

EFFECTIVE        APRIL 14, 2003       

**Birmingham Gastroenterology Associates  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice will tell you about the ways in which we may use and disclose medical information about you. Not every use or disclosure in a category will be listed but all of the ways we are permitted to use and disclose information will fall within one of the categories. We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in plain view. Each time we revise our notice, we will post it in our office and make it available to you upon request.

We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ! Make sure that medical information that identifies you is kept private;
- ! Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- ! Make a good faith effort to obtain your acknowledgement that you have received this notice; and
- ! Follow the terms of the notice is currently in effect.

**FOR TREATMENT:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or other personnel in our organization who are involved in taking care of you. For example, we may need to tell a nurse about your condition in order to coordinate the different things your need, such as lab work. We also may disclose medical information about you to health care providers outside our organization who are involved in your treatment, such as consulting physicians.

**FOR PAYMENT:** We may use and disclose medical information about you so that the services you receive from us or other providers may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received, so your health plan will pay us or reimburse you for the treatment, or to obtain prior approval or determine whether your plan will cover the treatment.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information about you for our operations and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the medical information we have with medical information from other similar organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. All disclosures of psychotherapy notes require your written authorization. If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

- We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment.
- We may use and disclose medical information to tell you about or recommend treatment options or alternatives or other health-related benefits or services that may be of interest to you.
- Unless you object, we may include certain limited information about you in our directory while you are a patient here. This information may include your name, location, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as priest or rabbi, even if they don't ask you by name. This is so your family, friends and clergy can visit you while you are a patient with us and generally know how you are doing.
- If you do not object, we may release medical information about you to a friend or family member who is involved in your medical care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

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