

STAMPS HEALTH SERVICES
NOTICE OF PRIVACY PRACTICES

We are committed to protecting health information about you. Your health information is contained in an electronic health record that is the physical property of Stamps Health Services, the information belongs to you. **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.** We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information (PHI). **Stamps Health Services may use and disclose your PHI for the sections listed below.** For these sections, the party to whom the PHI is disclosed is required to keep their information secure and confidential. (Protected health information specifically excludes identifiable health information in "education records" subject to the Family Education Rights and Privacy Acts (FERPA).)

- 1. Treatment:** We may use and disclose PHI to provide health care treatment to you. In other words, we may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment, and coordinating and managing your health care with others. *For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.*
- 2. Payment:** We may use and disclose PHI to obtain payment for the healthcare services you received. This means that we may use PHI to arrange for payment (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose PHI to an insurance plan before you receive certain health care services because, for example, we may need to obtain authorization for treatment or a particular service. *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 the supplies used.*
- 3. Regular Healthcare Operations:** We may use and disclose PHI in performing a variety of business activities that we call "healthcare operations." These activities allow us to improve the quality of care. *For example: Evaluating the qualifications and performance of healthcare providers taking care of you; providing training programs for students, trainees, and health care providers to help them improve their skills; cooperating with outside organizations that evaluate, certify, or license healthcare providers, staff, or facilities; and when working with others (such as lawyers or accountants) who assist us.*
- 4. Communication with Family or Persons Involved in Your Care:** We may disclose PHI to a relative, close friend or any other person you identify if that person is involved in your care and the information is relevant to your care. You may ask us at any time not to disclose PHI to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If you are unable to agree or object to such a disclosure, we may disclose PHI as necessary if we determine that it is in your best interest based on our professional judgment. *For example: A patient's husband may be invited into an exam room and a nurse practitioner may discuss medication or treatment with the patient and her husband.*
- 5. Required by Law:** We will use and disclose PHI whenever we are required to do so by law; however, we will limit our use or disclosure to the relevant requirements of the law. *For example: Judicial and Administrative proceedings pursuant to legal authority and Law enforcement officials where Georgia law permits disclosures in the course of an investigation.*
- 6. National Priority Uses and Disclosures:** When permitted by law, we may use or disclose PHI without your permission for various activities that are recognized as "national priorities." We will only disclose medical information about you in the following circumstances when we are required to do so by law: Examples include:
 - **Public Health** As required by law, we may disclose to authorities, for purposes related to: preventing or controlling disease, injury, or disability; reporting domestic violence; and reporting disease or infection exposure. For example reporting communicable diseases to the state.
 - **Public Safety** If we believe it is necessary to prevent or lessen serious and imminent threat to the health or safety of a particular person or the public.
 - **Health Oversight Activities** We may disclose PHI to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
 - **Judicial and Administrative Proceedings:** We may and are sometimes required by law, to disclose PHI to a court or an officer of the court if, for example, a judge orders us to do so.
 - **Law Enforcement:** For purposes such as identifying or locating a suspect, fugitive, material witness, or missing person and complying with a court order or subpoena or similar process and other law enforcement purposes. For example if a police officer needs information to find or identify a missing person.
 - **Deceased Person Information:** To law enforcement officials, coroners, medical examiners, and funeral directors. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
 - **Research Organizations:** We may disclose PHI for research purposes that have been approved by an Institutional Review Board, including established protocols to ensure privacy of your health information.
 - **Specialized Government Functions:** Included but not limited to military and national security activities.
- 7. Marketing: The use or disclosure of PHI for marketing purposes or any disclosures that constitute a sale of PHI require your authorization.**
- 8. Psychotherapy notes:** Most uses and disclosures of psychotherapy notes require your authorization.
- 9. Breach Notification:** In the case of a breach of unsecured PHI, we will notify you as required by law. In some circumstances, our business associate may provide the notification. A "business associate" shall mean a person or entity that creates, receives, maintains, or transmits PHI in fulfilling certain functions or activities for a covered entity. This includes health information organizations, e-prescribing gateways, and other persons that provide data transmission services with respect to PHI and requires access to PHI on a routine basis.
- 10. Authorizations:** Except as described in this notice of privacy practices, Stamps Health Services will not use or disclose your PHI without your written authorization (the signed permission of you or your personal representative). If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing at any time.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

- 1. Right to a Copy of This Notice:** You have a right to receive a paper copy of our Notice of Privacy Practices at any time, even if you have agreed to receive the notice electronically.
- 2. Right of Access to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI, including direct access to completed medical laboratory report, within 30 days of the request (with a one-time 30-day extension after written notice for the delay and when the records will be provided). You may obtain an electronic or paper copy of your medical records. You may also instruct us in writing to send an electronic or paper copy of your medical records to a third party. If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. Fees charged may also include postage charges and any charges incurred for the preparation of an explanation or summary of the PHI if agreed to in lieu of, or in addition to, providing access to the PHI.
- 3. Right to Have Medical Information Amended:** You have the right to request that we amend PHI about you that is incorrect or incomplete. You must provide us with a request in writing and explain why you would like us to amend the information. We may deny your amendment request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining

- why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose your PHI in the future.
4. **Right to an Accounting of Disclosures We Have Made:** You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. The accounting will not include several types of disclosures, including disclosures for treatment, payment, and health care operations, information provided to you, directory listings, and certain government functions. The accounting will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.
 5. **Right to Request Restrictions on Uses and Disclosures:** You have the right to request restrictions on certain uses and disclosures of your PHI, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. When you request a restriction on disclosure of your PHI to a health plan, Stamps Health Services must agree to the requested restriction if disclosure is not required by law, the disclosure is for the purpose of carrying out payment or health care operations, and the individual has paid Stamps Health Services for the item or service out of pocket in full. We reserve the right to accept or reject any other request and will notify you of our decision. You may cancel the restrictions at any time.
 6. **Right to Request an Alternative Method of Contact:** You have the right to receive confidential communications, including the right to request to be contacted at a different location or by a different method. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing and specify the method of contact you prefer. You will be responsible for any additional costs associated with the alternate method as applicable.
 7. **Changes to this Notice of Privacy Practices:** Stamps Health Services reserve the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created and or received prior to the date of such amendment. This notice will be revised whenever there is a material change to the uses or disclosures, the individual's rights, Stamps Health Services legal duties, or other privacy practices stated in the notice. Until such amendment is made, Stamps Health Services is required by law to comply with the terms of this Notice. Revised notices will be made available to you by: posting the revised notices in a clear and prominent location, posting the notice on any web site maintained by Stamps Health Services, and a written revised notice will be available to you upon request.

If you have any questions about any part of this Notice, want more information about Stamps Health Services privacy practices please contact the Stamps Health Services Privacy Officer. **Stamps Health Services, John Scuderi, Director, Health Operations, Privacy Officer, 740 Ferst Drive, NW, Atlanta, GA 30332, Phone: 404-894-0074.** If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies and procedures, you may file a written complaint with the Privacy Officer. If you are not satisfied with the manner in which Stamps Health Services handles a complaint, you may file a written complaint with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. Please use the following contact information: Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html> or you may also submit your complaint electronically by visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> Email: OCRMail@hhs.gov.

I acknowledge that I have received a copy of SHS "**Notice of Privacy Practices**" for Protected Health Information on the date set forth below.

Date of Receipt: _____

Patient Name: _____

Signature of Patient: _____

Print Name of Authorized Personal Representative: _____

Signature of Authorized Personal Representative: _____

FOR USE BY SHS PERSONNEL ONLY: [Complete if patient Acknowledgement is not obtained]

An Acknowledgement of Receipt of notice of Privacy Practices was not obtained because:

- Patient refused to sign Acknowledgement.
- Unable to gain signed Acknowledgement due to communication/language or other barrier.
- Patient unable to sign Acknowledgement due to emergency treatment situation.
- Other: Please indicate reason: _____

Signature of SHS representative: _____ Date: _____