This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

McIntosh Trail Management Services (MTMS) is a Community Care Services Program (CCSP) case management agency for the Georgia Elderly and Disabled Waiver Program and is responsible for the storage, use and maintenance of medical and other confidential information. Federal and state laws establish strict requirements for this program regarding the use and disclosure of confidential and protected information. MTMS is required to comply with these laws as noted throughout this Notice.

**Obligations:**  
MTMS is required by law to:  
 Maintain the privacy of protected health information  
 Give you this notice of our legal duties and privacy practices regarding health information about you; and  
 Follow the terms of our notice currently in effect.

**How MTMS May use and Disclose Health Information:**

The following describes the ways MTMS may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, MTMS will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to MTMS office.

**For Treatment:** MTMS may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, MTMS may disclose Health Information to doctors, nurses, technicians, or other personnel who are involved in your medical care and need the information to provide you with medical care.

**For Payment:** MTMS may use and disclose Health Information so that MTMS or other may bill and receive payment related to your care, an insurance company, or a third party for the treatment and services you received. For example, MTMS may provide your health plan information so that treatment may be paid for

**For Health Care Operations:** MTMS may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that quality care is received and to operate, manage, and administer the functions of the agency. For example, MTMS may use and disclose information to make sure the medical care you receive is the highest quality. MTMS also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services**: MTMS may use and disclose Health Information to contact you to remind you of an appointment with a physician. MTMS also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, MTMS may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. MTMS also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research:** Under certain circumstances, MTMS may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received on treatment to those who received another, for the same condition. Before MTMS uses and discloses Health Information for research, the project will go through a special approval process. Even without special approval, MTMS may permit researchers to remove or take a copy of any Health Information.

**SPECIAL SITUATIONS**

**As Required by Law:** MTMS will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** MTMS may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** MTMS may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, MTMS may utilize the services of a separate entity to perform billing services. All MTMS business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other that as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, MTMS may release Health Information as required by military command authorities. MTMS also may release Health Information to the appropriate foreign military authority, if you are a member of a foreign military.

**Worker’ Compensation:** MTMS may release Health Information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** MTMS may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if it is believed a patient has been the victim of abuse, neglect or domestic violence. MTMS will only make this disclosure if you agree or when required or authorized by law.

**Health Oversite Activities:** MTMS may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

**Data Breach Notification Purposes:** MTMS may use or disclose your Protected Health Information to provider legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, MTMS may disclose Health Information in response to a court or administrative order. MTMS also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** MTMS may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even inf, under certain very limited circumstances, we are unable to obtain the person’s agreement; (4) about a death we believer may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in a emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Corners, Medical Examiners and Funeral Directors: MTMS** may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. MTMS also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities:** MTMS may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** MTMS may disclose Health Information to authorized federal officials so they may provider protection to the President, or authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, MTMS may release Health Information to the correctional institution or law enforcement official. This release would be if necessary” (1) for the institution to provide you with health care: (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

**USES AND DISCLOSURES THAT REQUIRE MTMS TO PROVIDE YOU AN OPPORTUNITY TO OBJECT AND OPT**

**Individual Involved in Your Care or Payment for Your Care:** Unless you object, MTMS may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person’s involvement in your health care. If you are unable to agree or abject to such a disclose, MTMS may disclose such information as necessary if it is determined that it is I your best interest based on the professional judgment of MTMS.

**Disaster Relief:** MTMS may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster, MTMS will provide you with an opportunity to agree or object to such a disclose whenever it is practical to do so.

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information
3. Other uses and disclosures of Protected Health Information note covered by this Notice or the laws that apply to MTMS will be made only with your written authorization. If you do provide MTMS with an authorization, you may revoke it at any time by submitting a written revocation to MTMS staff.

**YOUR RIGHTS:** You have the following rights regarding Health Information MTMS has about you:

**Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to MTMS. MTMS has

**Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (know as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. MTMS will make every effort to provide access to your Protected Health Information. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format. If you do not want this form or format, a readable hard copy form will be provided. MTMS may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend**: If you feel that Health Information MTMS has is incorrect or incomplete, you may request MTMS to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the MTMS office.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information MTMS made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing. To the MTMS office.

**Right to Request Confidential Communications:** You have the right to request that MTMS communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that MTMS only contact you by mail or at work. To request confidential communications, you must make you request, in writing, to the MTMS office. Your request must specify how or where you wish to be contacted. MTMS will accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may request a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact MTMS office

**CHANGES TO THIS NOTICE:** MTMS reserves the right to change this notice and make the new notice apply to Health Information already obtained as well as any information received in the future. MTMS will post a copy of the current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

**COMPLAINTS:** If you have any questions about this notice, please contact:

McIntosh Trail Management Services, 246 O’Dell Road, Suite 5, Griffin, GA 30224  
 Phone: 770-567-5948

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_