



# KETAMINE CENTER OF CENTRAL GEORGIA

## Privacy Policy

### OUR LEGAL RESPONSIBILITIES

We, Ketamine Center of Central Georgia or KCCG, are required by law to give you this notice. It informs you regarding how we may use and disclose protected health information about you, and describes your *rights* and our *obligations* regarding the use and disclosure of that information. We shall maintain the privacy of protected health information and provide you with notice (contained herein) of our legal duties and privacy practices with respect to your protected health information.

We have the right to change these policies at any time. If we change our privacy policies, we will notify you of these changes immediately. This current policy is in effect unless stated otherwise. If the policy is changed, it will apply to all your current and past health information.

You may request a copy of our notice any time. You may contact Ketamine Center of Central Georgia at any time to request a copy of this privacy policy. Instructions on who and how to contact us to ask questions about our privacy policy can be found at the end of this document.

### KEEPING YOUR PROTECTED HEALTH INFORMATION SAFE

KCCG has implemented reasonable safeguards, including appropriate administrative, technical and physical measures, to protect the privacy of protected health information ("PHI"), and to prevent impermissible uses and disclosures of PHI. KCCG has limited access to PHI to only those KCCG employees who need to use or disclose PHI to carry out their duties.

To the extent that KCCG employees maintain paper documents containing PHI, they will observe a "clean desk" rule with respect to such materials, including: (i) keeping such materials on their desktop only when in use; (ii) turning documents face-down on their desktop whenever possible; and (iii) at the end of each workday, putting all such materials away in their desk and locking any doors to any offices containing PHI. During any extended periods away from his or her desk, such as during a lunch break, an employee will place materials containing PHI in a locked drawer. To the extent possible, hard copy PHI will be maintained in filing cabinets or desk drawers, which are locked when not in use.



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All desktop computers and laptops being used for PHI will be password-protected, utilizing reasonably strong passwords (e.g., at least 8 characters with at least one capital letter and at least one symbol or numeral, etc.). Our desktop computers and laptops will utilize screen-savers that will be activated, along with automatic log-off, when the computer is inactive after 20 minutes.

KCCG employees may not leave their laptops unattended or unsecured. KCCG makes every effort to ensure that any faxed documents containing PHI are picked up immediately by the intended recipient. KCCG takes care that any copy jobs containing PHI are immediately removed from the machine when the job is completed.

KCCG staff only discusses PHI with fellow staff in order to perform their job responsibilities and do so at a low volume or behind closed doors with individuals who are the subject of PHI. KCCG employees may receive communications from individuals who wish to discuss their own PHI and such conversations should be had in a private area, at a moderate volume where the PHI being discussed is unlikely to be overheard by a third party. When a patient contacts KCCG to inquire about matters related to his/her PHI, KCCG must verify the individual's identity using date of birth and address. **IMPORTANT: UNLESS SPECIFICALLY AUTHORIZED AS ABOVE OR IN WRITING BY THE PRIVACY OFFICER, ALL OTHER EMPLOYEE ACCESS TO PHI IS UNAUTHORIZED, STRICTLY PROHIBITED AND MAY RESULT IN SANCTIONS.**

## **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following examples describe ways that we may use your protected health information for your treatment, payments, healthcare operations, etc. but please be advised that not every use or disclosure in a particular category will be listed.

**Treatment:** We may use and disclose your protected health information to provide you treatment. This includes disclosing your protected health information to other medical providers, trainees, therapists, medical staff, and office staff that are involved in your health care.

For example, your medical provider might need to consult with another provider to coordinate your care. Also, the office staff may need to use and disclose your protected health information to other individuals outside



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of our office such as the pharmacy when a prescription is called in. Another example would be if our office staff calls your insurance company and needs to reference your diagnosis or treatment to ascertain your benefits.

**Payment:** Your protected health information may also be used to obtain payment from an insurance company or another third party. This may include providing an insurance company your protected health information for a pre-authorization for a medication we prescribed.

## **Healthcare Operations:**

We may use or disclose your protected health information in order to operate this medical practice. These activities include training students, reviewing cases with employees, utilizing your information to improve the quality of care, and contacting you by telephone, email, or text to remind you of your appointments.

If we have to share your protected health information to third party “business associates” such as a billing service, if so, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may also use and disclose your protected health information for marketing activities. For example, we might send you a thank you card in the mail with a coupon for specialized services or products. We may also send you information about products or services that might be of interest to you. *You can contact us at any point to stop receiving this information.*

We will not use or disclose your protected health information for any purpose other than those identified in this policy without your specific, written authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. You can revoke this authorization at any time but it will not affect the protected health information that was shared while the authorization was in effect.

**Appointment reminders:** We may contact you as a reminder that you have an appointment for your initial visit, follow up visit, or lab work via text, phone or email.

**Others Involved in Your Health Care:** We may disclose protected health information about you to your family members or friends if we obtain your



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verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. For example, we may assume that if your spouse or friend is present during your evaluation, that we can disclose protected professional information to this person. In the event you are, for some reason mentally unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment or if there is an urgent or emergent need.

**Research:** We will not use or disclose your health information for research purposes unless you give us authorization to do so.

**Organ Donation:** If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation if it is necessary to facilitate this process.

**Public Health Risks:** We may disclose your protected health information, if necessary, in order to prevent or control disease, report adverse events from medications or products, prevent injury, disability or death. This information may be disclosed to healthcare systems, government agencies, or public health authorities. We may have to disclose your protected health information to the Food and Drug Administration to report adverse events, defects, problems, enable recalls etc. if required by FDA regulation.

**Health Oversight Activities:** We may disclose protected health information to health oversight agencies for audits, investigations, inspections or licensing purposes. These disclosures might be necessary for state and federal agencies to monitor healthcare systems and compliance with civil law.

**Required by Law:** We will disclose protected health information about you when required to do so by federal, state and/or local law.

**Workman's compensation:** We may disclose your protected health information to workman's comp or similar programs.

**Lawsuits:** We may disclose your protected health information in response to a court action, administrative action or a subpoena.



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**Law Enforcement:** We may release protected health information to a law enforcement official in response to a court order, subpoena, warrant, subject to all applicable legal requirements.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Access to medical records:** You have the right to access and receive copies of your protected health information that we use to make decisions about your care. You must submit a written request to obtain a copy of your protected health information. We reserve the right to charge you a fee for the time it takes to obtain and copy the protected health information and provide it to you.

**Amendment:** If you believe the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You will need to submit a written request on why you feel the health information should be amended. We may deny your request to amend if you did not send a written request or give a reason on why it should be amended. If we deny your request, we will provide you a written explanation. We may deny your request if we believe the protected health information already provided is accurate and complete.

### **Accounting of Disclosures:**

You have the right to receive a list of instances in which we disclosed your personal health information unless the disclosure was used for treatment, payment, healthcare operations, was pursuant to a valid authorization and as otherwise provided in applicable federal and state laws and regulations.

You must submit a written request to obtain this "accounting of disclosures" to the individual listed at the bottom of this policy. After your request has been approved, we will provide you the dates of the disclosure, the name of the individual or entity we disclosed the information to, a description of the information that was disclosed, the reason why it was disclosed, and any additional pertinent information. This information may not be longer than three years ago prior to the date the accounting is requested. We reserve the right to charge a reasonable fee for this process.



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**Restriction Requests:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. We shall accommodate your request except where the disclosure is required by law. We require this to be a written request submitted to the individual at the end of this policy.

**Confidential Communication:** You have the right to request that we communicate with you about healthcare matters in a certain way and at a certain location. We must accommodate your request if it is reasonable and allows us to continue to collect payments and bill you.

**Paper copy of this notice:** You may request a hard copy of this practice policy if you reviewed and signed it via electronic means. To obtain this copy, contact the individual at the end of this privacy policy.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office. You also file a complaint with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

**Contact us:** Please direct all questions to [info@ketaminecentralga.com](mailto:info@ketaminecentralga.com) with the subject line: Attn Privacy Officer Jessica G. You may also contact KCCG's Privacy Officer at 478-201-9220, ext. 100.

**Please sign and date indicating you have read and understand your Patient Rights.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_