

NOTICE OF PRIVACY PRACTICES

**CMED, LLC
5667 PEACHTREE DUNWOODY ROAD STE. 150
ATLANTA, GA 30342
(404) 256-0775
Effective Date: April 14, 2003**

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.

If you have any questions about this notice, please contact Felicia Rosenberger, the Practice Administrator.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

This notice will tell you about ways in which we may use and disclose medical information about you. We also describe your rights and our obligations regarding the use and disclosure of medical information.

HIPPA (Health Insurance Portability and Accountability Act) requires us to make sure that medical information which identifies you is kept private and that we give you notice of our privacy practices with respect to medical information about you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean. All of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT:

We may use and disclose health information about you so the treatment and services you receive at our practice may be billed, and that payment may be collected from you, an insurance company or another third party. We may need to disclose some of your health information about services you received at our practices so that your health plan will pay us for the services.

FOR HEALTH CARE OPERATIONS:

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our practice and make sure all patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may use a sign-in sheet at the front desk and we may call your name in the waiting room. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with business associates that perform various activities (e.g., billing, transcription services) for the practice. Wherever an arrangement between our office and a business associate involves the use and disclosure of your information, we will have a contract to protect your privacy.

INDIVIDUALS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR YOUR CARE:

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your condition.

AS REQUIRED BY LAW:

We will disclose medical information about you when required to do so by federal, state, or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to the appropriate authority or official able to help prevent the threat.

SPECIAL SITUATIONS:

PUBLIC HEALTH RISKS:

We may disclose medical information about you for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability.
2. To report death.
3. To report reactions to medications or problems with products.
4. To notify people of recalls of products they may be using.
5. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
6. To notify the appropriate government authority that we believe you have been the victim of abuse, neglect or domestic violence.

HEALTH OVERSIGHT ACTIVITIES:

We may disclose medical information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system and for compliance with civil rights laws.

LAWSUITS AND DISPUTES:

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court subpoena, discovery request or other lawful process.

LAW ENFORCEMENT:

We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process.
2. To identify a suspect, fugitive, material witness or victim.
3. In the case of criminal conduct.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of our practice to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:

We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

INMATES:

If you are an inmate of a correctional institution, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary to provide you with health care or protect your health and safety or the health and safety of others.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

RIGHT TO INSPECT AND COPY:

You have the right to inspect and request a copy of your medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.

You must submit your request in writing to the Practice Privacy Officer. If you request a copy of the information, may charge a fee for the cost of copying, mailing and handling.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

RIGHT TO AMEND:

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be in writing and submitted to the Practice Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us or that which we deem accurate and complete.

RIGHT TO ACCOUNTING OF DISCLOSURES:

This right applies to disclosures for purposes other than treatment, payment or health care operations. To request this list of accounting of disclosures, you must submit your request in writing to the Practice Privacy Officer. Your request must state a time period, which may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge for the costs of providing the list.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to request a restriction or limitation on the medical information we use or disclose about for treatment, payment or health care purposes. You may also 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. ***We are not required to agree to your request.*** If we do not 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 the Practice Privacy Officer. In your request, you must tell us:

1. What information you want to limit.
2. Whether you want to limit our use, disclosure or both.
3. To whom you want the limits to apply.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE:

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We will post a dated copy of the current notice in our practice.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Felicia Rosenberger, the Practice Privacy Officer, at (404) 256-0775. All complaints must be submitted in writing.

YOU WILL NOT BE PENALIZED IN ANY WAY FOR FILING A COMPLAINT.

OTHER USES OF MEDICAL RECORDS:

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission, which may be revoked in writing at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided you.