



NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Georgia Department of Public Health (DPH) to maintain the privacy of your health information inform you of its legal duties and privacy practices with respect to your health information through this Notice of Privacy Practices notify you if there is a breach involving your protected health information agree to restrict disclosure of your health information to your health plan if you pay out-of-pocket in full for health care services, and abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this Notice at any time. The Notice will be posted on the DPH website at www.health.state.ga.us. Copies of the Notice are available upon request.

The Department of Public Health and the County Boards of Health will follow this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment:

bill and collect payment for the services that you receive.
provide your health plan with information about the treatment
or services provided to you.

tion about you for health care operations. For example, we
ce of our staff in caring for you, and to determine what

disclose medical information about you to remind you of an
eived treatment.

may disclose your health information to a family member,
in taking care of you. We may also disclose information to
health information to an organization assisting with disaster
d of your condition, status and location.

Business Associates: We may disclose your information to contractors (business associates) who provide certain services to us. We will require these business associates to appropriately safeguard your information.

Public Health Activities: We may disclose your health information for public health activities which include: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting reactions to medications or problems with products or notifying a person of product recalls; and notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect or Domestic Violence: We may disclose your medical information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only disclose this if you agree, or when required or authorized by law or regulation.





Department of Public Health
Form GC-09013B

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

Right to Inspect and Copy: You have the right to inspect and copy your records. You must submit your request in writing to the Privacy Officer, Office of the General Counsel, Georgia Department of Public Health, 2 Peachtree Street, N.W., 15th Floor, Atlanta, Georgia, 30303, and include your name, date of birth, social security number, and the location where services were received if you received services at a local county health department. We may deny your request and in some circumstances, you may request a review of the denial.

Right to Request an Amendment of PHI: You may request that we amend information that we have about you, for as long as we keep that information. You must submit your request in writing to the Privacy Officer, Office of the General Counsel, Georgia Department of Public Health, 2 Peachtree Street, N.W., 15th Floor, Atlanta, Georgia, 30303, and include your name, date of birth, social security number, a reason that supports your request, and the location where services were received if you received services at a local county health department. Your request may be denied if 1) the information was not created by us unless the creator of the information is not available to make the requested amendment, 2) the information is not kept by us 3) the information is not available for your inspection, or 4) the information is accurate and complete.

Right to an Accounting of Disclosures: You have the right to receive an accounting of disclosures of your health information made by us in the six years prior to the date on which the accounting is requested. The accounting will not include any disclosures 1) to you or your personal representative 2) made pursuant to your written authorization 3) made for treatment, payment or business operations 4) made to your friends and family involved in your care or payment for your care 5) that were incidental to permissible uses or disclosures of your health information 6) of limited portions of your health information that excludes identifiers 7) made to federal officials for national security and intelligence activities, and 8) to correctional institutions or law enforcement officers about inmates. To request an accounting of disclosures, submit your request in writing to the Privacy Officer, Office of the General Counsel, Georgia Department of Public Health, 2 Peachtree Street, N.W., 15th Floor, Atlanta, Georgia, 30303. Please include your name, date of birth, social security number, the period for which the accounting is being requested, and the location where services were received if you

