

- d. Inspect and copy protected health information As Provided by law – This right includes access To Medical and billing records. To inspect and Copy Health information, please submit a written Request To the office’s Privacy Officer, as set forth in Section 4 (i) below. This office can charge you a fee for the costs of copying, mailing or other supplies associated with your request. This office may deny you access to medical information but you have the right to have this denial reviewed as will be set forth more fully in the written denial notice.
- e. Amend incorrect or incomplete protected Information as provided by law – To request an amendment, please submit a written request to this office’s Privacy Officer, as set forth in Section 4 (i) below. You must provide a reason that supports your request for the Amendment(s). This office may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by this office (unless the individual or entity that created the information is no longer available), if the information is not part of the Medical information you would be permitted to Inspect and copy, and/or if the information is accurate and complete;
- f. Receive an accounting of disclosure (but not the uses) of protected information as provided by law - to request an accounting, please submit a written request to this office’s Privacy Officer, as set forth in section 4(i) below. The request must state a time period that may not be longer than 6 years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12 month period will be free but this office may charge you for the costs of providing additional lists. This office will notify you of the costs involved and you can Decide to withdraw or modify your request before any costs are incurred;

- g. To receive a paper of this notice from this office upon request to this office’s Privacy Officer, as set forth in Section 4(i) below;
- h. To complain to this office or to the Secretary of HHS if you believe your privacy rights have been violated. To file a complaint, please contact this office’s Privacy Office, as set forth in Section 4(i) below. All Complaints must be in writing; and
- i. To obtain more information on, or have your questions about your rights answered; you may contact this office’s Privacy Office, **DR. JEANNE M. PERRINE**, at **501 PULLIAM ST. S.W., SUITE 139, ATLANTA, GA 30312**

5. Office Rights & Requirements – This office:

- a. Is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected information;
 - b. Is required to abide by the terms of this notice;
 - c. Reserves the right to change the terms of this notice and to make a new notice provisions effective for all protected information that it maintains.
 - d. Will:
 - i. Give to you, and you will be required to sign a receipt for, and revised notice.
 - e. Will not retaliate against you for filing a complaint.
6. This original notice is in effect as of April 14,2003.

JEANNE M. PERRINE, OD

JAMES C. HAYES, MD

**PATIENT
PRIVACY
NOTICE**

**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.**

**501 PULLIAM ST., S W
Suite #139
ATLANTA, GA 30312**

**Tel: (404) 589-8517
Fax: (404) 222-0174**

The office of **DR. JEANNE M. PERRINE** (referred to hereafter as the or this “office”) is committed to protecting your personal medical information. The creation of a record detailing the care and services you receive helps this office to provide you with quality health care and complies with this office’s medical records retention requirements. This notice applies to the medical records maintained by this office and its specifically details the ways in which your medical information may be used and disclosed to third parties. This notice also details your individual rights regarding your medical records.

1. This office may use and/or disclose your medical information consistent with a valid consent granted by you for the purpose of:
 - a. Treatment – In order to provide you with the healthcare you require, this office will provide your medical information to this healthcare professionals, whether on this office’s staff or not, directly involved in your care so that they may understand your medical condition and needs. For example, a physician treating you for headaches may need to know about the results of your latest examination by our office.
 - b. Payment – In order to get paid for services provided, this office will provide your medical information, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, this office may need to provide the Medicare program with information about the services you received so that this office can be properly reimbursed. This office may also need to tell your insurance plan about a treatment you are going to receive so that it can be determined whether or not your plan will cover the treatment.
 - c. Healthcare Operations – In order to gain an overall view of various elements of this office’s operations, individual medical information may be collected, compiled and disseminated. For example, this office may utilize personnel in providing care to you.
2. This office may use and/or disclose your medical information, without a written consent, in the following instances:
 - a. De-identified Information – Information that is not individually identifiable for that has had all personally identifying information removed, in accordance with applicable law, may be freely disclosed by this office.

- b. Business Associate – If this office obtains satisfactory written assurance from the business associate, in accordance with applicable laws, that the business associate will appropriately safeguard the protected information;
- c. Personal Representative – If under applicable under Georgia law a person has the authority to represent you in making decisions related to your health care, information may be disclosed to that person without your written consent;
- d. In Emergency Situations-
 - i. For the purpose of obtaining or rendering emergency treatment to you, if the office attempts to obtain consent but is unable to do so;
- e. Communication Barriers – If, due to substantial communication barriers or inability to communicate,
- f. Involvement in Care of Payment – In accordance with applicable laws, disclosure may be made to your family member, other relatives, close personal friends and/or any other person identified by you, of such information that is relevant to the person’s involvement with your care or payment related to your health care;
- g. Notification – In order to notify or assist in the notification of a family member, a personal representative or another person responsible for your care or your location or general condition;
- h. Required by Law – when and to the extent that such disclosure is required by law, complies with and is limited to the relevant requirements of such law;
- i. Appointment Reminders, Treatment Alternatives and Health Related Benefits – In order to provide you with appointment reminders or information about treatment alternatives or other health related benefits and services that may be interest to you;
- j. Military and Veterans – If you are a member of the armed forces, as required by military command authorities;

- k. Worker’s Compensation – In order to provide information about you to worker’s compensation programs designed to provide benefits for work-related injuries;
- l. Public Health Risks – In order to prevent or control disease, injury and disability and to report child abuse or neglect
- m. Health Oversight Activities – In order to provide information to a health oversight agency, such as the Georgia Department of Community Health, for activities authorized by law, including inspections, investigations, audits and licensure;
- n. Lawsuits and Disputes – In order to comply with a court or administrative order in connection with a lawsuit or dispute;
3. Other uses and/or disclosures will be made only with your written authorization and you may revoke any authorization as set forth in this notice.
4. **Your Individual Rights** – You have the right to:
 - a. Revoke any authorization and/or consent, in writing, any time – To request a revocation, please submit a written request to the office’s Privacy Officer, as set forth in Section 4(i) below;
 - b. Request restrictions on certain uses and/or disclosures As provided by law; however, this office is not obligated to agree to any requested restrictions – To request restrictions, please submit a written Request to this office’s Privacy Officer, as set forth in Section 4(i) below. In your written request, you must inform this office what information you want to limit, whether you want to limit this office’s use or disclosure, or both, and to whom you want the limits to apply. If this office agrees to your request, we will comply with the request unless the information is needed in order to provide you with emergency treatment;
 - c. Receive confidential communications of protected health information as required by law – To request confidential communications, you must make your request in writing To this office’s Privacy Officer, as set forth in Section 4 (i) below. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.