

North Atlanta Primary Care

On April 14, 2001, the Health Insurance Portability and Accountability Act became law, with an effective date of April 14, 2003. This law impacts on many aspects of the healthcare industry, and expands your rights as a patient to the protection of your Individually Identifiable Health Information (IIHI). We have posted a detailed policy letter on our web site (nafc.md), which you are encouraged to read and download. Copies will be available, upon request, at your next visit.

Our responsibility:

Our practice is dedicated to maintaining the privacy of your IIHI. In conducting our business, we will create electronic medical records regarding you and the treatment and services we provide to you. We are required by law to provide you with this important information concerning our procedures relative to the use of your IIHI and your rights as a patient to know as to how we will use or disclose your IIHI, your privacy rights in your IIHI, and our obligations concerning the use and disclosure of your IIHI.

We may use and disclose your Personal Healthcare Information (PHI) in the day-to-day operations of our offices as pertains to Treatment, Payment and Operations (TPO). This relates to the continuum of care between primary care givers and consulting physicians, as well as healthcare workers on our staff. We may be required to share your PHI with your insurance carrier as related to healthcare issues or payment events. Or we may use your PHI within our practice to evaluate our quality of care or conduct cost-management or business planning activities.

Further, we may use your IIHI to contact you for medical purposes, or for appointment reminders; to inform you of certain treatment options or alternatives; or as may be requested or directed by you to release said information to family or care giving personnel.

We may, from time to time, be required to release your PHI as a result of federal or state mandate, or by competent legal directive.

Your rights:

You have a right to request that we communicate with you in a certain manner or location, for example, appointment reminders at work or at home.

You have the right to request a restriction to use or disclose of your IIHI to certain individuals or entities.

You have the right to inspect or obtain a copy of the IIHI, less psychotherapy notes. This request must be made in writing.

You may ask to amend health information, if you believe that it is incorrect or incomplete, and you may ask for amendment of your PHI, subject to restrictions as established by the HIPAA law.

You have the right to request an accounting of the disclosures of your PHI, again, the request must be in writing.

This represents a summary of our legal mandate, with the details to be found in the published Policy Statement. You can be assured that we will make every attempt to honor your privacy, and to maintain our record of confidentiality. You may contact our Administrator relative to any questions you may have regarding this new law.

Bob Nicholls
Administrator
770-442-1911

North Atlanta Primary Care

I authorize the following individuals to have full access to my health information

Print Name Relationship Date

Print Name Relationship Date

I, _____ give my permission for you to leave any medical/lab information for me at the following:

Home:	
Mobile:	
Work:	

Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, _____ have received a copy of North Atlanta Primary Care Notice of Privacy Practices.

Signature of Patient or Guardian _____ Date _____