West Georgia Gastroenterology Associates, P.C.
157 Clinic Avenue, Suite 201
Carrollton, GA 30117
(770)214-2800

PF-1000 Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Healthcare Operations. Your health information may be used as necessary to support the day-to-day activities and management of West Georgia Gastroenterology Associates, P.C. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by *law.* For example, we are required to report certain diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment Reminders. Your health information will be used by our staff to send you appointment reminders.

Information About Treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

The Doctors and Staff of West Georgia Gastroenterology Associates want you to know how we will protect your private Health Information.

When you visit our office, it is very important that you feel safe in telling your doctor personal information that may be required to fully diagnose or treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted to us. However, on April 14, 2003, new regulations became effective under a federal law called the Health Insurance Portability and Accountability Act ("HIPAA'). HIPAA regulations cover physicians and all other health care providers, health insurance companies and their claims processing staffs. In general, HIPAA was enacted to establish national standards to:

- Give Patients more control over their health information;
- Set boundaries for the use and release of health records;
- Establish safeguards that physicians, health plans, and other healthcare providers must have in place to protect the privacy of health information;
- Hold violators accountable, with civil and criminal penalties: and
- Try to balance need for individual privacy with requirement for public responsibility that requires disclosure to protect the public health.

The HIPAA rules require that our practice provide all of our patients that we see after April 14, 2003 with the attached Notice of Privacy Practices. The Notice describes how the medical information we receive from you may be used or disclosed by our practice and your rights related to your access to this information.

Please sign below that we have provided you with a copy of the attached Notice to review. You are entitled to a personal copy of the Notice at any review and keep for your records. Thank you for your cooperation.

Acknowledge of receipt of Notice of Privacy Practices

Patient Name: (please print) _____

Signature of Patient or Personal Representative: _____

Date: _____

Persons to Whom Information may be disclosed: _____

Name of Person/Relationship: _____

Name of Person/Relationship: _____

WEST GEORGIA GASTROENTEROLOGY ASSOCIATES, P.C.
PATIENT RIGHTS & RESPONSIBILITIES

PATIENT RIGHTS

1. The privacy of all patients shall always be respected. Patients shall be treated with respect, consideration, and dignity.
2. Patients shall receive assistance in a prompt, courteous, and responsible manner.
3. Patient medical records are considered confidential. Except as otherwise required by law, patient records and/or portions of records will not be released to outside entities or individuals without patients' and/or designated representatives' express written approval.
4. Patients have the right to know the identity and status of individuals providing services to them.
5. Patients have the right to change providers if they so choose.
6. Patients, or legal authorized representative, have the right to thorough, current, and understandable information regarding their diagnosis, treatment options and prognosis, if known, and follow-up care. All patients will sign an informed consent form after all information has been provided and their questions have been answered.
7. Patients have the right to refuse treatment and to be advised of the alternatives and consequences of their decisions. Patients are encouraged to discuss their objectives with their provider.
8., Patients have the right to refuse participation in experimental treatment and procedures. Should any experimental treatment or procedure be considered, it shall be fully explained to the patient prior to commencement.
9. Patients have the right to express complaints about the care they have received and to submit them grievance to the Practice Manager. The Practice Manager will complete an “Adverse Event Notification" and bring the issue to the attention of the Physician in a timely manner, so that the grievance may be addressed. West Georgia Gastroenterology Associates is responsible for providing the patient or his/her designee with a written response within 30 days, indicating the findings of the investigation.
10. Patients have the right to be provided with information regarding emergency and after-hours care.
11. Patients have the right to obtain a second opinion regarding the recommended procedure. Responsibility for the expense of the second opinion rests solely with the patient.
12. Patients have the right to a safe and pleasant environment during their stay.
13. Patients have the right to have procedures performed in the most painless way possible.
14. Patients have the right to develop Advance Directives, which will be respected by the office staff.
15. Patients have the right to be provided, upon request, all available information regarding services available at the office. as well as information about estimated fees and options for payments.
16. Patients have the right to approve or refuse the release or disclosure of his/her medical record to a healthcare facility, except as required by law or third-party payment contract.
17. Patients have the right to be informed that West Georgia Endoscopy Center is owned and operated by John Arledge, MD, Thelma Wiley Lucas, MD, Prashant Sharma, MD and Peter Ojuro, MD.
18. Patients have the right to exercise his or her rights without being subjected to discrimination or reprisal.
19. Patients have the right to be free from all forms of abuse or harassment.

Patient Responsibilities

1. Patients are responsible for providing complete and accurate medical histories, including providing information on all current medications.
2. Patients are responsible for keeping all scheduled pre-and post-procedure appointments and complying with treatment plans to help ensure appropriate care.
3. Patients are responsible for reviewing and understanding the information provided by the Physician or Nurse.
4. Patients are responsible for understanding their insurance coverage and the procedures required for obtaining coverage.
5. Patients are responsible for providing insurance information at the time of their visits and notifying the receptionist of any changes in insurance coverage or medical information.
6. Patients are responsible for paying all charges for co-payments, co-insurance, and deductibles on non-covered services at the time of the visit, unless other arrangements have been made in advance.

7. Patients are responsible for treating physicians and staff in a courteous and respectful manner.
8. Patients are responsible for asking questions about their medical care and seeking clarification from the physician of the services to be provided until they fully understand the care they are to receive.
9. Patients are responsible for following the advice of their provider and understanding the alternatives and/or likely consequences if they refuse to comply.
10. Patients are responsible for notifying their healthcare providers of Advance Directives.

I have read and agree with the above.

Patient Signature: Date:

To file a grievance, you may contact:

Tammy Horton, Administrator @ 770-214-2800

Georgia Department of Community Health
Office of Health Care Facility Regulation Division
17th Floor
2 Martin Luther King Jr Dr SE
East Tower
Atlanta, GA 30303

CMS Office of Inspector General
1-800-447-8477

Office of Medicare Beneficiary Ombudsman
http://www.cms.hhs.gov/center/ombudsman.asp