

+METRO ATLANTA ENDOSCOPY, LLC

HIPAA PRIVACY NOTICE

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals within Metro Atlanta Endoscopy, LLC for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of Metro Atlanta Endoscopy, LLC receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by Metro Atlanta Endoscopy, LLC to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by Metro Atlanta Endoscopy, LLC for the purposes of raising funds to support the organization's operations.
- You have the right to restrict the use of your confidential healthcare information. However, Metro Atlanta Endoscopy, LLC may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to request changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Metro Atlanta Endoscopy, LLC is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- Metro Atlanta Endoscopy, LLC will abide by the terms of this notice. The organization reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to Metro Atlanta Endoscopy, LLC if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to:

COMPLAINTS AGAINST THE ASC:

Georgia Department of Community Health
Attn: Complaints Unit
2 Peachtree Street, N.W., Suite 31-447
Atlanta, Georgia 30303-3142
P: (404) 657-5726; P: (404) 657-5728
ONLINE:
<https://services.georgia.gov/dhr/reportfiling/searchFacility.do?action=constituentComplaint>

AAHC
5250 Old Orchard Road, Suite 200
Skokie, IL 60077
Tel: 847.853.6060
Fax: 847.853.9028
Email: info@aaahc.org

COMPLAINTS AGAINST THE PHYSICIAN:

Georgia Composite Medical Board
Enforcement Unit
2 Peachtree Street, N.W., 36th Floor
Atlanta, Georgia 30303
P: (404) 657-6494; (404) 656-1725
F: (404) 463-6333
ONLINE FORM:
<https://versa.medicalboard.georgia.gov/datamart/gadchComplaint.do?from=loginPage>

MAILED FORM:
<http://www2.files.georgia.gov/GCMB/Files/CP%20Form%20022010.pdf>

ISSUES REGARDING MEDICARE: 1-800-MEDICARE or online at
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

COMPLAINTS AGAINST NURSING STAFF:

Professional Licensing Boards Division
Georgia Board of Nursing
237 Coliseum Drive
Macon, Georgia 31217-3858
P: (478) 207-2440
ONLINE: <https://secure.sos.state.ga.us/myverification/SubmitComplaint.aspx>

All complaints will be investigated. No issue will be raised for filing a complaint with the organization. Issues regarding Medicare: www.cms.hhs.gov/center/ombudsman.asp or call 1-800-MEDICARE.

For further information about this Privacy Notice, please contact Metro Atlanta Endoscopy, LLC.

This notice is effective as of Date of Effectiveness. This date must not be earlier than the date on which the notice is printed or published.

Patient Signature

Date & Time