

**ROBERT D. MIXSON, M.D., P.A.**  
**NOTICE OF PRIVACY PRACTICES**

**This Notice of Privacy Practices describes how medical information about you, the patient may be used and disclosed and how you can get access to this information. Please review it carefully.**

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

**Uses and Disclosures of Health Information**

We may use health information about you for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations – for example, to evaluate the quality of care that you receive. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

As part of our practice, we may also use or disclose your protected health information for the following purposes: to remind you of an appointment; to inform you of potential treatment alternatives or options; and to inform you of health-related benefits or services that may be of interest to you.

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons. We will disclose your protected health information when we are required to do so by any Federal, State or local law. We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- If we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or inspections; licensure or other activities necessary for appropriate oversight as authorized by law.

We will not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits. However, we may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena in some circumstances.

We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows: pursuant to court order, court-ordered warrant, subpoena, summons or similar process; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; under certain limited circumstances, when you are the victim of a crime; and in an emergency in order to report a crime.

We may use or disclose your protected health information for research when the use or disclosure for research has been approved by a privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

## **Uses and Disclosures That You Authorize**

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

## **Individual Rights**

In most cases, you have the following rights regarding your health information:

- A. You may inspect and obtain a copy of your protected health information that is maintained at our office. To inspect or copy your medical information, you must first sign a release form. If you request a copy of your information, we will give you the first copy free; after that we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.
- B. Right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. You have the right to request to receive confidential communications from us by alternative means or at an alternative location and we will make every effort to assist you with that request.
- C. Right to request an amendment to your protected health information. If you believe the information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain.

## **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. We encourage you to express concerns you may have regarding the privacy of your information.

## **Our Responsibilities**

We are required by law to protect the privacy of your health information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact our Privacy Officer at:

Robert D. Mixson M.D., P.A.  
104 Lakeshore Drive, Suite A  
St. Marys, GA 31558  
(912) 882-7100

**Effective Date:** This Notice is effective March 23, 2007.