

HIPAA NOTICE OF PRIVACY PRACTICES  
***East Alabama Urology Associates***  
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This notice describes HOW, WHEN and WHY your personal health information (PHI) may be used or shared by us in the course of providing medical services to you. It also describes your rights to access and control your PHI.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used or disclosed by East Alabama Urology Associates (EAUA) for the following purposes:

- ⌚ For medical treatment and coordination of care with other physicians, laboratory technicians, pathologists or radiologists who need to be actively involved in your care
- ⌚ To file your insurance and to respond to queries from your insurance company in settling your claim
- ⌚ To facilitate payment collection through our collection agency, Holloway Credit Solutions, should it be necessary

Your PHI may be used or disclosed by EAUA in the following situations without your authorization as required by law:

- ⌚ Public Health issues as required by the Centers for Disease Control (CDC)
- ⌚ Health Oversight, Abuse or Neglect
- ⌚ Food and Drug Administration (FDA) requirements
- ⌚ Legal Proceedings when presented with a subpoena
- ⌚ Law Enforcement
- ⌚ Coroners, Funeral Directors, and Organ Donation officials
- ⌚ Research
- ⌚ Military Activity and National Security
- ⌚ Worker's Compensation

Other disclosures of your PHI will be made only with your consent.

## YOUR RIGHTS

Your rights regarding your PHI are:

- ⌚ You have the right to inspect and receive a copy your PHI. Under federal law, however, you may not inspect and copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to it.
- ⌚ You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request for restrictions must be in writing and it must state specific restrictions and to whom you want the restrictions to apply. Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. You then have the right to use another health care professional.
- ⌚ You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- ⌚ You may have the right to have your physician amend your PHI. If your request for amendment is denied, 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 of such rebuttal.
- ⌚ You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of Health and Human Services, Region IV Office of Civil Rights, Atlanta Federal Center, Suite 3B70, 61 Forsyth St. SW, Atlanta, GA 30303-8909. Or you may file a complaint with EAU by notifying our Administrator, Bonnie Keller, (334) 749-8146, FAX (334) 749-8155 or [bkeller@eua.com](mailto:bkeller@eua.com). There will be no retaliation against you for filing a complaint. It is the goal of EAU to resolve any complaints expeditiously.