

NOTICE OF HEALTH INFORMATION PRACTICES

GENESIS WOMEN'S CARE

We understand that your personal health information is very sensitive. The law protects the privacy of the health information we create and obtain in providing our care and services to you. This information serves as a:

- Basis for planning your care and treatment.
- Means of communication amongst health care professionals who contribute to your care.
- Legal document describing the care you receive.
- Source of information for Public Health officials.
- Means by which you or your health insurance plan can verify that the services billed were adequately provided, to provide authorization and issue payment.
- Tools with which we can access and continually work to improve the care we render and the outcomes we achieve.

EXAMPLES OF USE AND DISCLOSURES OF PROTECTIVE HEALTH INFORMATION

- Treatment.
- Payment.
- Other uses and disclosures, i.e. business associates including consultants, lawyers, medical, transcriptionist, and outside storage companies.
 - Food and Drug Administration.
 - Health Department for reporting communicable diseases.
 - Reporting to employers for work related illnesses or injuries.
 - Reporting abuse, neglect, or domestic violence.
 - Avoid a serious threat to the health or safety of an individual.
 - As required in a response to a Court order, subpoena, or by Police.
 - For disaster relief or national security purposes.
 - To the Military authorities.
 - Law enforcement. Your health information may be disclosed to law enforcement agencies without your permission to comply with government mandated reporting.
- Health care operation.
 - To assess quality and improve services.
 - To train staff.
 - Other health related benefits and services.
 - Medical quality review by your health plan.
 - Accounting, legal, risk management, and insurance services;
 - Audit functions.
 - Credential and licensing activities.
 - As necessary to support the day to day activities and management of Genesis Women's Care, LLC.

HEALTH AND BILLING RECORDS WE CREATE AND STORE ARE THE PROPERTY OF THE PRACTICE

However, you have the right to request restrictions on certain uses and disclosures of your health information. Some examples of your rights:

- You have the right to access, inspect, and copy your health information.
- The right to request and amendment of your health records, however we can, by law, deny that request if we feel that the information is accurate and complete.
- The right to receive an accounting of certain disclosures of your health information.
- The right to receive confidential communication regarding your health information.
- The right to request restrictions on the uses and disclosures of your health information.

GENESIS WOMEN'S CARE, LLC. DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy practices. We are also required to abide by the Privacy Policies and Practices as outlined in this notice. As permitted by law, we reserve the right to amend or modify our Privacy Policies and Practices. These changes in Notices and Practices may be required by changes in Federal and State Laws and Regulations. Whatever the reasons for these revisions, we will provide you with a revised notice on your next office visit. The revised Policies and Practices will be applied to all protected health information that we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by Federal Regulations, any request to inspect or copy protected health information be submitted in writing. And you may obtain a form to request access to your records by contacting the practice manager.

COMPLAINTS

If you feel that we have violated these rights, you may contact Debbie Owens, our office manager, at 706-629-7380.

If you would like to submit a comment or complaint about your Privacy Practices, you may do so by sending a letter outlining your concerns to: Practice Manager

Genesis Women's Care, LLC.
185 Professional Court, Suite 1
Calhoun, Ga. 30701

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

THIS NOTICE IS EFFECTIVE ON OR AFTER 9/1/04

GENESIS WOMEN'S CARE, LLC.

I have received and read a copy of Genesis Women's Care Privacy Notice.

Signed: _____

Date: _____

Printed name: _____