

**Boaz and Albertville Family Care, LLC**

**3520 Hwy 431, Suite 100**

**Albertville, AL 35950**

**256-849-0500**

**Notice of Privacy Practices Your Information. Your Rights. Our Responsibilities.**

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.**

**Uses and Disclosures**

The following categories describe the different ways in which we may use and disclose your

individually identifiable health information, unless you object:

**Treatment.** Your health information may be used by staff members or disclosed to other

health care professionals for the purpose of evaluating your health, diagnosing medical

conditions, and providing treatment. For example, results of laboratory tests and

procedures will be available in your medical record to all health professionals who may

provide treatment or who may be consulted by staff members. Additionally, we may

disclose your health information to others who may assist in your care, such as other

healthcare providers, your spouse, your children or parent.

**Payment.** Your health information may be used in order to bill and collect payment for the

services and items you may receive from us. For example, we may use and disclose your

health information to obtain payment from third parties that may be responsible for such

costs, such as family members. Also we may use your health information to bill you

directly for services and items.

**Health care operations.** Your health information may be used as necessary to support the

day to day activities and management of **Boaz and Albertville Family Care, LLC**. For example,

information on the services you received may be used to support budgeting and financial

reporting, activities to evaluate and promote quality, to develop protocols and clinical

guidelines, to develop training programs, and to aid in credentialing medical review, legal

services, and insurance.

**Appointment reminders.** Your health information will be used by our staff to contact you

and send you appointment reminders.

**Information about treatments.** Your health information may be used to send you

information that you may find interesting on the treatment and management of your

medical condition. We may also send you information describing other health related

products and services that we believe may interest you.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies

to support government audits and inspections, to facilitate law enforcement investigations,

and to comply with government mandated reporting.

**Release of Information to Family/Friends**. Our practice may release your health

information to a friend or family member that is involved in your care, or who assists in

taking care of you. For example, a parent or guardian may ask that a babysitter take their

child for an appointment. In this example, the babysitter or friend may have access to this

child’s medical information.

**Patient mass communication.** We may use your name and email address(es) and/or text

numbers to contact you with bulk messaging. For instance, to share new promotions for

the clinic, to send clinic newsletters, or to notify you of a physician’s upcoming absence,

such as for vacations.

**Other uses and disclosures in certain special circumstances.**

** Public Health Risks** - (i.e. vital statistics, child abuse/neglect, exposure to

communicable diseases, reporting reactions to drugs or problems with products or

devices.)

** Health Oversight Activities**

 **Lawsuits and Similar Proceedings** – May use or disclose in response to a court or

administrative order, if you are involved in a lawsuit or similar proceeding or in

response to a discovery request, subpoena, or other lawful process.

 **Deceased Patients** – may be required to release to a medical examiner or coroner.

If necessary, we may also release information in order for funeral director to

perform their jobs.

 **Organ and Tissue Donation**

 **Serious Threats to Health or Safety**

 **Military** - If you are a member of the U.S. or foreign military forces (including

veterans) and if required by the appropriate authorities.

 **National Security**

 **Inmates** – Our practice may disclose your health information to correctional

institutions or law enforcement officials if you are an inmate or under the custody of

a law enforcement official. Disclosure would be necessary for the institution to

provide health care services to you, for the safety and security of the institution,

and/or to protect your health and safety or the health and safety of others.

 **Worker’s Compensation**

Disclosures of your health information or its use for any purpose other than those listed above

requires your specific written authorization. If you change your mind after authorizing a use or

disclosure of your information, you may submit a written revocation of the authorization.

However, your decision to revoke the authorization will not affect or undo any use or disclosure

of information that occurred before your notified us of your decision to revoke your

authorization.

**Your Rights**

**You have certain rights under the federal privacy standards.** These include:

● The right to request restrictions on the use and disclosure of your protected health information

for treatment, payment, or health care operations. You have the right to restrict our disclosure 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 not agree,

we are bound by our agreement except when otherwise required by law, in emergencies or when

the information is necessary to treat you. You must make your request in writing to the attention

of the Privacy Officer. Your request must be described in a clear and concise fashion: a) the

information you wish restricted; b) whether you are requesting to limit our practice’s use,

disclosure or both; c) to whom you want the limits to apply.

● The right to receive confidential communications concerning your medical condition and

treatment

● The right to inspect and copy your protected health information. We will provide a copy or

summary of your health information, usually within 30 days of your request. We may charge a

reasonable, cost-based fee. Our practice may deny your request to inspect and/or copy in certain

limited circumstances; however, you may request a review of the denial.

● The right to amend or submit corrections to your protected health information. This request

must be made in writing and submitted to Privacy Officer with reasons to support your request.

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 health information kept by or for the practice; c) not part of the

health information which you are permitted to inspect and copy; or d) not created by our

practice, unless the individual or entity that created is not available to amend the information.

We will provide a written explanation for any denial in 60 days.

● The right to receive an accounting of how and to whom your protected health information has

been disclosed. We will include all the disclosures except for those about treatment, payment,

and health care operations, and certain other disclosures (such as any that you asked us to make).

We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you

ask for another one within 12 months.

● The right to receive a printed copy of this notice, even if you have agreed to receive the notice

electronically.

**Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As

permitted by federal regulation, we require that requests to inspect or copy protected

health information be submitted in writing. You may obtain a form to request access to

your records by contacting your physician and/or privacy officer. Your request will be

reviewed and will generally be approved unless there are legal or medical reasons to deny

the request.

**Boaz and Albertville Family Care, LLC**

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 also are required to abide by the

privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and

practices. These changes in our policies and practices may be required by changes in

federal and state laws and regulations. Upon request, we will provide you with the most

recently revised notice on any office visit. The revised policies and practices will be applied

to all protected health information we maintain.

**Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do

so by sending a letter outlining your concerns to:

**Boaz and Albertville Family Care, LLC**

**3520 Hwy 431, Suite 100**

**Albertville, Alabama 35950**

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.

CREDITS: ATLASMD