



**THIS NOTICE DESCRIBES HOW YOUR INFORMATION MAY BE USED/DISCLOSED
AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Introduction

At Perisseia Physicians, 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 from you, 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 4-14-03, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Info

Each time you contact Perisseia Physicians, LLC, a record of your contact is made. Typically, this record contains your symptoms, diagnoses, treatment, and a plan for future care. It also contains a description of the equipment or supplies we provide for you. This information is often referred to as your health or medical record and serves as a:

- *Basis for planning your care and treatment,
- *Means of communicating among the many health professionals who contribute to your care,
- *Legal document describing the care you received,
- *Means by which you or a third-party payer can verify that services billed were actually provided,
- *A tool with which we can assess and continually work to improve the care we render and the outcomes we archive.

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

Your health record is the physical property of Perisseia Physicians, LLC, but the information it contains belongs to you. You have the right to:

- *Obtain a paper copy of this notice of information practices upon request,
- *Inspect and copy your health record as provided in 45 CFR 164.524.
- *Request amendment to your health record as provided in 45 CFR 164.528,
- *Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- *Request communications of your health information by an alternative means or at alternative locations,
- *Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- *Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibility

Perisseia Physicians, LLC is required to:

- *Maintain the privacy of your health information,
- *Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, *Abide by the terms of this notice,
- *Notify you if we are unable to agree to a requested restriction, and
- *Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.



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For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Privacy Officer, Perisseia Physicians, LLC at 770-682-2024.

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

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

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 physician will document in your record his or her 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 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.

MORE INFORMATION IS AVAILABLE AT www.hhs.gov.

Declaration of Patient Rights

“The patient has the right to file a grievance with the Composite State Board of Medical Examiners concerning the physician, staff, office and treatment received. The patient should either call the Board with such complaint or send a written complaint to the Board. The patient should be able to provide the physician or practice name, the address, and the specific nature of the complaint.”



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**Georgia Composite State Board of Medical Examiners
2 Peachtree Street, NW
10th Floor
Atlanta, Ga. 30303
(404) 656-3913**