



Shirley A. Harris, MD
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY GASTROENTEROLOGY SPECIALISTS OF DEKALB AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this Notice please contact our Privacy Officer who is Leslie A Harris

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. **Payment:** Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. **Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice.

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations are usually required and/or permitted by law and may include disclosure to/for: **public health agencies, persons if there is risk of contracting communicable diseases, health oversight agencies, Food and Drug Administration, judicial proceedings, law enforcement agencies, coroners, funeral director, organ donors organizations, national security agencies, worker's compensation programs.**

Other uses and disclosures of your protected health information will be made only with your written authorization.

2. YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.



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You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. **You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. **You have the right to obtain a paper copy of this notice from us.** You may request a copy even if you have agreed to accept this notice electronically.

3. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Leslie A Harris at (404) 294-8180 Ext 115, lharris@gastrospecialists.com for further information about the complaint process.

This notice was published and becomes effective on **April 25th 2013.**

FINANCIAL POLICY & ASSIGNMENT OF BENEFITS

We are pleased that you have selected our practice as your healthcare provider. We are committed to providing you with compassionate and quality gastroenterology care. We regard your complete understanding of your financial responsibility as an essential element of your care and treatment. We have therefore adopted the following Financial Policy to reduce confusion and misunderstanding between our patients and practice.

Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience our practice accepts Visa, MasterCard, American Express and Discover credit cards, Debit Cards, Cash and Personal Checks.

