

**Your Rights Under HIPAA (Health Insurance Portability and Accountability Act)** This Notice describes how your medical information may be used, disclosed, and how you can access your information. This notice also outlines your rights under federal law (HIPAA) and includes additional protections provided by Georgia states law. Please review it carefully. [Effective 02/11/2025](#)

**1. Your Rights** You have the following rights regarding your health information:

**Access Your Records:** You can request to see or get a copy of your medical records.

**Request Corrections:** You may ask us to correct your records if you believe they are incomplete or inaccurate.

**Confidential Communications:** You can request that we contact you in a specific way (e.g., phone or email) or send mail to a different address.

**Limit Use & Disclosure:** You may request restrictions on how we use or disclose your information, although we may not be able to fulfill all requests.

**Request an Accounting of Disclosures:** You can ask for a list of certain disclosures of your health information.

**Receive a Copy of This Notice:** A paper or electronic copy of this notice is available upon request.

**2. How We May Use and Disclose Your Health Information** We may use and share your health information for the following purposes:

**Treatment:** Sharing your information with healthcare providers involved in your care.

**Payment:** Using your information to bill and collect payment for services provided.

**Healthcare Operations:** Using your information for business operations, including quality assessment and improvement activities.

**1. Additional Privacy Protections Under Georgia Law** Georgia law provides specific privacy protections beyond federal requirements:

**HIV/AIDS Information:**

Information regarding HIV/AIDS status is considered highly confidential and can only be disclosed with your explicit written consent, except when required by law (e.g., to public health authorities).

**Mental Health Records:**

Mental health records are protected under Georgia law and require your consent for disclosure unless they are needed for emergency treatment, court orders, or other legally authorized reasons.

**Substance Use Disorder Records:**

Information related to substance use disorder treatment is protected under both federal and state law, requiring specific written consent for disclosure.

**Genetic Information:**

Under Georgia law, genetic information cannot be disclosed to third parties (such as insurers or employers) without your explicit consent, except in limited situations allowed by law.

**Minors' Rights:**

Minors in Georgia may consent to certain treatments (e.g., for sexually transmitted infections, pregnancy, and mental health services) without parental consent. In such cases, the minor's privacy is protected, and

**4. Filing Complaints Under Georgia Law**

If you believe your privacy rights have been violated, you can file a complaint with:

**Kate Lyker, Administrator**

Phone: 912-352-3120

Address: 728 E. 67<sup>th</sup> Street

Savannah, GA 31405

**Georgia Department of Community Health:**

Phone: (404) 656-4507

Address: 2 Peachtree Street NW, Atlanta,

GA 30303 Website: <https://dch.georgia.gov>

**Office for Civil Rights:**

U.S. Department of Health and Human Services.

Website: <https://www.hhs.gov/ocr>

**Legal Requirements:** Disclosing your information when required by law, including public health and safety issues.

**Law Enforcement:** Sharing your information in response to court orders, subpoenas, or law enforcement requests.

**Research:** Using your information for research purposes with your consent or as allowed by law.

**Marketing & Fundraising:** Using your information for marketing or fundraising purposes only with your explicit authorization.

**3. Your Choices** In certain situations, you have additional choices about how we use and share your information:

**Marketing & Sale of Information:** We will only share your information for marketing or sell your information with your written permission.

**Psychotherapy Notes:** Use and disclosure of psychotherapy notes require your authorization.

**4. Our Responsibilities** We are required to:

Maintain the privacy and security of your health information.

Provide you with this notice of our legal duties and privacy practices. Notify you in the event of a breach that may compromise the privacy or security of your information.

Follow the duties and privacy practices described in this notice and offer you a copy of it.

parents may not have access to these records without the minor's permission.

**2. How We May Use and Disclose Your Information Under Georgia Law** In addition to the federal guidelines outlined in this notice, Georgia law permits or restricts the use of your health information as follows:

**Public Health Reporting:**

We may disclose information for public health activities, including reporting communicable diseases, but only as required by Georgia law.

**Court Orders and Legal Proceedings:**

Your health information may be disclosed in response to a court order, but we will make every effort to protect your privacy and inform you of the disclosure if possible.

**Law Enforcement Disclosures:**

Disclosure to law enforcement is limited to specific situations allowed by Georgia law, such as reporting certain injuries or complying with legal processes.

**3. Breach Notification**

Georgia law requires that you be notified if your personal information, including health information, is compromised in a security breach. This notification will include details of the breach and steps you can take to protect yourself.