

HIPAA DISCLOSURE

Iler Consulting / Brenda Stockdale
Advanced Medicine
6030 Bethelview Road, Suite 403, Cumming, GA 30040

The Health Insurance Portability and Accountability Act (HIPAA) establishes patient rights and protections associated with the use of protected health information. HIPAA provides patient protections related to the electronic transmission of data (“the transaction rules”), the keeping and use of patient records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including support provided under “behavioral medicine coaching.” Providers and health care agencies are required to provide patients a notification of their privacy rights as it relates to their health care records. This Patient Notification of Privacy Rights informs you of your rights. Please carefully read this Patient Notification. It is important that you know and understand the patient protections HIPAA affords you as a patient.

In supportive healthcare and wellness confidentiality and privacy are central to the success of the relationship; therefore, we will do all we can to protect the privacy of your records. Please contact Brenda Stockdale or the office at Advanced Medicine if you have questions regarding matters discussed in this Patient Notification.

Please check the appropriate box on the Privacy Policy form to acknowledge that you have read, reviewed familiarized yourself with the Confidentiality/HIPAA practices outlined below.

CONFIDENTIALITY & HIPAA PRACTICES / AUTHORIZATION FORM

Records are kept documenting our work together as required by law and professional standards. HIPAA defines what kind of information is to be included in records which is not accessible to insurance companies and other third-party reviewers. HIPAA provides privacy protections about your personal health information, which is called “protected health information (PHI)” which could personally identify you and includes details regarding your treatment, payment, and health care. Disclosures refer to activities you authorize such as the sending of your protected health information to other parties (i.e., your insurance company, or spouse).

If you request us to send any of your protected health information to anyone outside of our office a specific authorization form must be signed (available on our website and upon request). In recognition of the importance of the confidentiality of our work together HIPAA permits keeping these notes separate from your medical records unless you specific in writing you would like me to discuss an aspect of your care with your physician.

HIPAA requires that the administrative staff who greet you at our office and help with scheduling and billing are trained in HIPAA confidentiality law and monitored.

USES AND DISCLOSURES NOT REQUIRING CONSENT OR AUTHORIZATION

By law, protected health information may be released without your consent or authorization under the following conditions:

- Suspected or known child abuse or neglect
- Suspected or known sexual abuse of a child
- Adult and Domestic abuse
- Judicial or administrative proceedings (i.e. court ordered)
- Serious threat to health or safety

You have a right to the following:

- The right to request restrictions on certain uses and disclosures of your protected health information (written consent signed by both parties).
- The right to receive confidential communications by alternative means and at alternative locations.
- The right to inspect and copy your protected health information in the designated record and any billing records for as long as protected health information is maintained in the record.
- The right to insert an amendment in your protected health information.
- The right to an accounting of non-authorized disclosures of your protected health information.
- The right to a paper copy of notices/information even if you have previously requested electronic transmission of notices/information.
- The right to revoke your authorization of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please let us know. We are required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and our duties regarding your PHI. Brenda Stockdale / Iler Consulting / Advanced Medicine reserves the right to change its privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of these policies when you come for future appointment(s). Our duties in these matters include maintaining the privacy of your protected health information, providing you with a notice of your rights and our privacy policies with respect to your PHI, and to abide by the terms of the notice unless it is changed and you are so notified.

COMPLAINTS

The Managing Partner is the appointed "Privacy Officer" for our agency per HIPAA regulations. If you have any concerns of any sort that your privacy rights may have been somehow compromised, please do not hesitate to speak to the appointed privacy officer immediately about this matter. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

EFFECTIVE DATE

This notice shall go into effect November 1, 2017 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.