



NOTICE OF PRIVACY PRACTICES CONCERNING YOUR PROTECTED HEALTH INFORMATION

It is the policy of Secure Care, Inc. that individuals have the right to request that his/her individual healthcare information be treated as confidential and private except if needed for Treatment, Insurance / Billing payment or for Healthcare Operations. Ref.: Health Insurance Portability and Accountability Act (HIPAA) of 1996 45 CFR 164.512 and Confidentiality of Medical Information Act (CMIA) Civil Code Section 56. Secure Care, Inc. is committed to serving our clients / patients in a professional and caring manner, being sure at all times to secure the privacy of all Protected Health Information.

The following examples are ways in which information may be shared:

- If needed for Healthcare Treatment, Operations, or Billing
- With your Physician for a second opinion or for Emergency Treatment
- Ancillary personnel to include Pharmacy, Clinical Laboratory, Radiology/Imaging Services
- For the purpose of detecting Healthcare Fraud or Abuse
- If the request is made for the purpose of detecting Healthcare Compliance by a Licensing Agency or Accreditation Commission.
- Law enforcement request, if you are thought to be a victim of Violence, Abuse or if you are an inmate of a correctional facility.

Secure Care, Inc. is committed to upholding all Federal, State and Local Laws regarding Privacy Practices. If any other request for information is received, you will be notified and **Secure Care, Inc. will not release the information without your written consent.** You can revoke this written consent at any time.

If you have any questions or concerns regarding your Protected Health Information, please contact our Compliance Officer @ (912) 356-5469 ext. 105.

I agree to the terms as described above, regarding the Privacy of my Health Information:

Signed: _____ Date: _____