Family Medicine
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Valdosta
Family Medicine
EST. 1989

&
Valdosta Specialty Clinic

Endocrinology
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Rheumatology
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HIPPA 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.

This notice of privacy practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations (TPO) 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 condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law. If at any time a breach in your PHI occurs you will be contacted, except for situations where the probability is low that the PHI has been compromised.

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 healthcare with a third party. 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.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. 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, employee review, training of medical students, licensing, fund raising, 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, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Permitted Uses and Disclosure without Authorization: We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, Food and Drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, treatment payment and health operations, workers' compensation, inmates and other required uses and disclosures. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your protected health information when required by the secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke the 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.

Health Information Exchange: Health information exchanges allow health care providers, including Valdosta Family Medicine & Valdosta Specialty Clinic, to share and receive information about patients, which assists in the coordination of patient care. Effective January pt, 2024, Valdosta Family Medicine Associates, P.C. will be using health information exchange services that may make your health information available to other providers, health plans, and health care clearinghouses for treatment or payment purposes. Your health information may be included in the HIE. We may also make your health information available to other health exchange services that request your information for coordination of your treatment and/or payment for services rendered to you. Participation in the HIE is voluntary, and you have the right to opt out. If you do not want to participate, please see a member of our front office staff.

YOUR RIGHTS: The following are statements of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information (fees may apply): You may obtain a copy of your electronic medical record in electronic form. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or another person, or information that was obtained under a promise of confidentiality.

Y**ou have the right to request a restriction of your protected health information**: This means you may ask us to not use or disclose any part of your protected health information and by law we must comply when the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full, this includes Medicare beneficiaries. 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. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

You have the right to request to receive confidential communications: You have the right to request confidential communication from us by alternative means or at an alternative location. 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 alternatively i.e. electronically. You also have the right to not activate your patient portal account. This is done by not supplying us with your e-mail address.

You have the right to request an amendment to your protected health information: 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.

You have the right to opt out of receiving certain communications: Our office has the right to contact you to raise funds. You may opt out of receiving such communications at any time.

You have the right to receive an accounting of certain disclosures: You have the right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, health care operations, required by law, that occurred prior to April 14th 2003, or six years prior to the date of this request.

You have the right to be notified of breach: You have the right to, or you will be notified following a breach of unsecured PHI if you are affected by the breach.

You have the right to obtain a paper copy of this notice: You have the right to obtain a paper copy of this notice from us even if you have agreed to receive the notice electronically.

CHANGES TO THIS NOTICE We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Valdosta Family Medicine Associates, P.C. facilities and you may request a copy of the current notice. In addition, the current notice will be posted at www.valdostafamilymedicine.com

COMPLAINTS:
You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our office. We can then direct you to our Compliance Officer. We will not retaliate against you for filing a complaint.

You may contact the Secretary of Health and Human Services about filing a complaint on their website at https://www.hhs.gov/ocr/complaints/index.html. You may also contact the Office of Civil Rights' regional manager at the following:

Roosevelt Freeman, Regional Manager
Office for Civil Rights
US Department of Health and Human Service
Sam Nunn Atlanta Federal Center, Suite 16170
61 Forsyth Street SW
Atlanta, GA 30303-8909
Voice Phone: 800-368-1019
FAX: 404-562-7881
TDD: 800-537-7697

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPPA compliance Officer in person or by phone at our main phone number.

Valdosta
Family Medicine
&
Valdosta Specialty Clinic

Health Information Exchange Opt-Out

Patients often believe that all medical information, including records from other practices/hospitals are able to be accessed by their primary care team via one shared medical record. However, in order to access your medical records from other facilities, we need permission to either request your records from the facility directly or else access and exchange records through secure, privacy protected health information exchange services, such as CommonWell and Care Quality. Our patients are automatically enrolled, requiring your signature to opt out. Should you choose to opt out by signing below, your care at Valdosta Family Medicine P.C. may be hindered to the extent that your provider will not have access to most hospital or specialist records including updated medication lists, procedures, diagnoses etc. that may be crucial to the development of your treatment plan. Valdosta Family Medicine P.C. also recognizes that you have the right to decline participation in health information exchange services.

By signing below, I have read and understand the above information and I willingly choose to opt out of secure, bi-directional health information exchange services. I am also aware that I can opt in at any time.

_____ _____

PATIENT/GUARDIAN SIGNATURE DATE

Revised 12/28/2023

“When health care providers have access to complete and accurate information, patients receive better medical care.”

The Office of the National Coordinator for Health Information Technology (ONC)

Source: www.healthit.gov/topic/health-it-basics/improved-diagnostics-patient-outcomes

commonwell® HEALTH ALLIANCE

To view participating provider sites, visit www.commonwellalliance.org/providers/

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Now Connected to the CommonWell Network

An Improved Way to Coordinate Your Health Care Across Different Care Providers

We at Valdosta Family Medicine & Specialty Clinic believe the optimal way to provide you the best care possible is by having a comprehensive view of your health history.

Through the CommonWell network, we can do just that.

Valdosta Family Medicine & Valdosta Specialty Clinic

2412 N. Oak Street
Valdosta, GA 31602

229-244-1400
ValdostaFamilyMedicine.com

Valdosta Family Medicine & Specialty Clinic is pleased to provide our patients the opportunity to participate in the CommonWell network, allowing your participating health care practitioners access to your health information nationwide, regardless of where care occurs.

The CommonWell network provides participating practitioners access to past and present medical information to make better decisions and better coordinate care across your care teams.

How does this help me?

- Participating health care practitioners can access your health record.
- CommonWell nationwide connectivity means that your data is more accessible to participating clinicians.
- Reduces time spent tracking down your health information providing you faster, better care.
- When enrolled, if you are unable to provide health data, such as in an emergency, your care team may locate it immediately.
- May save time and the hassle of filling out health history forms when seeing new practitioners.

Can I see which members of my care team participate in CommonWell?

To view participating provider sites, visit the CommonWell website at: www.commonwellalliance.org/providers/

How do I enroll?

- In some areas, patients are automatically enrolled as part of the registration process.
- If you are not automatically enrolled, a care team member will confirm select demographics and then enroll you.
- Once enrolled, a care team member can review your health data from participating locations where you received care.

What health information will be shared by Valdosta Family Medicine & Specialty Clinic?

- Records of allergies and drug reactions
- Medication and immunization history
- Transcribed diagnostic and treatment records
- Procedure records
- Record of problems and diagnoses
- Notes from your care team

Is my data secure?

Yes. CommonWell takes your privacy and security very seriously. CommonWell does not store any of your health/clinical data and uses end-to-end encryption to help ensure your data is secure when sending data.

Can I exclude certain records from being shared?

No. In order to provide a comprehensive health history, we don't have the option at this time to exclude specific visits, tests or episodes of care.

Can I choose not to participate?

Yes. Participation is a personal decision you must make. If you opt out, your health information will not be available through the CommonWell network to other clinicians. To opt out, please check with the front desk to discuss unenrolling.

If I choose not to participate, will it affect my ability to receive care here?

Participation is not a condition to receiving care. However, if you opt out, it may affect the information available to your care team when receiving care.

Whichever decision I make, can I later change my mind?

Yes. If you decide to remain enrolled now, but later change your mind and want to opt out, you can contact us at 229-244-1400.