

THE MULTIPLE SCLEROSIS CENTER OF ATLANTA

Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices for Protected Health Information (this "Notice") is given to you by **The Multiple Sclerosis Center of Atlanta** ("MSCA") to describe the ways in which MSCA may use and disclose your medical information (called "protected health information" or "PHI"). This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. This Notice is effective November 1, 2003 (the date MSCA began operations as a separate legal entity) and applies to all PHI defined by federal regulations. We are required by law to maintain the confidentiality of PHI. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain at MSCA concerning your PHI, and we are required to abide by the terms of this Notice.

We realize that these laws are complicated, but we must provide you with the following information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this Notice apply to all records containing your PHI that are created or retained by MSCA. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that MSCA has created or maintained in the past, and for any of your records that we may create or maintain in the future. MSCA will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Each time you visit MSCA a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record and containing your PHI, may be used and disclosed in the following ways:

- 1. Treatment.** MSCA may use and disclose PHI in the course of providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. MSCA may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or

we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work at MSCA - including, but not limited to, doctors, nurses, technicians, students and trainees (both health professional and administrative) - may use or disclose your PHI in order to treat you or to assist others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

- 2. Payment.** MSCA may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Health Care Operations.** MSCA may use and disclose your PHI as part of our operations. These operations include, but are not limited to, quality assessment and improvement of our services and treatment, provider training, underwriting activities, compliance and risk management activities, planning and development, management and administration, and disclosures to doctors, nurses, technicians, students, trainees, attorneys, consultants, accountants and others for review and learning purpose. MSCA may also disclose your PHI to other health providers and health plans for certain of their health care operations, provided that those other plans or providers have, or had in the past, a relationship with you.
- 4. Appointment Reminders.** MSCA may use and disclose your PHI to contact you and remind you of an appointment. For example, we may contact the home telephone number or business telephone number you provide to us on your patient information form and leave a message on your answering machine reminding you of an upcoming appointment in our office.
- 5. Treatment Options.** MSCA may use and disclose your PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services.** MSCA may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Release of Information to Family/Friends.** MSCA may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you.
- 8. Participation in an Original Health Care Arrangement.** To the extent MSCA participates in an organized health care arrangement pertaining to you, MSCA may disclose PHI to other covered entities that participate in such arrangement.

OTHER USES AND DISCLOSURES OF PHI FOR WHICH AUTHORIZATION IS NOT REQUIRED

There are other scenarios in which we may use or disclose your PHI without your written permission. These include:

- 1. Public Health Risks.** MSCA may disclose your PHI to public health authorities that are authorized by law to collect information relating to public health issues and may disclose PHI of any individual whom we believe to be the victim of abuse, neglect or domestic violence to a governmental authority authorized to receive such reports.
- 2. Health Oversight Activities.** MSCA may disclose your PHI to a health oversight agency for activities authorized by law.
- 3. Lawsuits and Similar Proceedings.** MSCA may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
- 4. Law Enforcement.** We may release PHI if asked to do so by a law enforcement official for the following: 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, or in an emergency to report a crime.
- 5. To Avoid a Serious Threat to Health or Safety.** MSCA may use or disclosure PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.
- 6. Research.** MSCA may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes.
- 7. Workers' Compensation.** MSCA may release your PHI for workers' compensation and similar programs.
- 8. Coroners, Medical Examiners or Funeral Directors.** MSCA may disclose PHI to coroners, medical examiners or funeral directors as necessary to enable these parties to carry out their duties.
- 9. Disclosures Required by Law.** MSCA will use and disclose your PHI when we are required to do so by federal, state or local law.
- 10. Disclosures for Fundraising Purposes.** Your PHI may be used to contact you in an effort to raise money for the MSCA. If you do not wish to be contacted for this purpose, you must

send written notification to **MSCA Fundraising** at 3200 Downwood Cir., Suite 550, Atlanta, GA 30327.

USES AND DISCLOSURES OF PHI TO WHICH YOU MAY OBJECT.

Unless you object, MSCA may disclose PHI to a family member, other relative, friend, or other person as you identify as involved in your health care or payment for your health care. We may also notify such persons about your location or condition.

OTHER USES AND DISCLOSURES OF PHI FOR WHICH AUTHORIZATION IS REQUIRED.

Other types and uses of your PHI not described above or otherwise permitted by law will be made only with your written authorization, which you have the limited right to revoke in writing.

YOUR RIGHTS REGARDING YOUR PHI

Although your health record is the physical property of The Multiple Sclerosis Center of Atlanta, the information belongs to you. You have the right to:

- **Obtain a paper copy of this Notice upon request.**
- **Inspect and copy your health record and PHI.** You must submit your request in writing to MSCA Medical Records, 3200 Downwood Cir., Suite 550, Atlanta, GA 30327, in order to inspect and/or obtain a copy of your PHI. MSCA may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
- **Amend your health record.** You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, you must submit a written request to the attention of your doctor at MSCA, 3200 Downwood Cir, Suite 550, Atlanta, GA 30327. You must provide us with a reason that supports your request for amendment. MSCA will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is, in our opinion,: (a) accurate and complete; (b) not part of the PHI kept by or for MSCA; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by MSCA, unless the individual or entity that created the information is not available to amend the information.
- **Obtain an accounting of disclosures of your health information.** All of our patients have the right to request an "accounting of disclosures", which is a list of certain non-routine disclosures MSCA has made of your PHI for non-treatment, non-payment or non-operations purposes. **Use of your PHI as part of the routine patient care in MSCA is not required to be documented.** In order to obtain an accounting of disclosures, you must submit your request in writing to MSCA Medical Records, 3200 Downwood Cir., Suite 550, Atlanta, GA 30327. All requests for an "accounting of disclosure" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before November 1, 2003.

- **Request a restriction on certain uses and disclosures of your information.** 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. If you wish to request a restriction, we can provide you with a form on which to do so.
- **Make reasonable requests to receive confidential communications of PHI from MSCA by alternative means or at locations other than MSCA.** MSCA may require you to make such a request in writing, provide information as to how payment (if any) will be provided, and specify an alternative address or method of contact. We may not require an explanation from you as to the basis of the request as a condition of providing communications on a confidential basis.
- **File a complaint.** If you believe your privacy rights have been violated, you may file a written complaint with MSCA or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to The **Multiple Sclerosis Center of Atlanta, Attn: MSCA Administrator, 3200 Downwood Cir., Suite 550, Atlanta, GA 30327. You will not be penalized or retaliated against for filing a complaint.**

Again, if you have any questions regarding this Notice or our health information privacy policies, please contact **MSCA Medical Records, 404-351-0205.**

Notice of Privacy Policies Revision Number: 2.

Adopted as of November 1, 2003; Revision effective October 1, 2009