NOTICE OF PRIVACY PRACTICES
EFFECTIVE JANUARY 24, 2020

HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED

The following categories describe 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 categories.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company or a third party.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are involved in taking care of you at the facility or the hospital.

For Health Care Operations. We may use and disclose medical information about you for health care operations such as quality improvement efforts. These uses and disclosures are necessary to run the facility and ensure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and education purposes.

WHO WILL FOLLOW THIS NOTICE. Any health care professional authorized to enter information into your medical chart including all facility doctors, nurses and personnel will abide by this notice.

POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION. We create a record of the care and services you receive at the facility. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel or by your doctor. The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for public health-related benefits and services; to individuals involved in your care or payment for your care; research; and to avert a serious threat to health or safety. Other uses and disclosures of your personal information could include disclosure to, or for: medical examiners; law enforcement; lawsuits and disputes; military and veterans; national security; public health risks; and worker's compensation.

NOTICE OF INDIVIDUAL RIGHTS

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

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" listing the disclosures we have made of medical information about you.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the Administrator and you must provide a reason that supports your request. We may deny your request for an amendment.

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care.

Right to a Paper Copy of this Notice. You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way. You must make your request in writing and you must specify how or where you wish to be contacted.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Administrator.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. ***You will not be penalized for filing a complaint.***

COMPLAINTS AGAINST THE ASC:

Healthcare Facility Regulation Division
Department of Community Health
Attn: Complaints Unit
2 Peachtree Street, N.W., Suite 31-447
Atlanta, Georgia 30303-3142

P: (800) 878-6442

ONLINE:
https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation/facility-licensure/hfr-file-complaint

AAAHC

P: (847) 853-6060
F: (847) 853-9028

E-mail: info@AAAHC.org

ONLINE FORM:
https://www.aaahc.org/uploads/2021/03/Complaint-Concern-Form-_3.5.21.pdf

COMPLAINTS AGAINST THE PHYSICIAN:

Georgia Composite Medical Board
Enforcement Unit
2 Peachtree Street, N.W., 6th Floor
Atlanta, Georgia 30303

P: (404) 657-6494
F: (404) 463-6333

ONLINE FORM:
https://medicalboard.georgia.gov/how-file-professionals-complaint

COMPLAINTS AGAINST NURSING STAFF:

Professional Licensing Boards Division
Georgia Board of Nursing
3920 Arkwright Rd. Suite 195
Macon, Georgia 31210
P: (404)424-9966

ONLINE FORM:
https://goals.sos.ga.gov/GASOSOneStop/s/submit-complaint

ISSUES REGARDING MEDICARE:
https://www.medicare.gov/providers-services/claims-appeals-complaints/complaints

or call 1-800-MEDICARE

CHANGES TO THIS NOTICE. We reserve the right to change this notice. A copy of the current notice will be posted in the waiting room.

If you have any questions about this notice or need further information, please contact: Stephanie Tice, Administrator at (770) 536-4352.