

Notice of Privacy Practices

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice or if you require more information, please contact our HIPAA compliance officer using the contact information at the end of this notice.

At Innovation Compounding, we understand that your medical information is personal. Our practice is committed to protecting your medical information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (**PHI**) and to give you this notice explaining our privacy practices with regard to that information. This notice explains your rights and our legal obligations regarding the privacy of your **PHI**. **PHI** is information that individually identifies you. It may be used and disclosed by your physician, our office staff, another healthcare provider, your health plan, your employer, or a healthcare clearing house that relates to (1) your past, present, or future physical conditions, (2) the provision of healthcare to you, or (3) the past, present, or future payment for your healthcare.

How We May Use & Disclose Your PHI

For Your Treatment: Your **PHI** may be provided to a physician or healthcare provider (a specialist or laboratory) to whom you have been referred to ensure they have the necessary information to diagnose, treat, or provide you a service.

For Payment: Your **PHI** may be used and disclosed to enable us to bill and collect payment either from you, a health plan, or a third party for the treatment and services you receive from us. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to payment for that treatment.

For Healthcare Operations: We may use and disclose your **PHI** in order to support the business activities of your physician's office. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

Appointment Reminders/Treatment Alternatives/Health-Related Services: We may use and disclose your **PHI** to contact you to remind you that you have a scheduled medical appointment or to advise you of treatment options or alternatives or health-related benefits and services which may be of interest to you.

As Required by Law: We will disclose your **PHI** about you when required to do so by international, federal, state, or local law.

Marketing & Any Purposes Which Require the Sale of Your Information: These disclosures require your written authorization.

Any other uses and disclosures not recorded in this notice will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your **PHI**, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights Regarding Your PHI

The Right to Inspect & Copy: Under federal law, you have the right to inspect and copy your **PHI** (we have up to 30 days to make your **PHI** available to you, fees may apply). You have the right to a summary of your **PHI** instead of the entire record, or an explanation of the **PHI** which has been provided to you so long as you agree to this alternative form and agree to pay the associated fees.

The Right to an Electronic Copy of Medical Records: You have the right to request to be given to you or have transmitted to another individual or entity, an electronic of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request; however, if it is not readily producible by us, we will provide it in either our standard format or in hard copy form (fees may apply).

The Right to Request Restrictions: You have the right to request a restriction or limitation on the **PHI** we use or disclose for treatment, payment, or healthcare operations. You may ask us not to use or disclose any part of your **PHI** and by law we must comply when the **PHI** pertains solely to a healthcare item or service which the healthcare provider involved has been paid out of pocket in full. You also have the right to request a limit on the **PHI** we disclose about you to someone involved in your care or payment of your care. Your request must be made in writing to our HIPAA Compliance Officer with specific instructions. If we agree to the restriction, we may only be in violation of that restriction for emergency treatment purposes. By law, you may not request that we restrict the disclosure of your **PHI** for treatment purposes.

The Right to Receive Notice of a Breach: You have the right to be notified upon a breach of any of your unsecured **PHI**.

The Right to Request Amendments: If you feel that the **PHI** we have is incorrect or incomplete, you may ask us to amend the information. A request and the reason for the requested amendment must be made in writing to the HIPAA Compliance Officer at the information at the end of this notice. In certain cases, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy.

The Right to an Accounting of Disclosures: You have the right to receive an accounting of all disclosures except for disclosures pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred six years prior to the date of request. Your request must be made in writing and you must indicate in what form you want the list, whether on paper or electronically. The first accounting of disclosures in any 12-month period will be free. We may charge reasonable costs for any additional requests within that same time period. You may withdraw or modify your request before the costs are incurred.

The Right to Request to Receive Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. Your request must be made in writing with specific instructions on how and where we contact you. We will accommodate all reasonable requests and will not ask the reason for your request.

Complaints

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Secretary, mail to:

**Secretary of the US Department of Health and Human Services,
200 Independence Ave,
SW Washington, DC 20201**

Call (202) 619-0257, or toll free (877) 696-6775, or visit the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. **There will be no retaliation against you for filing a complaint.**



Contact Us

6095 Pine Mountain Road Ste. 108
Kennesaw, GA 30152

(800) 547-1399 | (866) 635-2329 Fax
www.innovationcompounding.com



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