

HIPAA Notice of Privacy Practices  
Eagles Landing Health

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.

<p><b>Your Rights.</b> When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. Our contact information is listed at the end of this Notice</p>	
<p><b>See or get an electronic or paper copy of your medical record</b></p>	<ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.</li> <li>• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul> <p>However, under Health Insurance Portability and Accountability Act (“HIPAA”), certain exceptions apply. As some examples, you may not see or copy the following records:</p> <ul style="list-style-type: none"> <li>• Psychotherapy notes</li> <li>• Information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding</li> <li>• Protected health information (“PHI”) restricted by law, information that is related to medical research in which you have agreed to participate</li> <li>• Information whose disclosure may result in harm or injury to you or to another person</li> <li>• Information that was obtained under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information</li> </ul> <p>You may also request that we transmit a copy of the health information directly to another person designated by you, if your request is in writing, is signed by you and clearly identifies the designated person and where to send the copy of the health information.</p>
<p><b>Ask us to correct your paper or electronic medical record</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete.</li> <li>• We may say “no” to your request, but we will tell you why in writing within 60 days.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests.</li> </ul>
<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or health care operations by stating in writing the specific restriction requested and to whom you want the restriction to apply.</li> <li>• We are not required to agree to your request (except as stated below for your health insurer for out-of-pocket costs paid in full), and we may say “no” if it would affect your care.</li> </ul>

	<ul style="list-style-type: none"> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li> <li>• We will say “yes” unless a law requires us to share that information. Some exceptions may still apply, such as if you need emergency treatment.</li> </ul>
<b>Get a list of those with whom we have shared information</b>	<ul style="list-style-type: none"> <li>• You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all disclosures except for those about treatment, payment, and health care operations and as otherwise excepted under HIPAA (such as any disclosures you asked us to make).</li> <li>• We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will make sure the person has this authority and can act for you before we take any action, except as otherwise permitted by law.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can contact the Compliance Officer at the information listed at the end of this notice and submit a complaint if you feel we have violated your privacy rights regarding your health information. We will strive to address your concerns.</li> <li>• You can also file a complaint with the U.S. Department of Health and Human Services.</li> <li>• We will not penalize or retaliate against you for filing a complaint.</li> </ul>
<p><b>Your Choices.</b> For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us, and tell us what you want us to do.</p>	
<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> </ul> <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.</p>
<b>In these cases, we never share your information unless you give us written permission:</b>	<p>Other uses and disclosures of your health information not described in this Notice will only be made with your written authorization. For example, unless applicable law otherwise permits, your authorization is required for most uses and disclosures of psychotherapy notes (if applicable), uses and disclosures for marketing purposes as defined by HIPAA, and disclosures that constitute a sale of PHI as defined by HIPAA. You may revoke your written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses or disclosures. It will not affect information disclosed in reliance upon your written authorization that was in effect prior to receiving your written revocation.</p>
<b>Fundraising</b>	<p>We may contact you for fundraising efforts, but you can tell us not to contact you again.</p>

**Our Uses and Disclosures. How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<b>Treat you</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are involved in treating you. Example: a doctor treating you for an injury asks another doctor about your overall health condition.</li> <li>• We may also call you by name in the waiting room when your physician is ready to see you.</li> <li>• We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician.</li> </ul>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our organization, improve your care and contact you when necessary. Example: we use health information about you to manage your treatment and services.</li> <li>• We can also use and share your health information for health care operations, which include but are not limited to care coordination, quality assessments, credentialing, compliance, employee and peer reviews, training, licensing activities, business management, and customer service.</li> <li>• We may use or disclose your protected health information to remind you of your appointment and inform you about treatment alternatives/services that may be useful to you, by text, fax, phone, and email provided by you and to leave voice messages as necessary.</li> <li>• We can also share your protected health information to our business associates including billing, claims processing, collections and others involved in health care operations.</li> </ul>
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities. Example: we give information about you to your health insurance plan so it will pay for your services.</li> </ul>

**Our Uses and Disclosures. How else can we use or share your health information?** We are allowed or required by law to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it.</li> </ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> </ul>

<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner, or funeral director following death of an individual.</li> </ul>
<b>Business Associates</b>	<ul style="list-style-type: none"> <li>• We may use or disclose health information to our Business Associates, which are vendors that help us provide services to you. They have signed written agreements which require them to protect your privacy.</li> </ul>
<b>Personal Representatives</b>	<ul style="list-style-type: none"> <li>• We may use or disclose health information to persons who are authorized by law to make health care decisions for you. We may choose not to treat a person as your personal representative if we have a reasonable belief of abuse, neglect, or endangerment.</li> </ul>
<p><b>Our Responsibilities.</b> We are required by law to maintain the privacy and security of your PHI and to notify affected individuals if a Breach of Unsecured PHI occurs, as defined by HIPAA. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your PHI other than as described here unless you tell us we can in writing. If you change your mind at any time, let us know in writing. If applicable, state law may require additional methods to maintain the privacy of your PHI.</p>	
<p><b>Changes to the Terms of this Notice.</b> We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website.</p>	

If you have any questions about this Notice, the Privacy Rule, or your rights as applied to your individual circumstances, please contact us at:

Eagles Landing Family Practice, LLC  
 dba Eagles Landing Health  
 Attention: Compliance Officer  
 333 Riverwood Parkway, Suite 250  
 Atlanta, GA 30339  
 Telephone: 678-490-0350

Original Effective Date: April 14, 2003

Effective Date of Current Revision: September 20, 2021

