



Olasimbo Babatope, MD

427 N. Belair Rd

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www.psychconsultants.net

NOTICE OF PRIVACY POLICIES

THIS NOTICE DESCRIBES HOW PC MIGHT USE AND DISCLOSE INFORMATION ABOUT YOU AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Introduction

At Psych Consultants (PC), we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your individual rights as they relate to your protected health information. This Notice is effective March 20th, 2014, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit PC, 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 chart or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of this state and the nation.
- Source of data for our planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of PC, the information belongs to you. You have the following rights:

- *Right to a Paper Copy of this Notice.* You may ask us to give you a copy of this notice at any time.
- *Right to Inspect and Copy.* You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.
- *Right to Amend.* You may request that we amend the medical information PC has about you if you feel it is incorrect or incomplete. You may request an amendment for as long as the information is kept by the practice. Requests to amend must be made in writing and submitted to PC staff. You must provide a reason that supports your request, but PC has the right to deny your request for an amendment.
- *Right to an Accounting of Disclosures.* You may request an "accounting of disclosures." This is a list of the disclosures PC has made of medical information about you. To request this list, you must submit your request in writing to the PC staff.
- *Right to Request Confidential Communications.* You may request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing and you must specify how or where you wish to be contacted.
- *Right to Request Restrictions.* You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to PC staff.



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- *Right to Revoke Your Authorization.* You may revoke your authorization to use or disclose health information except to the extent that the action has already been taken.

PC's Responsibilities

PC will:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our policy and to make the new provisions effective for all protected health information we maintain. You are entitled to a paper copy of our privacy policy at any time at your request. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of your authorization.

For More Information or to Report a Problem

If you have questions, would like additional information, or believe your privacy rights have been violated, you can contact:

Psych Consultants
427 N. Belair Rd.
Evans, GA 30809
ph: 706-410-1202
f: 678-412-4160

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W. Room 509F, HHH
Building
Washington, DC 20201

There will be no retaliation for filing a complaint with either Psych Consultants or the Office for Civil Rights.

Examples of Disclosures and Uses of Your Health Information Treatment:

Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist in your treatment if you are referred to another provider or if you choose to leave the care of a PC physician.

Payment: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Regular healthcare operations: Members of your healthcare team, which include physicians, medical assistants, and administrative personnel employed by PC, as well as other healthcare and insurance personnel, may use your health information to provide your healthcare. Health information may be transmitted to these individuals in a variety of ways, including mail, telephone, fax, and electronic mail.

Business associates: There are some services provided in our organization through contacts with business associates. An example is certain tests performed by outside laboratories. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associates to appropriately safeguard your information.



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Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care. We also may use that information to contact you as a reminder of an appointment in our office or another healthcare facility.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.