



# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Purpose:** Bartow Family Resources, its Board, employees, and non-employees value your privacy and conduct this practice with a high level of confidentiality, as indicated by following the privacy practices described in this Notice. Bartow Family Resources maintains your health information in records that are kept in a confidential manner, as required by law. Bartow Family Resources must use and disclose or share your health information as necessary for treatment and health care operations to provide you with quality health care. You have the right to a paper copy of this notice.

**Use and Release of Your Health Information for Treatment and Health Care Operations:** Bartow Family Resources has to use and release some of your health information to conduct its business. We are permitted to use and release certain health information without authorization from you. Medical treatment includes sharing information among health care providers involved in your care. For example, your health care provider may share information about your condition with other health care professionals or other consultants to make a diagnosis. In addition, Bartow Family Resources may use and disclose your health information to improve the quality of care, and for education and training purposes of BFR Medical staff, volunteers and other health care professionals.

**How Will Bartow Family Resources Use and Disclose My Health Information?** Your health information may be used for the following purposes unless you ask for restrictions on a specific use or disclosure:

- Electronic Health Record. EHR is a secure computer system that allows our health care providers to share your health information to support treatment, health care operations and continuity of care. Your record in the EHR includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name and birth date. All information contained in the EHR is kept private and used in accordance with applicable state and federal laws and regulations. You have the right to request an electronic copy of your medical record.
- Appointment reminders, treatment alternatives and health-related benefits and services that may be of interest.
- Public health activities, including disease prevention, injury or disability; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuit and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- To prevent a serious threat to health or safety.

- To carry out health care treatment and operations functions through business associates, such as to install a new computer system.
- If you are a member of the armed forces, we may release Health Information as required by military command authorities, domestic or foreign.

**Your Authorization Is Required for Other Disclosures.** Except as described above we will not use or disclose your medical information, unless you allow Bartow Family Resources in writing to do so. For example, we will not use your photographs for educational or fundraising presentations without your written permission. You may withdraw or revoke your permission, which will be effective only after the date of your written withdrawal.

Bartow Family Resources will not disclose any information identifying an individual as being a patient or provide any health information relating to the client's treatment unless the client authorizes in writing; to carry out treatment, provide services and clinic operations; or, as required by law.

**You Have Rights Regarding Your Health Information.** You have the following rights regarding your medical information if requested in writing.

- **Right to request restriction.** You may request limitations on your health information that we use or disclose for health care treatment, or operations, although we are not required to comply with your request. For example, you may ask us not to disclose that you have received particular services. We will release the information if necessary for emergency treatment. We will notify you in writing whether we honor your request or not.
- **Right to confidential communications.** You may request communications of your health information in a certain way or at a certain location, but you must tell us how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to review and obtain a copy of your medical record. Counseling notes may not be inspected or copied. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by Bartow Family Resources and Bartow Family Resources will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by Bartow Family Resources. However, Bartow Family Resources is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities, as far back as we have records, except for disclosures for health care treatment and operations, and disclosures based on patient authorization, or as required by law.
- **Requirements Regarding This Notice.** Bartow Family Resources is required by law to provide you with this Notice. We will comply with this Notice for as long as it is in effect. However, Bartow Family Resources may change this Notice, and these changes will be effective for health information we have about you, as well as any information we receive in the future.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with:

U.S. Department of Health and Human Services 200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, D.C. 20201

Executive Director  
Bartow Family Resources  
200 Leake Street  
Cartersville, GA 30120  
770-382-7224

**You will not be penalized for filing a complaint. You may contact our privacy officer**

## **ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

### **(“Acknowledgement”)**

I acknowledge that I have been shown a copy of this office's **Notice of Privacy Practices** and have had full opportunity to read and consider its contents. I understand that I have the right to a paper copy of this notice. I may ask for a paper copy of this notice at any time. I understand that by signing this consent form, I am giving my consent to your use and disclosure of my protected health information and to carry out treatment and health care operations.

[signature]  
Signature