



## Notice Of Privacy Practices

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

This Joint Notice of Privacy Practices describes the privacy practices of Digestive Healthcare of Georgia, P.C., (DHC) including its Clinics, Ambulatory Surgical Centers including the Summit Endoscopy Centers, Billing Office, Physicians, other licensed Practice Providers, and workforce members. DHC is required by law to protect your medical information and to provide you with this notice, which describes how we may use and disclose information about you that may contain Protected Health Information (PHI). This notice also explains your rights regarding your PHI.

### Privacy Obligations

Each DHC location is required by law to maintain the privacy of PHI and to provide you with this Notice of legal duties and privacy practices with respect to your PHI. The Practice uses computerized systems that may subject your PHI to electronic disclosure for purposes of treatment, payment and/or health care operations as described below. When the Practice uses or discloses your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

**Data Breach Notification Purposes.** DHC may use your contact information to provide you with legally required notices of unauthorized acquisition, access, or disclosures of your PHI.

### PERMISSABLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION.

In certain situations, your written authorization must be obtained in order to use and/or disclose your PHI. However, the Practice and its Providers do not need any type of authorization from you for the following uses and disclosures:

**Uses and Disclosures for Treatment, Payment and Health Care Operations.** Your PHI may be used and disclosed to treat you, obtain payment for services provided to you and conduct "health care operations" as detailed below:

**Treatment.** Your PHI may be used and disclosed to provide treatment and other services to you. For example, to diagnose and treat your injury or illness. In addition, the Practice may contact you to provide appointment reminders or information about treatment or other health-related benefits and services that may be of interest to you. Your PHI may also be disclosed to other providers involved in your treatment. For example, a doctor treating you for a Cardiac issue may need to know if you have a GI related illness, because if you do, this may impact your care and recovery.

**Payment.** Your PHI may be used and disclosed to obtain payment for services provided to you. For example, disclosures to claim and obtain payment from your health insurer or other company that pays the cost of some or all of your health care ("Your Payor") and to verify that Your Payor will pay for health care. The Provider processing your biopsies from an endoscopic procedure may need to bill you or Your Payor for processing and interpreting the results of your biopsy. Therefore, your billing information may be shared with the Provider who processes your biopsy and reports those results to DHC.

**Health Care Operations.** Your PHI may be used and disclosed for health care operations, which include internal administration, planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses and other health care workers. PHI may be disclosed to the Privacy and Security Officers in order to resolve any complaints you may have. Your PHI may be provided to various governmental or accreditation entities such as the Accreditation Association for Ambulatory Health Care (AAAHC) to maintain our license and accreditation.

**Access by Non-DHC Individuals:** Your PHI may be used or disclosed for the purpose of allowing students, residents, nurses, physicians and others who are interested in healthcare, pursuing careers in the medical field or desire an opportunity for an educational experience to tour, shadow employees and/or Providers or engage in a clinical Practicum.

**Business Associates.** DHC may disclose your PHI to business associates that perform specialized services through our electronic health record for treatment, payment or healthcare operations. Our business associates are required to protect your PHI and are not allowed to disclose any information other than is specified in our contract.

**Health Information Exchanges (HIE).** DHC may make your PHI available electronically through our EPIC electronic health record (EHR) and state, regional or national information exchange services as permitted by law. Exchange of PHI can provide faster access, better coordination of care and assist providers and public health officials in making more

informed treatment decisions. The providers and public health officials must have authorized access to the HIE if connected thru the EPIC network. To opt out, you will need to submit a written request to the Practice that will be forwarded to Piedmont Healthcare where shared access to outside covered entities will be deactivated if not employed or affiliated directly with Piedmont.

**Use or Disclosure for Directory of Individuals Treated by the Practice.** We do not maintain a Practice directory. Therefore, Providers and/or Staff are not permitted to disclose your location or presence in the Practice to visitors or callers unless you provide specific written or verbal authorization during your visit.

**Permitted Uses and Disclosures.** DHC Providers are permitted to use or disclose your PHI for the following purposes, under limited circumstances.

**Disclosure to Relatives, Close Friends and Other Caregivers.** Your PHI may be disclosed to a family member, other relative, caregiver, close friend or any other person identified by you who is involved in your health care or helps pay for your care. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Practice and Providers may exercise professional judgment to determine whether a disclosure is in your best interest. If information is disclosed to a family member, other relative or a close friend, the Practice and Providers would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

**Public Health Activities.** Your PHI may be disclosed for the following public health activities: (1) reporting health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration (FDA); (3) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (4) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

**As Required by Law.** Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories; such as required by the FDA, to monitor the safety of a medical device.

**Research.** Your PHI may be used or disclosed without your consent or authorization if an Institutional Review Board (IRB) approves a waiver of authorization for disclosure.

**Victims of Abuse, Neglect or Domestic Violence.** Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect or domestic violence.

**Judicial and Administrative Proceedings.** Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement Purposes.** Your PHI may be disclosed to a law enforcement official as required/permitted by law or in compliance with a court order, grand jury or administrative subpoena. For example, your PHI may be disclosed to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime at the Practice.

**Correctional Institution.** Your PHI may be disclosed to a correctional institution if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.

**Organ and Tissue Procurement.** Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**Health or Safety or in Disaster Relief Efforts.** Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety. We may also disclose information about you to an organization assisting in disaster relief efforts so that your family can be notified about your location, condition or status.

**U.S. Military.** Your PHI may be used or disclosed to U. S. Military Commanders for assuring proper execution of the military mission. Military command authorities receiving PHI are not covered entities subject to the HIPAA Privacy Rule, but they are subject to the Privacy Act of 1974 and DoD 5400.11-R, "DoD Privacy Program," May 14, 2007.

**Other Specialized Government Functions.** Your PHI may be disclosed to units of the government with special functions, such as the Secret Service, NSA, or the U.S. Department of State under certain circumstances to protect the country, the President or foreign heads of state.

**Workers' Compensation.** Your PHI may be disclosed as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

**Decedents.** We may disclose PHI to coroners, medical examiners and funeral home directors for the purposes of identifying the decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**Appointment Reminders, Follow Up Care and Treatment.** Your PHI may be used to tell or remind you about appointments, recommended follow up care or treatment that may be useful to you. We may contact you via MyChart if you have registered and are active in the system. We may contact you by email when your email address has been provided to us. Email communications are not necessarily secure when they are not encrypted. Therefore, if you do not want us to communicate with you by email, you may opt out.

**Fundraising.** Your PHI may be used to contact you as a part of fundraising efforts, unless you elect not to receive this type of information.

**Health Oversight Activities.** Your PHI may be disclosed to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

**Special Legal Protections for Health Information related to Substance and Alcohol Use Disorders.** PHI related to substance use disorder (SUD) is protect by federal law under 42 CFR Par 2. This law provides extra confidentiality protections and requires separate consent for the use and disclosure of SUD information or counseling notes. 42 CFR Part 2 allows patients to sign a single consent form for all future uses and disclosures for SUD treatment, payment and other healthcare operations. Disclosure of these records requires your explicit written consent, except in limited circumstances. You may revoke this consent at any time. Exceptions Include:

- Medical Emergencies. Only to the extent needed to treat your emergency.
- Reporting that a crime occurred on the premises.
- Child Abuse Reporting.
- The new rule expands prohibitions on the use of Part 2 records in civil, criminal administrative or legislative proceedings conducted against a patient unless the patient provides consent, or a court order is issued.
- A separate consent is required and must specifically address the use and disclosure of SUD treatment notes. Consent cannot be combined.

#### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

**Use or Disclosure with Your Authorization.** For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form (“Your Authorization”). For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing you or another party in litigation in which you are involved. You may revoke your authorization at any time; however, the revocation will not be applicable to disclosures that have already occurred.

**Marketing.** Your written authorization (“Your Marketing Authorization”) also must be obtained prior to using your PHI to send you any marketing materials. However, marketing materials can be provided to you in a face-to-face encounter without obtaining Your Marketing Authorization. Practice Providers are also permitted to give you a promotional gift of nominal value, if they so choose, without obtaining Your Marketing Authorization.

**Sale of PHI.** The Practice and Providers will not disclose your PHI without your authorization in exchange for direct or indirect payment except in limited circumstances permitted by law. These circumstances include public health activities; research; treatment of the individual; sale, transfer, merger or consolidation of the Practice; services provided by a business associate, pursuant to a business associate agreement; providing an individual with a copy of their PHI; and other purposes deemed necessary and appropriate by the U.S. Department of Health and Human Services (HHS).

**Uses and Disclosures of Your Highly Confidential Information.** In addition, federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including the subset of your PHI that is about: (1) psychotherapy care; (2) mental illness, mental and developmental disabilities; (3) alcohol or drug abuse or addiction; (4) HIV/AIDS testing, diagnosis or treatment; (5) communicable disease(s), including venereal disease(s); (6) genetic testing; (7) child abuse and neglect; (8) domestic abuse of an adult; or (9) sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Right to Receive Confidential Communications.** You may request, and the Practice will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

**Request Additional Restrictions.** You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional

restrictions will be carefully considered, the Practice and Providers are not required to agree to these requested restrictions.

You may also request to restrict disclosures of your PHI to your health plan for payment and healthcare operations purposes (and not for treatment) if the disclosure pertains to a healthcare item or service for which you paid out-of-pocket in full. The Practice and Providers must agree to abide by the restriction to your health plan EXCEPT when the disclosure is required by law. If you wish to request additional restrictions, please obtain a request form from the Practice during your visit or you may contact the Privacy Officer identified below. You should submit the completed form to the Privacy Officer. A written response will be sent to you.

**Revoke Your Authorization.** You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your PHI, except to the extent that the Practice and Providers have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer.

**Inspect and Copy Your Health Information.** You may request access to your medical record and billing records maintained by the Practice in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portion of your records. If you desire to access or inspect your records, please obtain a record request form from the Practice and submit the completed form to the Privacy Officer. If you request copies of paper records, you may be charged in accordance with federal and state law. You also will be charged for postage costs, if you request that the copies be mailed to you. However, you will not be charged for copies requested in order to make or complete an application for a federal or state disability benefits program.

**Right to Amend Your Records.** You have the right to request that PHI maintained in your medical record file or billing records be amended. If you desire to amend your records, you may obtain an amendment request form from the Privacy Officer. Please submit the completed form to the Privacy Officer. Your request will be accommodated unless the Practice and Providers believe that the information you request to be amended is accurate and complete or other special circumstances apply.

**Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request provided such period does not exceed six years from the date of your request. If you request an accounting more than once during a twelve (12) month period, you may be charged for the accounting statement.

**Right to Receive Paper Copy of this Notice.** Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

**For Further Information or Complaints.** If you desire further information about your privacy rights, are concerned that your privacy rights were violated or disagree with a decision made about access to your PHI, you may contact the Privacy Officer identified below. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. The Practice and Providers will not retaliate against you if you file a complaint with the Privacy Officer of DHC or the Director of OCR.

**Right to Change Terms of this Notice.** The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that the Practice maintains, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas around the Practice locations and on our Internet site at [www.digestivehealthcare.net](http://www.digestivehealthcare.net) . You also may obtain any new notice by contacting the Privacy Officer noted below.

**Digestive Healthcare of Georgia, P.C.:**

Tracy Lynn Smith, EdD, NCMA

Privacy Officer

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*This Notice is effective: **February 6, 2026***