



**Effective Date: April 14, 2003** - - NOTICE OF PRIVACY PRACTICES (abridged version 7/24/2006)

As Required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Substance Abuse Testing of Savannah (SATS) Urgent Care is committed to maintaining the privacy of your individually identifiable or protected health information

(PHI). We are required to provide you with the following important information: • How we may use and disclose your (PHI) • Your privacy rights regarding your (PHI) • Our obligations concerning the use and disclosure of your (PHI).

WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

- 1. Treatment.** We may disclose your PHI for purposes related to your treatment.
- 2. Payment.** We expect full payment from you at the time of service. We make every effort to provide you with complete and correct information before you leave the office. This information is what you need to file your claim with your insurance company. We do not bill third party payers at this time except in a Workers Compensation situation or under contract with your employer. In this situation, we are required by law to give all relevant information to the Worker's Compensation insurance company and sometimes to your employer. If you write a check that is returned to us for non-sufficient funds, we will use your PHI to submit the bill to your insurance company before we go through a check guarantee company and/or legal and law enforcement avenues to recover the balance of payment. We will disclose PHI to other third parties who are responsible for treatment decisions and or costs, such as family members or parents of minors. We do not communicate any of this information via the Internet at any time.
- 3. Health Care Operations.** We will use your PHI to operate our business, for the purpose of evaluating and improving the quality of care you received from us and for business planning activities.
- 4. Telephone Reminders/Follow-up Calls/Treatment Options.** We make at least one attempt by phone to follow up on every urgent care visit. We do this to ensure that you are getting better after you have been seen and treated here. If you would prefer that we do not do this, you must request this in writing.
- 5. Marketing.** We will not disclose your PHI to third parties for marketing purposes.
- 6. Disclosures Required By Law.** We will use and disclose your PHI when we are required to do so by federal, state or local law enforcement.
- 7. The following categories describe other unique scenarios in which we may use or disclose your protected health information:**
  - **Public Health:** Public health authorities are authorized by law to collect information for the purpose maintaining and protecting public health and welfare.
  - **Health Oversight Activities:** Government agency activities properly documented and authorized by law. ▪ **Lawsuits and Similar Proceedings:** In response to a court or administrative order, a discovery request, subpoena, or other lawful process if you are involved in a lawsuit or similar proceeding.
  - **Law Enforcement:** We may release PHI if asked to do so by a properly identified law enforcement official who provides us with a properly executed written request or court order: • Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement. • Concerning a death we believe has resulted from criminal conduct. • Regarding criminal conduct at our offices. • In response to a warrant, summons, court order, subpoena or similar legal process. • To identify/locate a suspect, material witness, fugitive or missing person. • In an emergency, to report a crime or information about a crime.
  - **Deceased Patients:** To a medical examiner or coroner to identify a deceased individual or to identify the cause of death, or to funeral directors in order that they may perform their jobs.
  - **Research:** SATS Urgent Care will not use or disclose your PHI for research purposes.
    - **Serious Threats to Health or Safety:** To reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization authorized to collect this information and able to help prevent the threat.
    - **National Security:** To federal officials for intelligence and national security activities, protection of the President, as authorized by law and accompanied by a duly executed written request or court order.

**YOUR RIGHTS REGARDING YOUR PHI: You have the following rights regarding your PHI:**

1. **Confidential Communications.** We will do most of our communication with you face to face while you are in the office. We will call your home to follow up on any urgent care visit. If we reach an answering machine or your voice mail we will ask how you are doing, and request that you call for any continuing problems or other concerns. You have the right to request that we not do this by submitting a written request. SATS Urgent Care will accommodate all reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. You will be responsible for any additional costs incurred by SATS Urgent Care in complying with your request.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI and your medical records by completing the release of information form. Your request should specify a date and time in which you are available to make an appointment to conduct the review in the company of the Privacy Officer. Reviews will be conducted only at times the office is not open for patient care. We will try to arrange a time that will work for you within 30 days of your request. There will be a fee of \$10.00 paid in advance with your request and an additional \$1.00 per copied page to cover costs, due when the record is picked up. If you want a copy of our records sent to your primary care or other physician, a signed record release request from that physician's office is required. We will send one copy of your records per calendar year for no charge. In order to obtain more than one copy per year for your physician, the charges outlined above will apply.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete. These amendments must be submitted in writing. Amendments accepted will be added to the medical record and labeled as such. The portion of the existing record that is being amended will be identified as such. By law, no portion of the medical record can be altered or destroyed.
5. **Accounting of Disclosures.** When a reportable disclosure of your PHI occurs at SATS Urgent Care for non-TPO (Treatment-Payment-Operations) purposes, a log will be created and the incident investigated and documented. All future disclosures will be tracked on that log. You have the right to request an account of such disclosures by submitting request in writing.
6. **Unabridged Copy of This Policy.** You have a right to a full, unabridged paper copy of this policy. Inquire at the front desk. The first copy is free, and additional copies are \$5.00.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with SATS Urgent Care or with the Secretary of the Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with SATS Urgent Care, contact , Privacy Officer, SATS Urgent Care, 1481 Dean Forest Rd Bldg 200 Ste C. Savannah, GA 31405. All complaints submitted to SATS Urgent Care must be submitted in writing. You will not be penalized for filing a complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** SATS Urgent Care will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization or consent you provide to us regarding the use and disclosure of your PHI may be revoked in writing at any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required by other laws to retain records of your care for certain indefinite periods of time.

If you have any questions regarding this notice or our health information privacy policies, please contact our office at 912-964-2273