LENOX MEDICAL CLINIC

3042 Oakcliff Rd, Ste 200 | Doraville, GA 30340

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Sudha Challa, MD

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective Date: [INSERT EFFECTIVE DATE]

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

Lenox Medical Clinic is dedicated to protecting the privacy of your medical information. We create and maintain records of the care and services you receive in order to provide quality care and comply with legal requirements. We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this notice of our legal duties and privacy practices
- Follow the terms of the notice currently in effect
- Notify you in the event of a breach involving your unsecured PHI

WHO IS COVERED BY THIS NOTICE

This notice applies to Lenox Medical Clinic and all of its healthcare providers, employees, staff, volunteers, and contracted individuals or entities who provide services at or for our practice. All members of our team are required to follow the privacy practices described in this notice.

CHANGES TO THIS NOTICE

We reserve the right to revise or amend this Notice of Privacy Practices at any time. Any revision will be effective for all medical information we create or maintain, including information created before the revision. The current version of this notice is always available at our front desk and on our website at lenoxmedicalclinic.com.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Uses and Disclosures That Do NOT Require Your Written Authorization:

1. For Treatment — We may use and disclose your health information to provide, coordinate, and manage your healthcare. For example, your provider may share your information with a specialist to whom you are referred.

2. For Payment — We may use and disclose your health information to bill and receive payment for services. For example, we may submit information to your insurance company to process a claim.

3. For Healthcare Operations — We may use and disclose your health information to support the operations of our practice, including quality improvement, staff training, or compliance activities.

4. Appointment Reminders and Health Communications — We may contact you to remind you of upcoming appointments or share health-related communications that may be of interest to you.

5. Disclosures to Family and Caregivers — We may share relevant health information with family members or caregivers involved in your care, unless you object, or as permitted in emergencies.

6. As Required by Law — We will use or disclose your health information when required by applicable federal, state, or local law.

7. Public Health Activities — We may disclose your information to public health authorities for disease reporting, injury surveillance, or communicable disease notification.

8. Health Oversight Activities — We may disclose your information to health oversight agencies for audits, investigations, inspections, and licensing.

9. Judicial and Administrative Proceedings — We may disclose your information in response to a valid court order, subpoena, or other lawful process.

10. Law Enforcement — We may disclose health information to law enforcement officials in limited circumstances permitted by law.

11. Serious Threats to Health or Safety — We may use or disclose your information if necessary to prevent a serious and imminent threat to health or safety.

12. Workers' Compensation — We may disclose your information as necessary to comply with workers' compensation laws and programs.

13. Coroners, Medical Examiners, and Funeral Directors — We may disclose health information to a coroner or medical examiner to identify a deceased person or determine cause of death.

14. Organ and Tissue Donation — We may share health information with organizations involved in organ or tissue procurement or transplantation.

15. Research — Under certain circumstances and with appropriate approval, we may use or disclose health information for research purposes.

16. Business Associates — We may share your information with third-party business associates who perform services on our behalf. We require all business associates to protect your information through written agreements.

Highly Confidential Information:

Certain categories of health information receive additional legal protections under Georgia and federal law. Before sharing any of the following types of information for purposes beyond treatment, payment, or healthcare operations, we are required to obtain your specific written authorization:

- Psychotherapy notes
- Mental health and developmental disability records
- Alcohol and substance abuse treatment information
- HIV/AIDS testing, diagnosis, or treatment information
- Sexually transmitted disease information
- Genetic testing information
- Child abuse and neglect records
- Domestic violence information
- Sexual assault information
- Information related to in vitro fertilization

Uses and Disclosures That REQUIRE Your Written Authorization:

Any use or disclosure not described in this notice requires your written authorization, including marketing communications, sale of your health information, and most uses of psychotherapy notes. You may revoke a written authorization at any time in writing; revocation will not apply to uses or disclosures already made in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to Request Restrictions — You may request that we limit how we use or disclose your health information. We are not required to agree, except that we must honor a request to restrict disclosure to an insurer for services you have paid for in full out of pocket. Submit requests in writing to: Attn: Privacy Officer, Lenox Medical Clinic, 3042 Oakcliff Rd, Ste 200, Doraville, GA 30340.

2. Right to Request Confidential Communications — You have the right to ask that we communicate with you in a specific way or at a specific location. We will honor reasonable requests.

3. Right to Access and Copy Your Health Information — You have the right to inspect and obtain a copy of your medical and billing records. Requests must be submitted in writing. We may deny access in certain limited circumstances.

4. Right to Amend Your Health Information — If you believe your health information is incorrect or incomplete, you may request an amendment in writing. We may deny the request under certain circumstances and will explain any denial.

5. Right to an Accounting of Disclosures — You have the right to request a list of disclosures we have made for purposes other than treatment, payment, and operations during the past six (6) years. We will provide the first accounting per year at no charge.

6. Right to a Paper Copy of This Notice — You may request a paper copy of this notice at any time. Copies are available at our front desk.

7. Right to Be Notified of a Breach — You have the right to receive notification if a breach of your unsecured PHI occurs.

8. Right to File a Complaint — If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) at www.hhs.gov/ocr/privacy/hipaa/complaints or 1-800-368-1019. We will not retaliate against you for filing a complaint. To file a complaint with our office, write to: Attn: Privacy Officer, Lenox Medical Clinic, 3042 Oakcliff Rd, Ste 200, Doraville, GA 30340.

CONTACT INFORMATION

If you have questions about this notice or your privacy rights, please contact:

Attn: Privacy Officer

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This Notice of Privacy Practices is effective as of [INSERT EFFECTIVE DATE].