

## Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact us at (678) 784-1085. Specifically, you have the right to:

**1. Inspect and copy your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge you a reasonable fee if you want a copy of your health information.

**2. Requests to correct your health information.** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your requests.

**3. Request restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. Or, you may want to limit the health information provided to family or friends involved in your care or payment of medical bills. You may also want to limit the health information provided to authorities involved with disaster relief efforts.

**4. As applicable, receive confidential communication of health information.** You have the right to ask that we communicate your health information to you in different way or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

**5. Right to an Accounting of Disclosures.** In some limited instances, you have the right to ask for a list of the disclosures of your health information. The disclosures must have been made after April 14, 2003, and no more than 6 years from the date of request. We may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/ corrections, and certain health oversight activities.

**6. Obtain a paper copy of this notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. You may also obtain a copy of this notice at our web address at [www.CobbAndDouglasPublicHealth.org](http://www.CobbAndDouglasPublicHealth.org)

**7. Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us and with the Federal Department of Health and Human Services.

We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact:

Privacy Officer  
Cobb & Douglas Public Health  
1650 County Services Parkway  
Marietta, GA 30008  
(678) 784-1085

Secretary of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201  
(877) 696-6775

Office of Civil Rights  
US Department of Health and Human Services  
200 Independence Ave, SW  
Room 509F, HHH Building  
Washington, DC 20201  
(800) 368-1019

**This notice of Medical Information Privacy is effective  
April 14, 2003.**

*You may ask for a copy of our current Notice of Provider Privacy Practices anytime you visit our Health Center Facilities for treatment or health care services.*

To obtain more information about Cobb & Douglas Public Health privacy practices, to receive additional copies of this notice or to receive request forms to access or amend health information, please contact:

Privacy Officer  
Cobb & Douglas Public Health  
1650 County Services Parkway  
Marietta, GA 30008  
(678) 784-1085

# Notice of Provider Privacy Practices



**COBB & DOUGLAS  
PUBLIC HEALTH**

*Healthier lives. Healthier community.*

### Additional Uses

**Cobb & Douglas Public Health** must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information will be available for release to you, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

Cobb & Douglas Public Health reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, we will give you a revised copy of the privacy notice by the revision of this brochure.

Once you have signed our consent form, we can use your health information for the following purposes:

- 1. Treatment.** For example, a doctor may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care.
- 2. Payment.** In order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information on to an insurer in order to help receive payment for your medical bills.
- 3. Health Care Operations.** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your doctors, nurses, and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

In addition, we may want to use your health information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter or use an auto-dialer to leave a message to help you remember the appointment.

Or, we may look at your medical information and decide that another treatment or a new service we offer may interest you. For example, we may contact a cancer patient to notify them that we have a new cancer research facility that offers new life-saving treatments.

*Please note that if you refuse to provide your consent to us, we may refuse to treat you.*

*WITHOUT your written consent or authorization, we can use your health information for the following purposes:*

- 1. As required or permitted by law.** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
- 2. For public health activities.** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- 3. For health oversight activities.** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- 4. For activities related to death.** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

**5. For organ, eye or tissue donation.** We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes, or tissue of cadavers for donations purposes.

**6. To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.

**7. For military, national security, or incarceration/ law enforcement custody.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

**8. For workers' compensation.** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs. These programs may provide benefits for work-related injuries or illness.

**9. To those involved with your care or payment of your care.** We may release your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status. We may allow you to agree or disagree orally to such release, unless there is an emergency.

**NOTE:** Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information. An authorization is different than a consent. One primary difference is that unlike authorizations, a provider must treat you even if you do not wish to sign a consent form. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written withdrawal to:

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Marietta, GA 30008  
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