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## Privacy Policies

It is the policy of our practice that all healthcare professionals and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its healthcare professionals and staff have the necessary medical and other protected health information to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide personal information to our practice and its healthcare professionals and staff for purposes of treatment, payment, and healthcare operations (fPO). To that end, our practice and its healthcare professionals and staff will:

1. Adhere to the standards set forth in the Notice of Privacy Practice.
2. Collect, use and disclose PHI only in conformance with state and federal laws and current patient authorizations, as appropriate. Our practice and its healthcare professionals and staff will not use or disclose PHI for uses outside of the practice's TPO, such as market, employment, etc, without obtaining a signed authorization from the patient.
3. Use and disclose PHI to remind patients of their appointments only within their agreed upon methods of communication.
4. Recognize that PHI collected about patients must be accurate, timely, complete and available when needed. Our practice and its healthcare professionals and staff will implement reasonable measures to protect the integrity of all PHI maintained about patients.
5. Recognize that patients have a right to privacy. Our practice and its healthcare professionals and staff respect the patient's individual dignity at all times. Our practice and its healthcare professionals and staff will respect patient's privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of this facility.
6. Act as responsible information steward and treat all PHI as sensitive and confidential. Consequently, our practice and its healthcare professionals and staff will:
  - a. Treat all PHI as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
  - b. Not disclose PHI unless the patient (or his / her authorized representative) has properly authorized the release, or the release is otherwise authorized by law.
7. Recognize that, although our practice "owns" the medical record, the patient has a right to inspect and obtain a copy of his / her PHI. In addition, a patient has a right to request an amendment to his / her medical record if he/she believes his/her information is inaccurate or incomplete. Our practice and its healthcare professionals and staff will:

- a. Permit patients access to their medical records when their written requests are approved by our practice. If we deny their request, then we must inform the patient that he / she may request a review of our denial. In such cases, we will have an on-site healthcare professional review the patient's appeal.
  - b. Provide patients an opportunity to request the correction of inaccurate or incomplete PHI in their medical records in accordance with the law and professional standards.
8. All healthcare professionals and staff of our practice will maintain a list of all disclosures of PHI for purposes other than TPO for each patient. We will provide this list to patients upon written request.
  9. All healthcare professionals and staff of our practice will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and that have been approved by our practice.
  10. All healthcare professionals and staff of our practice must adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this privacy policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice's personnel policies.
  11. Our practice may amend this privacy policy in the future. Any changes will be effective upon the release of a revised privacy policy.

*Effective Date: January 1, 2022*

### **Acknowledgement of Receipt of Notice**

By signing this form, I acknowledge that I have been provided with the above practice's Notice of Privacy Practices to review, and informed that I may keep a copy for reference or obtain a copy for reference or obtain a copy upon request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient
- Beneficiary or personal representative of deceased patient

Name of Patient: \_\_\_\_\_

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#### **For Office Use Only**

Signed form received by: \_\_\_\_\_

Acknowledgment refused:

Efforts to obtain: \_\_\_\_\_

\_\_\_\_\_

Reason for refusal: \_\_\_\_\_

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