



Please retain  
for your records

## Notice of Privacy Practices

This notice is to inform you about our company's policy regarding the use and disclosure of your protected health information and how you gain access to your information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs healthcare providers, payers and other healthcare entities to develop policies and procedures that assure the privacy, security and authenticity of health information. An employee from the clinic is required by federal law to provide you with a copy of our privacy policy.

### Our Commitment to your Privacy

As a provider of healthcare, we may use your confidential information to create records regarding your health information in order to provide quality healthcare. However, we promise to remain in the boundaries of federal and state privacy act laws. Occasionally, we may need to also disclose health information to carry out your treatment, payment or healthcare operations to other clinics or offices within our organization. This notice applies only to records of your care maintained or created in this or an associate's facility. We are required by law to give you a copy of our Privacy Policies and to make sure that your health information is kept private.

### How we may use or disclose personal information without authorization

The following describes different circumstances in which we may disclose or use your health information without your authorization.

1. When required by law
2. Organ and tissue donation information
3. To avert serious threat to health and safety to another person or the public
4. To military authorities or if you are a member of the armed forces
5. Workers Compensation
6. By court order for lawsuits or disputes
7. By court order, subpoena, warrant, summons or request by law enforcement officials to identify as suspect, fugitive, witness or missing person
8. Coroners, funeral directors and medical directors
9. Intelligence or National Security
10. If you are an inmate of a correctional institution under the custody of law enforcement officials and it is necessary to carry out proper healthcare
11. In case of emergency, lack of physical or mental awareness

### Instances in which we may use and disclose your health information

In efforts to provide care for you, it may be necessary that your health information is available for healthcare providers who are involved in your treatment, care and billing. We will have to communicate with your insurance company about your care in order to obtain prior approval or to determine if your insurance company will pay for your treatment or care.

### Your rights regarding your healthcare information

1. You have the right to revoke your consent or authorization to use and disclosure of your personal information by a written notice to the appropriate personnel at the clinic in which you are being treated. Please realize that we will not be responsible for any information that has already been disclosed or obtained by our office. We also are still required to retain any records of the care we provided for you at our clinics.
2. You have the right to copy and inspect your medical or billing records. To do so, you must contact our Privacy Officer. There may be fees for the cost of copying, mailing, or other supplies associated with your request. You also have the right to request that certain information be amended or changed. This must also be done in writing. We may deny your request to inspect or copy your records because of certain circumstances. In this instance, it will be discussed with you and you will also have a right to review the denial with the Privacy Officer.
3. You have the right to request that your information be communicated within the specific guidelines. You may also request with the appropriate form, to restrict or limit our communication with you. For example, not calling your work or leaving messages on your answering machine.

### Complaints

If you believe that any of your privacy rights have been violated, you may file a written complaint with our Privacy Officer. The Privacy Officer will then investigate the complaint and follow up with you in an appropriate time frame.

To reach our Privacy Officer, please send all requests and correspondences to:

Atlanta Oncology Associates, Attention: Privacy Officer, 3330 Preston Ridge Road, Suite 300, Alpharetta, GA 30005