



## North Atlanta Psychiatry

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### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND SAFEGUARDED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US**

#### **Our Responsibility**

The confidentiality of your personal health information is very important to us. Your health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care.

This Notice describes how we handle your health information and your rights regarding this information. Generally speaking, we are required to:

- Maintain the privacy of your health information as required by law;
- Provide you with this Notice of our duties and privacy practices regarding the health information about you that we collect and maintain;
- Follow the terms of our Notice currently in effect.

#### **Understanding Your Protected Health Information (PHI)**

Each time you visit our clinic, a record is made of your visit and includes PHI that includes your symptoms, examination notes, test results, diagnoses, treatment and a plan of care for you. This PHI, often referred to as your health or medical information, serves as a

- Tool for planning your care, treatment and any follow up care you may need;
- Means of communication among other health care professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you and/or a third party payer (for example: insurance carriers, Medicare) can verify that services billed were actually provided;
- Source of information for federal and state public health officials charged with protecting the health of the nation;
- Tool that can be used to assess and continually improve the care rendered and the medical treatment that you receive.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

Under federal and state law, we are permitted to use and disclose personal health information without authorization for treatment, payment, and health care operations. For example:



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**Treatment:** We may use or disclose your health information to another clinician working with the Dr. Mattam. In the course of treatment Dr. Mattam makes notes of your session that is kept in a chart.

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. In such situations, we will disclose only the minimum amount of information necessary for this purpose.

**Health Care Operations:** In the course of providing treatment to patients, we perform certain important functions such as quality assessment, training programs, credentialing, medical review, etc. In performing such functions, we may rely on certain business associates to assist us. We will share with our business associates only the minimum amount of personal health information necessary for them to assist us.

**Other Uses and Disclosures:**

In addition to uses and disclosures related to treatment, payment, and health care operations, we may also use and disclose your personal information without authorization for the following additional purposes.

**Abuse, Neglect, or Domestic Violence**

As required or permitted by law, we may disclose health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, we will use our professional judgment in deciding whether or not to make such a report. If feasible, we will inform you promptly that we have made such a disclosure.

**Appointment Reminders and Other Health Services**

We may use or disclose your health information to remind you about appointments or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you, such as case management or care coordination.

**Business Associates**

We may share health information about you with business associates who are performing services on our behalf. For example, we may contract with a company to service and maintain our computer systems, or to do our billing. Our business associates are obligated to safeguard your health information. We will share with our business associates only the minimum amount of personal health information necessary for them to assist us.

**Communicable Diseases**

To the extent authorized by law, we may disclose information to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.

**Communications with Family and Friends**

We may disclose information about you to persons who are involved in your care or payment for your care, such as family members, relatives, or close personal friends. Any such disclosure will be limited to information directly related to the person's involvement in your care. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, we will use our professional judgment to determine what is in your best interest regarding any such disclosure.

**Disaster Relief**

We may disclose health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated, we will use our professional judgment to determine what is in your



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best interest and whether a disclosure may be necessary to ensure an adequate response to the emergency circumstances.

### **Food and Drug Administration (FDA)**

We may disclose health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

### **Health Oversight**

We may disclose health information about you for oversight activities authorized by law or to an authorized health oversight agency to facilitate auditing, inspection, or investigation related to our provision of health care, or to the health care system.

### **Judicial or Administrative Proceedings**

We may disclose health information about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations.

### **Law Enforcement**

We may disclose health information about you to a law enforcement official for certain law enforcement purposes. For example, we may report certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness, or make a report concerning a crime or suspected criminal conduct.

### **Minors**

If you are an unemancipated minor under Georgia State law, there may be circumstances in which we disclose health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal and ethical responsibilities.

### **Notification**

We may notify a family member, your personal representative, or other person responsible for your care, of your location, general condition, or death. If you are available, we will provide you an opportunity to object before disclosing any such information. If you are unavailable because, for example, you are incapacitated or because of some other emergency circumstance, we will use our professional judgment to determine what is in your best interest regarding any such disclosure.

### **Organ and Tissue Donation**

We may disclose health information about you to organ procurement organizations or similar entities to facilitate organ, eye, or tissue donation and transplantation.

### **Parents**

If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care from us, we may disclose health information about your child to you. In some circumstances, we may not disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, we may not disclose health information about your child to you without your child's written authorization.

### **Personal Representative**

If you are an adult or emancipated minor, we may disclose health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

### **Public Health Activities**

As required or permitted by law, we may disclose health information about you to a public health authority, for example, to report disease, injury, or vital events such as death.



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### **Public Safety**

Consistent with our legal and ethical obligations, we may disclose health information about you based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to the public or to identify or apprehend an individual sought by law enforcement.

### **Required By Law**

We may disclose health information about you as required by federal, state, or other applicable law.

### **Research**

We may disclose health information about you for research purposes in accordance with our legal obligations. For example, we may disclose health information without a written authorization if an Institutional Review Board (IRB) or authorized privacy board has reviewed the research project and determined that the information is necessary for the research and will be adequately safeguarded.

### **Specialized Government Functions**

We may disclose health information about you for certain specialized government functions, as authorized by law. Among these functions are the following: military command; determination of veterans' benefits; national security and intelligence activities; protection of the President and other officials; and the health, safety, and security of correctional institutions.

### **Workers' Compensation**

We may disclose health information about you for purposes related to workers' compensation, as required and authorized by law.

### **Any Other Use or Disclosure -- Authorization Required**

Before using or disclosing your personal health information for any other purpose not identified above, we will obtain your written authorization. Unless action has already been taken in reliance on the authorization, you have a right to revoke such authorization by submitting your request in writing to us (see below for contact information).

## **PSYCHOTHERAPY**

In the course of your treatment, Dr. Mattam may keep separate notes documenting your psychotherapy. These notes, known as "psychotherapy notes", are kept apart from the rest of your medical record, and do not include basic information such as your medication treatment record, counseling session start and stop times, the types and frequencies of treatment you receive, or your test results. They also do not include any summary of your diagnosis, condition, treatment plan, symptoms, prognosis or treatment progress. Psychotherapy notes may be disclosed by a therapist only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order for your therapist to prevent harm to yourself or others, and to report child abuse/neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health insurance benefits for your treatment, or enroll in a health plan. Psychotherapy notes are also not among the records that you may request to review or copy (see discussion of your rights in the section below). If you have any questions, feel free to discuss this subject with Dr. Mattam.



### **PATIENT RIGHTS**

Under the law, you have certain rights regarding the health information that we collect and maintain about you. These include:

- The right to request restrictions on the use and disclosure of your protected health information, WE DO NOT HAVE TO AGREE TO THIS RESTRICTION.
- The right to limit disclosure to family members, relatives or friends who may or may not be involved in your care. Restrictions must be submitted in writing to the person listed at the end of this document.
- The right to request that we send communications concerning health information by alternative means or to an alternative location. The request must be submitted in writing to the person at the end of this document and we are required to accommodate only reasonable requests.
- The right to inspect and copy your protected health information that is Request to review, or to receive a copy of, the health information about you that is maintained in our files and the files of our business associates (if applicable). If we are unable to satisfy your request, we will tell you in writing the reason for the denial and your right, if any, to request a review of the decision. HIPAA permits us to charge a reasonable cost-based fee.
- The right to amend or submit corrections to your protected health information in the designated record set. If we refuse to allow amendment, we will inform you in writing.
- The right to receive an accounting of disclosures that are other than for treatment, payment, health care operations or made via an authorization signed by either you or your representative.
- The right to receive a printed copy of this notice. In order to exercise any of your rights described above, you must submit your request in writing to North Atlanta Psychiatry. If you have questions about your rights, please speak with Dr. Mattam, available in person or by phone, during normal office hours.



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### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of North Atlanta Psychiatry please contact:

Dr. Jyothi N Mattam  
North Atlanta Psychiatry  
3582 Old Milton Parkway  
Alpharetta GA 30005  
770-225-3000

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019

### **Revisions to this Notice**

We reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, our legal duties, or other privacy practices described in the Notice, we will promptly distribute the revised Notice, post it in the waiting area(s) of the office, and make copies available to our patients and others.



# North Atlanta Psychiatry

## Jyothi N. Mattam, M.D.

### Acknowledgement of Receipts of Notice of Privacy Practices

**\*\*You have the right to refuse to sign this Acknowledgement\*\***

Dr. Jyothi Mattam has provided you a copy of its Notice of Privacy Practices. The Notice of Privacy Practices explains your privacy rights as a patient and includes a complete description of the uses/or disclosures of my protected health information (PHI). I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment
- Obtain payment for that treatment
- Conduct normal healthcare operations

The Practice has explained to me that the Notice will be available to me in the future at my request and that I have a right to obtain a copy of the Notice prior to signing this consent. I have been encouraged to read the Notice carefully prior to my signing this consent.

My signature below indicates that I have been provided a copy of the Notice of Privacy Practices by Jyothi Mattam , M.D. The Practice has given me the opportunity to ask any questions about this notice and all of my questions have been answered.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Legal Guardian Name (Print), if any

**For Office Use Only**

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained due to the following:

\_\_\_\_\_ Individual refused to sign

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

\_\_\_\_\_  
Practice Representative

\_\_\_\_\_  
Date