
Richard H. Armond, III, DO

NOTICE OF PRIVACY PRACTICES

This Notice describes how health information about you may be used and disclosed, and how you can obtain access to this information. We are required by law to maintain the privacy of Protected Health Information (PHI) and this Notice explains our privacy practices with regard to that information. Please review it carefully.

“Protected Health Information” is information that individually identifies you, including demographic information that we create or get from you, another health care provider, health plan, your employer, or a health care clearinghouse, and that relates to your past, present, or future physical or mental health or conditions, the provision of health care to you, or the past, present, or future payment for your health care.

We reserve the right to change this Notice. Any revision or amendment made to this Notice will be effective for all past, present, and future PHI.

Uses and Disclosures of Health Information

We may use and disclose your Protected Health Information in the following circumstances:

Treatment: We may use and disclose your PHI to provide, coordinate, and manage health care and related services to you. For example, your PHI may be disclosed to a specialist to whom you have been referred to ensure the provider has the necessary information to diagnose or treat you.

Payment: We may use and disclose your PHI so that we can bill for the treatment and services we provide to you and collect payment from you, a health plan, or a third party.

Health Care Operations: We may use and disclose PHI to conduct business activities of this office. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive, to evaluate the performance of our staff in caring for you as well as, accreditation, certification, licensing, and credential purposes.

Students: Students/interns in health service related programs will “shadow” in our office occasionally to meet their educational requirements or to get health care experience. These students may observe or participate in you treatment. You have the right to refuse to be examined, observed, or treated by any student or intern. If you do not want a student or intern to observe or participate in your care, please notify staff.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose PHI to contact you in order to remind you that you have an appointment, or contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Minors: We may disclose the PHI of a minor to their parents or guardians unless such disclosure is otherwise prohibited by law.

As Required by Law: We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

Business Associates: We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use a company to provide consulting services or legal counsel for us. All of our business associates are obligated under contract with us to protect the privacy and ensure the security of your Protected Health Information.

Military and Veterans: If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We may also disclose PHI to the appropriate foreign military if you are a member of a foreign military.

Military Activity and National Security: If you are involved with military, national security or intelligence activities, or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.

Law Enforcement: We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

Workers' Compensation: We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using, and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, Neglect, or Domestic Violence: We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include: audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes: We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, however, all efforts will be made to tell

you about the request in case you want to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary: (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) the safety and security of the correctional institution.

Permitted Uses and Disclosures that Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Health Care: Unless you object, we may disclose to a family member, friend, or any other person you identify, your PHI that directly relates to the person(s) involved in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary based on our professional judgment if we determine that it is in your best interest.

Disaster Relief: We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can do so.

Fundraising Communications: We may, as necessary, use and disclose your PHI in order to contact you for fundraising activities. You may opt out of receiving any fundraising communications by submitting a written request to our Privacy Officer.

Other Uses and Disclosures that Require Written Authorization

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of PHI for marketing purposes
- Disclosures that constitute a sale of your PHI

Uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your **written authorization**. If you do provide us with authorization, you may revoke it, in writing, at any time. If you do revoke authorization, we will no longer use or disclose PHI under the authorization. However, any uses and disclosures made in reliance on your authorization before your written revocation will not be affected by the revocation.

Your Rights Regarding Protected Health Information

The following are rights you have, subject to certain limitations, regarding your Protected Health Information:

Right to Copy and Inspect: You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who has not been directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to a Summary or Explanation: We can also provide you with a summary of your PHI rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

Right to an Electronic Copy of Medical Records: If your PHI is maintained in an electronic form or format, you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. All requests for copies of electronic medical records must be made in writing. We will make every effort to provide access to your PHI in electronic form if it is readily available. If it is not readily available, we have up to 30 days to complete your request, with a one-time extension of up to 30 days if necessary. If the PHI is not producible in electronic form, your record will be provided in either our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Notice of Breach: You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Amendment: If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as we retain the information. Your request for an amendment must be made in writing to our Privacy Officer at the address provided at the end of this Notice, and it must provide a reason to support the request. In certain cases, we may deny your request for an amendment. If we do deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosures: You have the right to ask for an accounting of disclosures we made of your PHI. This right applies to disclosures for purposes other than treatment, payment and healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to family members, or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Limitations are different for electronic health records. The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will notify you of the costs and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request restrictions, you must submit a written request to our Privacy Officer. The request must state the specific restrictions requested and to whom you want the restriction to apply. We are not required to agree to your request, however, if we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

Out-of-Pocket Payments: If payment for a specific item or service is paid out-of-pocket and in full, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communication: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we only contact you on your cell phone or by e-mail. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of Notice: You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of our Notice of Privacy Practices by request at any time. A copy of our current Notice will also be available on our website: drrichardarmond.com.

Questions/Concerns and Complaints

If you have any questions or concerns or need more information about our privacy practices, please contact us using the information below. If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with us, contact our Office/Practice Administrator at the address below. All complaints must be in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will not be any retaliation against you for filing a complaint.

Contact our Office or Official at: **530 Highland Station Dr. Suite 3008**
Suwanee, GA 30024
(770) 614-4455 Fax: (770) 614-0500

To file a complaint with the Secretary, mail to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 or toll free at 877-696-6775. You may also visit the Office for Civil Rights website at www.hhs.gov/ocr/hipaa/ for more information.

This Notice was revised: June 26, 2014 and became effective: July 01, 2014.