Notice of Privacy Practices (HIPAA)

11180 State Bridge Rd, STE 404, Alpharetta, GA 30022
www.familyhealthprimarycare.com | 770-252-2220

Effective Date: _____

Please review carefully. This Notice explains how your health information is used and disclosed.

Your Rights

- Get an electronic or paper copy of your medical record
- Ask us to correct your record
- Request confidential communications
- Ask us to limit what we use/share
- Get a list of those with whom we've shared information
- Receive a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your rights are violated

Our Uses and Disclosures

- Treatment (e.g., share with doctors, nurses, labs, pharmacies)
- Operations (e.g., quality improvement, staff training, compliance)
- Payment (e.g., insurance billing, eligibility, collections)
- As required by law, public health/safety, health oversight, law enforcement, and national security

Our Responsibilities

- Maintain the privacy and security of your protected health information (PHI)
- Notify you following a breach of unsecured PHI
- Follow the duties and privacy practices described in this Notice
- Not use or share your information other than as described unless you authorize in writing

Questions or complaints? Contact our Privacy Officer at 770-252-2220.

Acknowledgment of Receipt

Patient/Guardian Name: _____

Signature (type name): _____ Date: _____