



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following describes different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

For Treatment: We may use medical information about you for the purpose of providing medical treatment or services to doctors, nurses, technicians, medical students, or other personnel involved in your care the Practice or Hospitals . We may also disclose your medical information to people outside of the Practice who may be involved in your care such as friends, family members (if you have indicated that you would like these people to be informed of your care), or employees or medical staff members of any hospital or nursing facility if you are transferred or admitted to the facility for care.

For Payment: We may disclose medical information about you so that the treatment and services at the Practice may be billed by the Practice and payment collected from you, an insurance company or a third party. We may also disclose your medical information to another health care provider for payment of services you may have received at another medical facility. However, you may request that we not disclose your medical information to any persons or entities responsible for paying any portion of the charges you incur as a patient of the Practice provided that you pay all charges *in full* at the time of the request.

For Health Care Operations: We and our business associates may use and disclose medical information about you for health care operations. These disclosures are necessary to run the Practice and ensure that all patients receive quality care. This includes disclosure of your medical information to doctors, nurses, medical students, and other personnel at the Practice for review and learning purposes. Disclosures may also include other providers for use in their health care operations.

Law enforcement: We may disclose medical information about you to law enforcement agencies or public health agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting and/or public health reporting.

Marketing: We may disclose your medical information (name and/or address) for marketing activities, to provide you with information about services available at our practice. You may opt out by providing your written request to the Practice's Compliance Officer at any time, in which you will no longer be contacted in reference to marketing activities.

Fundraising Activities: We may use your medical information to contact you about our efforts to support fundraising. You may opt out by providing your written request to the Practice's Compliance Officer at any time, in which you will no longer be contacted in reference to fundraising support.

Appointments and Collections: We or our Business Associates may use your medical information to send you appointment reminders or in efforts to collect balances on your account. Methods of communication may include, but not be limited to, messages via email/phone/texts, pre-recorded, artificial voice messages, or automatic dialing devices.

Health Information Exchange: We use HealtheConnections HIE, LLC for a central data repository. This platform allows us to share patients clinical data with other medical practices using the same HIE.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you decide against such authorization you may submit a revocation of the authorization to the Practices' compliance officer. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization. Without your written authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may NOT sell your protected health information without your authorization. We may NOT use or disclose MOST psychotherapy notes contained in your protected health information. We will NOT use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

NOTICE OF INDIVIDUAL RIGHTS

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have a right to inspect and receive a copy of your medical record. If your request is denied you may request that the denial be reviewed, and that decision will be final. You may be charged a fee for the costs associated with copying, mailing, or other supplies associated with the request. If all or any portion of your health information is in an electronic format, you may request an electronic copy.

Right to Amend: If you feel that the medical information about you in your record is incorrect or incomplete, you may ask us to amend it. To request an amendment, your request must be made in writing and submitted to the Practice's Compliance Officer. If your request is denied, you may submit in writing a statement of disagreement and ask that it be included in your medical record. However, requesting an amendment **does not require us to agree to your request.**

Right to an Accounting of Disclosures: You have a right to request a list of certain disclosures that we have made regarding your medical information. Submit your request in writing to the Practice's Compliance Officer.

Right to Request Restrictions: You have a right to request a restriction or limitation on the medical information we use or disclose about you, except where disclosure of the information is required by law. To request restrictions, you must make your request in writing to the Practice's Compliance Officer. **We are not required to agree to your request.** If we do agree, we will comply with your request except where the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have a right to request that we communicate with you about medical matters in a certain way and at a certain location. To request confidential communications, make your request at the time of registration or during your visit.

Right to this Notice: You have a right to a paper copy and may request it at the time of service or by contacting the Practice's Compliance Officer.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We will have a current copy of this notice posted at all times. All notices will contain the effective date in the top right corner. If changes to this notice occur, a copy will be available upon your request. An updated copy will NOT be provided to you automatically as it is not required by law.

INVESTIGATION OF A BREACH: If we determine that the disclosure of your medical information constitutes a breach of federal privacy or security regulations governing unsecured protected health information, we will (1) Provide you with a notice of the breach (2) Advise you of what we plan to do to mitigate the damage (if any) caused by the breach and (3) Advise on steps you should take to protect yourself from potential harm resulting from the breach.

OUR OBLIGATION TO YOU:

- To make sure that medical information that identifies you is kept private;
- To notify you regarding our legal duties and privacy practices at the Practice as well as your legal rights
- To abide by these terms of notice as well as provide you with a copy of this "Notice of Privacy Practice"

QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Practice, please contact Ashley Echols, Compliance Officer, P.O. Box 907790, Gainesville, GA 30501. All complaints **MUST** be submitted in writing. **You will not be penalized for filing a complaint.** If you have any questions about this notice or would like to receive a more detailed explanation of any part of this notice, please contact our Compliance Officer or Practice Administrator.

Practices Privacy Contact Information:

Laurie Stine
Compliance Officer
P.O. Box 907790
Gainesville, GA 30501
(678) 997-2104

Tammy Berry
Practice Administrator
P.O. Box 907790
Gainesville, GA 30501
(678) 997-2105