

Internal Medicine Associates of Middle Georgia
97 Martin Luther King Jr. Drive
Forsyth, Georgia 31029
Jeremy Goodwin, M.D.

Craig Caldwell, M.D.

Tammy Barnett, APRN, FNP-C

Summary of Notice of Privacy Practices

Internal Medicine Associates of Middle Georgia (IMAMG) understands that your health information is private and confidential. IMAMG's staff and physicians work very hard to protect your privacy and preserve the confidentiality of your personal health information.

We have a detailed document called the "Notice of Privacy Practices" which explains ways we may use and disclose your medical information. We are required to notify you promptly if a breach occurs that may compromise the privacy and security of your information. This notice also provides your legal rights and our obligations regarding the use and disclosure of your medical information. IMAMG reserves the right to update this "Notice of Privacy Practices". A revised notice will be posted and made available to you upon request.

IMAMG may use and disclose your personal health information to help provide health care for you, to handle billing and payment, activities of Organized Health Care Arrangements in which we participate, appointment reminders, treatment alternatives and health related benefits and services, research, individuals involved in your care or payment of your care, and to take care of other health care operations. Please understand that sometimes the law may require the release of this information without your permission. In general, there will be no other uses and disclosures of this information unless you permit it. We never share your information for marketing, most sharing of psychotherapy notes, or sale of your information. If you pay your bill in full, you can ask us not to share that information with your health insurer.

You have a right to review and request a copy of your paper and/or electronic medical and billing records, right to request an amendment of your paper or electronic record, right to an accounting of disclosures, right to request restrictions on disclosures, and a right to request confidential communications.

If you believe that your rights have been violated, you may file a written complaint with the compliance officer at 97 Martin Luther King Jr. Drive, Forsyth, Georgia 31029 or with the Secretary of the U.S. Department of Health and Human Services.

Acknowledgment of Notice of Privacy Practices

Patient's Name: _____

Date of Birth: _____

My signature below indicates that I have been given a copy of the "Notice of Privacy Practices" for Internal Medicine Associates of Middle Georgia and that I have been provided with an opportunity to ask questions regarding the "Notice of Privacy Practices".

Patient or Legally authorized individual signature

Date

Time

Relationship to patient if signed by anyone other than the patient
(Parent, legal guardian, personal representative, etc.)

For Use by IMAMG Personnel Only: (Complete if patient acknowledgment is not obtained)

The patient was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An acknowledgment was not obtained because _____.

Signature of Personnel: _____ Date: _____