

SOUTHERN PEDIATRIC CLINIC

WELCOME TO OUR PRACTICE!

Ph (229) 241 – 0059 • Fx (229) 241 – 2088
406-M Northside Drive • Valdosta, GA 31602
www.southernpediatricclinic.com

Welcome to Southern Pediatric Clinic and thank you for choosing us to provide medical care for your child. A vital part of the process in choosing your child's pediatrician is to understand the procedures that allow us to operate effectively and efficiently to provide the best care for our patients. This packet will provide you with much of the information you will need to get you started with our office.

Southern Pediatric Clinic was established in 2005 by Dr. Charlene Blache with the mission to promote healthy lifestyles in infants, children and teenagers, and to offer high quality management of acute and chronic illnesses in a caring, friendly, and professional environment. Our staff takes pride in remaining patient focused to ensure that you and your child(ren) have the best experience while being provided quality medical care.



Charlene Blache, MD, FAAP

Dr. Blache is a board-certified Pediatrician in practice since 1999. Originally from Trinidad and Tobago in the eastern Caribbean, she graduated from the University of the West Indies in 1992 with honors in Community Health. Dr. Blache moved to the United States in 1995 and in 1998 completed her Pediatric Residency Training at Brooklyn Hospital Center in New York. In 1999 she moved to South Georgia to practice in Brooks County and in 2005 she proudly opened the doors of Southern Pediatric Clinic.



Kereese Gayle-Farias, MD

Dr. Gayle-Farias is originally from Jamaica in the Caribbean. She graduated from the Latin American School of Medicine in Havana, Cuba and is fluent in Spanish. She completed her Pediatric Residency Training at the Children's Hospital of New Jersey in Newark in 2015. She and her husband moved to South Georgia to be closer to family while also looking to be of service to a tight-knit community. She loves working with children of all ages and is looking forward to working with your family!

Virginia Cochran

Certified Pediatric Nurse Practitioner



Virginia received her specialized pediatric nurse practitioner degree from Emory University. Before relocating to Valdosta in 2004, Virginia spent two years working as a pediatric nurse practitioner in Atlanta. Virginia loves working with children and looks forward to meeting and working with yours soon!

Nalitia Zow

Certified Family Nurse Practitioner



Nalitia was born in St. Mary's, GA and raised in Folkston, GA. She began serving the Pediatric population in Tifton, GA after becoming a family nurse practitioner in 2015. She joined Southern Pediatric Clinic in January 2017 and looks forward to meeting and caring for your child(ren).

Office Hours

Monday – Thursday 8:15 – 5:00
Friday 8:15 – 12:00

Youth Care at SGMC (After Hours Care)

Monday – Friday 5:30 – 8:30 &
Weekends 9:30 – 4:30
(229) 249 – 5437

After Hours Care

Pediatric Phone Triage Nurse 1
(855) 553 – 2185



Southern Pediatric Clinic, LLC

406-M Northside Drive

POLICIES & PROCEDURES

In order for us to operate in the most effective way, we have implemented office policies to protect both the interest of our patients and our practice. The policies are meant to help you understand the expectations at Southern Pediatric Clinic. Dr. Blache strives to maintain up-to-date healthcare guidelines via equipment, testing, and insurance regulations. Therefore, our policies may change from time to time, but you will be informed of any changes. Additionally, we appreciate any suggestions that will improve our practice. Suggestions may be submitted in writing and given to any staff member. Again, welcome to our practice! Should you have questions regarding our office procedures, please ask any staff member for assistance. Please become familiar with the following policies and procedures:

1. Our office is open from 8:00-5:00 Monday through Thursday and 8:00-12:00 on Friday.
2. All patients under 18 years must be accompanied by a parent/guardian OR a person who the parent/guardian has indicated is able to accompany the patient. You will be asked to complete a *Statement of Persons Allowed to Accompany Patient to Office Visits* form.
3. We do not encourage walk-ins. However, we leave space on our schedule for sick visits. Therefore, if your child is sick, please call the office for an appointment. If your child is very sick, please let us know so we can evaluate him/her as soon as possible.
4. Patients who are more than 10 minutes late for a scheduled appointment could be asked to reschedule. If you are new to the practice, please plan on arriving 10-15 minutes early to complete any necessary paperwork.
5. Please have your insurance and/or member card available at each appointment.
6. We care about the safety of our patients. Therefore, while waiting to be seen, please do not allow your child/children to run through the waiting room or climb on any furniture, as these are hazards and your child could be seriously injured. Also, we ask that you do your best to keep your child(ren)'s noise level at a minimum so that other patients are not disturbed as we see a wide range of patients who have various health concerns.
7. Electronic devices, including cell phones, must be turned off or on silent while in the triage area and exam room.
8. ADHD prescription refills called in to the refill line will be ready in 2 business days. When requesting a refill, please leave your name, your child's name and date of birth, the prescription name and dosage information, as well as a contact number at which you can be reached.
9. Any patient being treated for ADHD or Asthma will not receive a prescription refill if that patient fails to keep his/her scheduled appointments.
10. Phone messages require the following information: patient's name, date of birth, pharmacy, brief description of your concern, your name, and a contact phone number to call you back. Without this information, we cannot accurately assess your child's needs and develop a plan of care. Most phone messages for providers will be returned at the end of the business day.

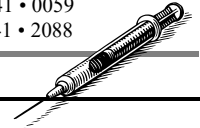
NO SHOW POLICY

We define a "**no-show**" as a missed appointment without the parent, guardian, or patient giving a minimum of a 24-hour notice of cancellation or rescheduling. Additionally, it is not in your child's best interest to miss an appointment and not reschedule it on another day.

For these reasons, we will be enforcing the following:

1. When **2 appointments** are missed within a **calendar year** without a 24-hour notice, the patient will receive a notification of discharge and be **discharged** from the practice 30 days after written notification.
2. When an appointment is **missed** for any reason, rescheduling will be done on a **first-available basis**. (Neither special exceptions nor accommodations will be made when paperwork needs to be filled out for other agencies.) After two (2) appointments are missed, you may receive a warning letter.
3. **Repeated missed appointments** can be deemed **medical neglect** by a primary care provider and as such **reported to the Department of Family and Children's Services (DFCS)**.

72 HOURS PRIOR TO APPOINTMENTS, A REMINDER CALL WILL BE MADE IN THE EVENING. PLEASE ENSURE THAT WE ALWAYS HAVE YOUR CURRENT PHONE NUMBER.



OUR POLICY ON VACCINATIONS

We are not accepting patients whose parents choose not to vaccinate them as we believe they present a risk to our patients who are not as yet fully vaccinated and a risk to the community at large. Also, we discourage alternative vaccine schedules as they delay the vaccination process and reduce our office's efficiency.

As Pediatric providers, we believe strongly in vaccinating children and encourage all parents to allow us to follow the vaccination schedule approved by the American Academy of Pediatrics and the CDC (Center for Disease Control).

Following is a list of reputable websites with research-based information about vaccines and vaccination.

1. American Academy of Pediatrics: www.cisimmuize.org
2. Center for Disease Control: www.cdc.gov/vaccines
3. National Network for Immunization Information: www.immunizationinfo.org
4. Immunization Action Coalition: www.immunize.org

Below is a summary of the recommended vaccination schedule.

BIRTH	Hepatitis B (HepB)
2 MONTHS	Rotavirus (RV); Diphtheria, tetanus, acellular pertussis (DTap); Haemophilus influenza type b (Hib); Pneumococcal (PCV); Polio (PV), Hepatitis B (Hep. B)
4 MONTHS	RV, DTap, Hib, PCV, IP, and Hep. B.
6 MONTHS	RV, Dtap, IPV, PCV, and Hep. B.
6 MONTHS TO 18 YEARS	Influenza (annually)
12 TO 15 MONTHS	Hib; PCV; Measles, mumps and rubella (MMR); Chickenpox (Varicella)
12 TO 23 MONTHS	Hepatitis A
15 TO 18 MONTHS	DTap
4 TO 6 YEARS	DTap, IPV, MMR, Varicella
11 TO 12 YEARS	DTap; Human papillomavirus (HPV), two doses; Meningococcal (MCV4)
16 YEARS	MCV4 booster, Meningococcal B (Men. B) two doses.



INSURANCE INFORMATION & REQUIREMENTS

Whether you are a first-time parent or welcoming a new addition to your family, **please remember to add the new baby to your insurance policy.** It is best to inquire about the enrollment process and obtain any necessary forms prior to the birth of your child. It is vital to submit the enrollment forms to your insurance company as soon as possible after the birth of your child. Most insurance companies allow only 30 days after the birth of a child for paperwork to be sent in.

Any claims filed on behalf of your child will be denied by the insurance company until he or she is added to the policy. Additionally, all insurance companies have time sensitive filing limits, some as few as 60 days. As such, your child should be enrolled as soon as possible so that we may file for newborn hospital care and office services prior to these filing deadlines. Please periodically check with your insurance company and notify our billing department when your child has been added to the policy. Our friendly billing staff is available to assist you with any questions regarding claims or your account. Finally, please see our *Financial Policy* and *Financial Consent* to understand your financial responsibilities for services rendered.

NOTE: It is your responsibility to contact your insurance company to determine your child's coverage and if Southern Pediatric Clinic, LLC is in network with your insurance. Also, please ensure that Dr. Blache is listed as your Primary Care Provider (PCP).

FINANCIAL POLICY

Financial obligations vary based on insurance coverage. It is important that you review and fully understand your child's insurance policy prior to coming into the office. In order to prevent any misunderstandings, please read the following financial policy. If you have any questions regarding your insurance, please call your insurance company. Please insure that your primary provider on your insurance is Dr. Blache. If you have questions regarding a bill from Southern Pediatric Clinic, please call our office and ask to speak to our billing department.

Current Insurance Information: Our practice participates with a variety of insurance plans. Bring your insurance card to each visit. It is your responsibility to provide us with updated insurance information prior to being seen.

Private Insurances: If we are not a provider for your insurance company, in addition to co-pays and deductibles, you will be responsible for paying any non-covered charges. Non-covered services may include but are not limited to complete annual physicals, immunizations and some diagnostic testing. If your insurance payment is not received within 90 (ninety) days, any remaining balance will be billed to you.

State Insurance: Medicaid, Peachstate, WellCare, and PeachCare members are required to present at the time of each visit, a current ID card. If you are "inactive" you will be given the option to pay in full for the visit or reschedule your appointment. If you choose to pay for the visit, the payment will be due the day the services are rendered.

Self-Pay/Private Pay/Uninsured: You are financially responsible for all fees due at the time of service.

Payments/Co-pays: Payments, including co-pays and deductibles, are due when services are rendered. Co-pays will be collected at check-in. If you are unable to pay your bill before services are rendered, you will be asked to speak to billing personnel to make payment arrangements. The office visit must be paid unless it is an emergency or life threatening illness. Bills may be settled by cash, check, or credit card.

Patients under the age of 18: Any patient under the age of 18 must be accompanied by a Parent or Guardian who will be responsible for providing current information and payment at the time of service.

Collection/Bankruptcy: If your account becomes delinquent, and is sent to an outside agency or attorney for collection, you will be responsible for all costs, including agency fees, attorney fees, court costs, and any other related expenses. Our practice reserves the right to discontinue the physician-patient relationship in the case of collection or bankruptcy.

Returned Checks: A fee of \$30.00 may be charged for each check returned to us.

Copies of Medical Records, Immunization Record, Etc.: If a request for records is made for purposes other than changing doctors, a copying fee may be charged up to an amount allowed by state law. All forms being completed by our office and/or copied outside of an appointment are subject to a printing/copying fee.



NOTICE OF PRIVACY PRACTICES

Privacy Officer • Jennifer Chance • 229-241-0059

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Effective Date: September 23, 2013

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

I. HOW THIS MEDICAL PRACTICE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

This medical practice collects health information about you and stores it in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment: We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

Payment: We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations: We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Sign In Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Notification and Communication With Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Marketing: Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies,

health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Sale of Health Information: We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

Required by Law: As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

Public Health: We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Health Oversight Activities: We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

Judicial and Administrative Proceedings: We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement: We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners: We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Public Safety: We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Proof of Immunization: We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

Specialized Government Functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Workers' Compensation: We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your prior written authorization except for the following:

1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

II. WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. YOUR HEALTH INFORMATION RIGHTS

Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services

for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

Right to Inspect and Copy: You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

Right to Amend or Supplement: You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

Right to an Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

Right to a Paper or Electronic Copy of this Notice: You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

V. COMPLAINTS

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Roosevelt Freeman, Regional Manager • Office for Civil Rights • U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70 • 61 Forsyth Street, S.W. • Atlanta, GA 30303-8909
Voice Phone (800) 368-1019 • FAX (404) 562-7881 • TDD (800) 537-7697
OCRMail@hhs.gov

The complaint form may be found at **www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf**. You will not be penalized in any way for filing a complaint.