) Patients shall receive assistance in a prompt, courteous and responsible manner.
- e) Patient's disclosures medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval. Patients are given the opportunity to approve or refuse the release of their medical records
- f) Patients have the right to know the identity and status of individuals providing service to them.
- g) Patients have the right to change providers if they so choose. Patients are informed of the credentials of all staff who will be providing care during the patients' stay.
- h) Patients, or legal authorized representative, have the right to thorough, current and understandable information regarding their diagnosis, treatment options and prognosis, if known, and follow-up care. All patients will sign an informed consent form after all information has been provided and their questions answered.
  - a) When it is medically inadvisable to give such information to the patient, the information is provided to a person designated by the patient or to a legally authorized person
- i) Unless participation is medically contraindicated, patients have the right to participate in all decisions involving their healthcare.
- j) Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their provider.
- k) Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.
- l) Patients have the right to make suggestions or express complaints about the care they have received and to submit such to the Clinic Administrator or Clinic Supervisor who will complete an "Incident Notification" and bring the issue to the attention of the Medical Director in a timely manner so the grievance may be address.
- m) Patients have the right to be provided with information regarding emergency and after-hours care.
- n) Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patients.
- o) Patients have the right to a safe and pleasant environment during their stay.
- p) Patients have the right to have visitors at the Clinic as long as visitation does not encumber Clinic operations and the rights of other patients are not infringed.
- q) Patients have the right to have procedures performed in the most painless way possible.
- r) Patients have the right to an interpreter if requires.
- s) Patients have the right to be provided informed consent forms as required by law of the State of Georgia.
- t) Patients have the right to truthful marketing and/or advertising regarding the competence and capabilities of the Clinic and its staff.

- u) Patients have the right to have copies of the “Advance Directives/Living Wills” in their medical records and to have Clinic staff honor these wishes to the extent feasible. Patients will be informed of the Clinic’s Advance Directive/Living Will policy and procedure and given a copy for their records. The Clinic will maintain a signed copy, indicating the patient’s acknowledgment of Clinic policy, in the patient’s Clinic medical record. A signed copy of the “Patient Rights & Responsibilities” will be maintained in the record.
- v) Patients will be provided, upon request, all available information regarding services available at the Clinic, as well as information about estimated fees and options for payment.
- w) In applicable, patients will be informed of the absence of malpractice insurance coverage.
- x) Patients have the right to approve the release of their medical records to other care providers, legal representatives and other persons authorized by the patient.
- y) Patient has the right to exercise his/her rights without being subject to discrimination or reprisal.

## **PATIENTS RESPONSIBILITIES**

- a) Patients are expected to provide complete and accurate medical histories, to the best of their ability, including providing information on all current medications, over-the-counter products and dietary supplements and any allergies or sensitivities.
- b) Patients are responsible for keeping all schedule pre- and post-procedure appointments and complying with treatment plans to help ensure appropriate care.
- c) Patients are responsible for reviewing and understanding the information provided by their Physician or nurse. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.
- d) Patients are responsible for providing insurance information at the time of their visit and for notifying the receptionist of any changes in information regarding their insurance or medical information.
- e) Patients are responsible for paying all charges for co-payments, co-insurance and deductibles or for non-covered services at the time of the visit unless other arrangements have been made in advance with the Clinic Administrator.
- f) Patients are responsible for treating Physicians, Staff and other patients in a courteous and respectful manner.
- g) Patients are responsible for asking questions about their medical care and to seek clarification from their Physician of the services to be provided until they fully understand the care they are receive.
- h) Patients are responsible for following the advice of their provider and to consider the alternative and/or likely consequences if they refuse to comply.
- i) Patients are responsible for expressing their opinions, concerns or complaints in a constructive manner to the appropriate personnel at the Clinic.
- j) Patients are responsible for notifying their health care provider of patient’s Advance Directives, Living Wills, Medical Power of Attorney or any other directives that could affect their care.
- k) Patients are responsible for having a responsible adult transport then from the Clinic and remain with the patient for twenty-four (24) hours in required by the Physician.

### Questions or Concerns?

You and your family should feel you can always voice your concerns. If you share a concern or complaint, your care will not be affected in any way. The first step is to discuss your concerns with your doctor, nurse, or other caregiver. If you have concerns that are not resolved, please contact the Administrator at 6300 Hospital Pkwy. Suite 375, Johns Creek, GA 30097 or telephone at 770-771-5260.

Should you continue to remain concerned you may contact the Section Head of the Acute Care Section of the Healthcare Facility Regulation Division of the Georgia Department of Community Ombudsman at [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp) or 1-800-MEDICARE.

# NORTH ATLANTA VASCULAR CLINIC, PC

## PATIENT GRIEVANCE POLICY

North Atlanta Vascular Clinic, PC's (the Clinic) policy is to ensure that patients have a method by which patient grievances are addressed. We are dedicated to the highest standards of clinical and service quality.

1. The Clinic's Service Excellence approach extends to handling patient complaints/ grievances.
2. Patients will be treated with respect, dignity and courtesy at all times, especially when voicing a complaint, as this is viewed as an opportunity for the Clinic to improve its service.
3. Every patient has the right to file a complaint with any Clinic employee.
4. Clinic employees will work with the Medical Director and the Clinical Supervisor on the complaint assessment and resolution.
5. The Medical Director or the Clinical Supervisor will contact the patient to explain the process of complaint investigation and resolution.

### Procedure:

1. When the Clinic receives a patient grievance, the Clinic Administrator or Clinical Supervisor will provide an acknowledgement of receipt of the grievance to the patient within seven (7) business days.
2. The Clinic Administrator or Clinical Supervisor will prepare a response to the patient addressing a resolution of the complaint, after a complete review of the situation within thirty (30) days after the submission of the grievance. The response will be sent to the patient in written form by certified mail requesting a return receipt.
3. Facility complaints should be directed to the Complaint Unit of the HFRDDCH, 2 Peachtree Street, NW, 5<sup>th</sup> Floor, Atlanta, GA, 404-657-5728 or toll free at 800-878-6442, or the Ombudsman at [www.cms.hhs.gov/Clinic/ombudsman.asp](http://www.cms.hhs.gov/Clinic/ombudsman.asp) or 1-800-MEDICARE; or
  - a. Complaints against physician staff should be made to the Georgia Composite Medical Board, Enforcement Unit, 2 Peachtree Street, NW, 36 Floor, Atlanta, GA 30303, Phone: 404-656-3913, Fax: 404-656-9723 or E-Mail: [medbd@dch.ga.gov](mailto:medbd@dch.ga.gov).
  - b. Complaints against nursing staff should be made to the Georgia Board of Nursing at 237 Coliseum Drive, Macon, GA 31217-3858, 478-207-2440.
  - c. Complaints against any professional may be submitted online to the Georgia Secretary of State at: <https://secure.sos.state.ga.us/myverification/SubmitComplaint.aspx>