

# **NOTICE OF PRIVACY POLICIES** **FOR BULLOCH PEDIATRICS GROUP, LLC**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## **Introduction**

At Bulloch Pediatrics Group, LLC, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

## **Understanding Your Health Record/Information**

Each time you visit Bulloch Pediatrics Group, LLC, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in education health professionals
- A source of information for public health officials charged with improving the health of this state and nation
- A source of data of planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights**

Although your health record is the physical property of Bulloch Pediatrics Group, LLC, the information belongs to you. You have the right to:

- Obtain a paper copy of this "Notice of Privacy Policies" upon request
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information; to do so please contact Kristen Mock with Bulloch Pediatrics Group, LLC, this information will be provided to you within 30 days
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose your health information

## **Our Responsibilities**

**Bulloch Pediatrics Group, LLC is required to:**

- Maintain the privacy of your health information
- Provide you with this notice about our privacy practices
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- We will not use or disclose your health information without your authorization, except as described in this notice. To revoke your authorization, please put your request in writing to Bulloch Pediatrics Group, LLC

### **For more information or to report a problem**

If you have questions and would like additional information you may contact the practice's Privacy Officer Kristen Mock at 912-871-4847.

If you believe your privacy rights have been violated you can file a complaint with the practice's Privacy Officer, or with the Office of Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the address for the OCR is listed below:

Office of Civil Rights  
US Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509 R, HHH Building  
Washington DC 20201

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your other physicians or subsequent health care provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### **We will use your health information for regular health operations.**

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.