NOTICE ON PRIVACY OF HEALTH INFORMATION PRACTICES
YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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**.

You have a right to a copy of this notice in paper or electronic form and to discuss it with the privacy office at 404-355-0743 or privacy@pocatlanta.com, if you have any questions.

PROTECTING YOUR PRIVACY - *PEACHTREE ORTHOPAEDIC CLINIC, P.A.* (Peachtree Orthopedics) understands how important and private your health information is. This notice applies to all Peachtree Orthopedics locations and covers all of our doctors, surgeons, physical therapists, and other team members. No matter which office you visit, we protect your information the same way and keep it safe. We use your health information only as allowed by federal and state laws.

This notice is also available in Spanish.
Para obtener una copia en español, comuníquese con nuestra Oficina de Privacidad.

YOUR RIGHTS - When it comes to your health information, you have certain rights. This section explains those rights and what we must do when you use them. If you have questions, please contact our privacy officer.

RECEIVE A COPY OF YOUR MEDICAL RECORD

You have the right to see and get a copy of your medical record.

- You can ask for a digital or paper copy of your medical record.
- You can use our patient portal to look at your health information, download it, or send it to someone else.
- We will provide electronic access at no cost, without delay.
- If you ask for a paper copy, we will send it within 30 days of your request. We may charge a reasonable, costbased fee.
- You may also ask us to send your record to another person or organization, including through secure electronic means when available
- For help with medical records, contact our Medical Records office at 4044251104 or
- medrecrequest@pocatlanta.com.

ASK US TO CORRECT YOUR MEDICAL RECORD

- If you think something in your record is wrong or missing, you can ask us to fix it.
- We may say “no” to your request, but if we do, we will tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way.
- For example, you may ask us to call a certain phone number or send mail to a different address.
- We will say “yes” to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information.
- You may ask us not to use or share your information for treatment, payment, or operations.
- We may say “no” if the limit would affect your care.
- If you pay for a service in full, you can ask us not to share that information with your health insurance. We will say “yes” unless the law requires us to share it.

REQUEST A LIST OF WHO WE HAVE SHARED YOUR INFORMATION WITH

You have the right to know who we shared your information with and why.

- You can ask for a list of the times we shared your information during the past six years.
- This list does not include sharing for treatment, payment, or running our office.
- You can get one free list every 12 months. If you ask for more, we may charge a small fee.

GET A COPY OF THIS PRIVACY NOTICE

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically.

CHOOSE SOMEONE TO ACT FOR YOU

- If someone is legally allowed to act for you, such as a guardian or someone with medical power of attorney, they can make choices about your health information.
- We will confirm they have this authority before we share your information

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS WERE VIOLATED

- You can file a complaint if you think your privacy rights have been violated.
- Contact our Privacy Office at 404-355-0743 or privacy@pocatlanta.com.
- You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:
- Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201
- Phone: 1-877-696-6775
- Website: www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for making a complaint.

YOUR CHOICES - For certain health information, you can tell us what you want us to share. If you have a clear preference, let us know and we'll follow your instructions.

PEOPLE INVOLVED IN YOUR CARE

You can choose if we:

- Share information with your family, friends, or others who help with your care
- Share information in an emergency or disaster
- If you cannot tell us your wishes (for example, if you are unconscious), we may share your information if we believe it is best for your care or to help keep you or others safe

APPOINTMENT REMINDERS

- We may remind you about an upcoming appointment.
- You can choose how we contact you.

FUNDRAISING

- We may contact you to ask for support with fundraising.
- If you do not want fundraising messages, tell us. We will respect your choice, and it will not affect your care.

USES AND SHARING THAT REQUIRE YOUR WRITTEN PERMISSION

- We will never use or share your information for these purposes unless you give us written permission:
- Marketing
- Selling your information
- Sharing psychotherapy notes
- Note: We do not create or keep psychotherapy notes as defined by HIPAA.

OUR USES AND DISCLOSURES - How we use and share your information. We usually use or share your health information in these ways:

TREATMENT

- We use your health information and share it with health care professionals who are taking care of you.
- Example: A doctor may need to review your medical history before treating you.

OPERATIONS

- We use your information to run our practice, improve our services, and contact you when needed.
- Example: We may share your information to review how our doctors and nurses are doing or to help with quality improvement.

PAYMENT

- We use your information to send bills and get paid by your health plan or other payers.
- Example: We may send your health information to your insurance company so they can pay for your care or approve future treatments.

OTHER WAYS WE MAY USE OR SHARE YOUR INFORMATION - We may also share your health information when the law allows or requires it. These situations are explained below. We follow the law and only share when certain rules are met. For more information: www.Hhs.Gov/ocr/privacy/hipaa/understanding/consumers/index.Html.

SHARE INFORMATION THROUGH HEALTH INFORMATION EXCHANGES

- We may share your health information with other doctors or clinics through a secure system. This helps your care team work together.
- If you do not want your information shared automatically, please tell us. If you have questions, you can talk to our Privacy Office.

BUSINESSES THAT SUPPORT OUR SERVICES

- We may work with some companies that help us with our work, like billing or computer support. They may see your health information, but only to do their job.
- They must follow the law and keep your information safe.

HELPING KEEP PEOPLE SAFE

We may share your health information when it helps protect you or others. This includes when we need to:

- Stop the spread of disease
- Fix safety problems with medicines or products
- Report bad reactions to medicine
- Report abuse, neglect, or violence
- Warn others if there is a serious threat or danger

RESEARCH TO IMPROVE CARE

- Sometimes your health information may be used for research that helps improve medical care. This is only allowed when the law says it is okay. A special team reviews every research project first to make sure your privacy is safe.
- We share only what is needed and only when it is protected.

WHEN THE LAW REQUIRES IT

- We must share your health information if the law says we have to. We only share the information needed to follow the law.

IF YOU ARE AN ORGAN DONOR

- If you choose to be an organ or tissue donor, we may share your health information with the groups that handle organ or tissue donation. We only share what is needed.

WHEN SOMEONE PASSES AWAY

- We may share health information with a coroner, medical examiner, or funeral director a patient passes away.

FOLLOW RULES FOR GOVERNMENT AND LAW

Sometimes the law requires us to share your health information with certain government groups. This may happen when:

- Handling workers' compensation claims
- Police or law enforcement request it
- Health agencies check that care is safe and follows the rules
- Needed for military or national security duties

LAWSUITS AND LEGAL REQUESTS

- We may have to share your health information if a court or government agency orders it. If this happens, we share only the smallest amount of information needed to follow the law

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ADDITIONAL PRIVACY PROTECTIONS - Some types of health information have extra privacy protections under federal or state law. When these rules apply, we follow the law that gives your information the strongest protection.

SUBSTANCE USE DISORDER (SUD) RECORDS

- We are not a treatment center for substance use, but we may have SUD information from care received somewhere else. These records are protected by a special federal law (42 CFR Part 2).
- We will not use or share these records unless:
- You give us written permission, or
- A court orders us to, and you have a chance to object.

HIV/AIDS INFORMATION

- Georgia law gives extra protection to HIV information.
- We will not share this information without your written permission, unless the law says we must.

MINOR PRIVACY RIGHTS

- In Georgia, minors can receive certain types of care, like STI testing or pregnancy care, without a parent or guardian.
- This rarely happens in our practice, but if we receive these records from another provider, we may keep that information private as the law allows.

OUR RESPONSIBILITIES

We have duties under the law to protect your health information. Here is what we must do:

- Keep your information private and secure. We are required by law to protect your health information.
- Tell you if something goes wrong. We will let you know right away if a breach happens that may have affected the privacy or security of your information
- Follow the rules in this notice. We must follow the privacy practices described here and give you a copy of this notice.
- Get your written permission for anything not listed here. We will not use or share your information in other ways unless you tell us we can in writing. If you change your mind later, you can take back your permission at any time by telling us in writing.

For more information about privacy rights, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THIS NOTICE We may change this notice at any time. If we make changes, the new notice will apply to all health information we have. We will post the new notice on our website and have paper copies available at our offices. You can ask for a copy at any visit, or we can send you one if you ask. Effective date of this notice: February 16, 2026

CONTACT INFORMATION If you have questions, want to ask for your medical records, or need help with anything in this notice, please contact our Privacy Office at 404-355-0743 or privacy@pocatlanta.com.

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