

GA PSYCHIATRIC SERVICES, LLC

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NOTICE OF HEALTH INFORMATION PRACTICES

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

All our office staff and healthcare providers follow the privacy practices required by Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect your health information.

We may use or disclose your health information for following purposes with your written consent. You may revoke your consent for any of the following purposes at any time by giving written notice.

Treatment – We primarily use your health information to facilitate or provide medical services or treatment to you at GA Psychiatric Services, LLC. We may need to disclose your health information to other providers such as doctors, nurses, laboratories, other office personnel or family members who are involved in your treatment for continuation or coordination of care.

Payment – We may use or disclose your health information to your insurance company, health plan or third party payer to check benefits, seek prior authorization or reimbursement for services. We may disclose personally identifiable information, diagnosis, type of service received and recommended treatment to a third party payer.

Healthcare Operations – We may use or disclose your health information to administer services, evaluate the performance of staff, improve quality of care provided and to ensure compliance with relevant laws or treatment guidelines.

We may use or disclose your health information in following special situations without your consent, subject to applicable laws.

Safety – We may use or disclose your health information to prevent serious threat to you, others or public safety, subject to HIPAA provisions and other legal requirements. We may contact law enforcement or emergency contacts to prevent harm to you or others.

Court Order – We may use or disclose your health information in response to subpoena, court order, warrant or summons from court, subject to all HIPAA provisions and other legal requirements.

Health Oversight Activities – We may use or disclose your health information to health oversight agencies, Federal or State governmental departments for audits, investigations or monitoring to ensure compliance.

Research – We may use or disclose your health information in medical research projects, subject to an authorization by Institutional Review Board (IRB). We seek your written consent if any researcher needs access to your personally identifiable information such as name, address or contact information.

Your Health Information Privacy Rights

You can ask to see or get a copy of your health records. Copies must be given in 30 days. You may have to pay for the cost of copying or mailing.

You can ask to change any wrong information in your file or add information to your file if it is incomplete.

You can learn how your health information is used and shared. Your provider must give you a notice that tells you how health information is used or shared.

You can decide whether to give your permission before your information can be used or shared for certain purposes.

You can get a free report once a year on when and why your health information was shared.

You can ask to be reached somewhere other than home either by phone or mail or in a certain way.

You can ask your provider not to share your health information with certain people, groups or companies.

Complaints

If you believe your information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a written complaint with Suneel Katragadda, M.D. at his office and you can contact him at (770) 458-0450. You can also file a complaint with U.S. Department of Health & Human Services. You can request a copy or more details of this notice any time.

I reviewed the health information practices at GA psychiatric Services, LLC and understood how my health information could be used or disclosed in providing services to me. I also understood my legal rights and know how to complain if my rights are violated.

Signature: _____ Printed Name: _____ Date: _____