

Atlanta Comprehensive Wellness Clinic (ACWC)

HEALTH CARE INFORMATION RIGHTS
Health Insurance Portability and Accountability Act (HIPAA)
Federal Code 45 CFR 164.528

YOUR RIGHTS

Your medical record is the physical property of the Atlanta Comprehensive Wellness Clinic. The information in the record belongs to you. You, the patient have the right to:

- Limit certain uses and sharing of your information
- Ask, in writing, to receive a paper copy of the notice of information practices
- Review a copy of your health care record
- Change your health record as provided in the **HIPPA law**
- Receive any lists of how your health information was shared
- Stop authorization to share your medical records in the future, even if you gave permission in the past

OUR RESPONSIBILITY

The Atlanta Comprehensive Wellness Clinic is required to do the following:

- Maintain the privacy of your health information
- Provide you with notices about legal duties and privacy practices concerning any of your records collected and maintained by Atlanta Comprehensive Wellness Clinic
- Abide by the Terms of this notice
- Notify you if Atlanta Comprehensive Wellness Clinic is unable to agree to your request for limits
- Allow reasonable requests you may have to share health care information with other locations or allow information to be sent by fax or email once a medical release form has been signed by you.

Atlanta Comprehensive Wellness Clinic reserves the right to change clinic information procedures and to make the new provisions effective for all protected health care information Atlanta Comprehensive Wellness Clinic maintains. Should Atlanta Comprehensive Wellness Clinic information procedures change we will make every effort to notify you.

Please call Aaron Scott, ACWC Privacy Officer, at 770 212 9660 for more information, or if you wish to report a problem. Complaints may also be filed with the Secretary of Health and Human Services. No retaliation will occur for doing so.

I have read this privacy notice and I have been given enough time to ask questions about the information it contains. I fully understand that the Atlanta Comprehensive Wellness Clinic (ACWC) will hold my medical record to highest standard of privacy and confidentiality. ACWC will only release my personal health care information when authorized by me in writing or when required by law.

Signature of Patient

Date

HIPAA PRIVACY RULE
Revised 9/18 tym