

**ATLANTA UROCARE, P.C.**  
**777 CLEVELAND AVENURE SUITE 604**  
**ATLANTA, GEORGIA 30315**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET TO THIS INFORMATION.**

**PLEASE READ CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 (**HIPPA**) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by is in any form, whether electronically, on paper, or orally are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal health information.

As required by HIPPA, we have prepared this explanation on how we required to maintain the privacy of your health information.

We use and disclose your medical records only for each of the following purposes: treatment, payment and healthcare operations:

1. Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this would include a physical examination.
2. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
3. Healthcare operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing quality assessment and improvement activities, auditing function, cost management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made on your behalf with your written Authorization, your written request, except to the extent that we have already taken action relying on your Authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer.

1. The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family member(s), other relatives, close personal friends or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
2. The right to reasonable request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
3. The right to inspect and copy your protected health information.
4. The right to amend your protected health information.
5. The right to receive an accounting of disclosures of protected health information.
6. The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notices provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from the office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filling a complaint.

**Please contact us for more information:**

**The US Department of Health and Human Services**

**Office of Civil Rights**

**200 Independence Ave SW**

**Washington, DC 20201**

**(202) 619-0257**

**Toll Free: 1-877-696-6775**