

Notice of Privacy Practices of the Office of Dr. George "Ray" Williams, M.D.

Use and Disclosure of Medical Information

Medical history information, demographic information and financial information obtained during the course of your visit is kept by this office in the form of Medical Records. Without this information we could not meet your medical needs successfully. We value this information and understand that this information is confidential. Therefore we have put in place safeguards to protect your personal health information from unauthorized access. The following information explains how this personal health information is used, when it is shared (disclosed), and when we require your consent to release this information.

- **Treatment** – Information is collected and documented regarding your care at each encounter. This information is used to keep track of changes in your condition as well as remind us of your past care, treatment, allergies and other facts relevant to your overall health. This information may be shared with other healthcare professionals involved in your care.
- **Payment** – Information regarding your health care diagnoses and treatment is shared with your insurance carrier(s) to justify services for payment as necessary.
- **Health Care Operations** – In order to provide you with high quality healthcare and certain conveniences we need to be able to use your personal health information. Examples of this would include such activities as admitting you to the hospital, arranging for diagnostic testing, or calling in prescriptions. When conducting these activities we are committed to providing only the needed information to accomplish the task.
- **As Authorized by You** – We will provide copies of your medical record, or parts of your medical record as directed by you. This may be done verbally in person or by written authorization.
- **As Required by Law** – If we are required by law to provide your personal health information we will abide by the law as written. Examples of this include the required reporting of certain contagious diseases to public health agencies, for judicial proceedings or law enforced by subpoena, required reporting of abuse, neglect or domestic violence, for workers compensation claims, as needed when donating tissue or organs, or to avert a serious threat to public health or safety.

Other uses and disclosures will be made only with your written authorization and you may revoke such authorization by writing to us at our practice address or delivering a written revocation to us in person.

Your Rights:

You have a right to request restrictions on the use and disclosure of your personal health information.

Unfortunately we may not be able to comply with all restrictions requested. If we believe we are able to comply with the restriction you have requested and therefore accept the restriction(s), we are committed to follow through with this request.

You have the right to inspect and have a copy of your personal health information.

If you would like a copy please notify the nurse or practice manager.

You have a right to request amendments to your personal health information. Records are sometimes in error and we welcome your assistance to make sure our records are accurate. Please notify the nurse or office manager if corrections are in order. We are not able to amend any information we did not create nor are we obligated to make the requested amendment for obvious reasons. We are obligated to note in your chart that you requested an amendment to be made.

You have the right to an accounting of disclosures starting from the effective date of this policy. Access logs will be kept for up to 6 years and will reflect uses and disclosure of your medical records information for purposes other than treatment, payment and health care operations.

You have the right to a copy of this notification. One will be provided at your request.

Our Responsibilities:

We are obligated by law to protect your privacy and we take this obligation very seriously. We will strive to do our best at all times to fulfill this obligation to you and follow the policies as summarized above. We may need to change procedures regarding this issue as events occur and other options arise. You are entitled to a copy of any changes we make in procedure that effects your protected health information. We will include updates to this policy with statements mailed to patients or in other practice publications. If you have any concern regarding this issue we encourage you to contact us and discuss this issue with the practice manager or physician. It is our sincere desire to preserve your privacy and fulfill our duties to you. We will not retaliate against any person for exercising their right to the resolution of their concerns. We encourage your input to help us improve our services. If we cannot resolve the issue for you, you have the right to file a grievance and make a complaint to the US Department of Health and Human Services.

For questions or concerns regarding this policy please contact the Office Manager, Monica Mouton at 337-948-8556.

This policy will become effective April 15, 2003.