



Notice of Privacy Practices

This notice describes how we may use and share your health information and explains your rights.

Please review it carefully.

Our Commitment to Your Privacy

Atlanta Care Center is committed to protecting your privacy. We create and maintain records about your care and services you receive, and we are required by law to keep your health information private and secure. We will:

- Protect your health information
- Tell you how we may use and share it
- Follow the terms of this notice

How We May Use and Share Your Information

We may use and share your health information in the following ways:

For Your Care (Treatment)

We use your information to provide care and services to you.

To Run Our Organization (Operations)

We may use or share your information to run our organization and improve services.

To Contact You

We may use your information to contact you for:

- Appointment reminders
- Follow-up communication
- Information about services that may benefit you

Uses and Disclosures Required or Allowed by Law

We are required or allowed to share your information in certain situations—usually for public health or safety. We will only share your information when permitted or required by law. We may share your information:

- When required by state or federal law
- For public health and safety, including:
 - Reporting abuse, neglect, or domestic violence
 - Preventing or controlling disease
 - Helping with product recalls
 - Preventing or reducing a serious threat to anyone's health or safety
- For legal matters, including:
 - Court orders
 - Subpoenas or other legal processes
- For health oversight activities, such as:
 - Audits
 - Inspections
 - Accreditation
- For law enforcement purposes



Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference, let us know and we will follow your instructions.

In these cases, you can tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preferences (for example, if you are unconscious), we may share your information if we believe it is in your best interest.

In these cases, we will not share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Any use not described in this notice

You may cancel your authorization at any time in writing.

Your Rights

You have the following rights regarding your health information:

Get a copy of your records

You can ask to see or get an electronic or paper copy of your health information. We will provide a copy or a summary of your health information, typically within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your information

You can ask us to fix information you believe is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, by phone only or at a certain address). We will say “yes” to all reasonable requests.

Ask us to limit how we use or share your information

You can ask us not to use or share certain health information for treatment or our operations. We are not required to agree, and we may say “no”, for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared your information

You can ask for a list of the times we shared your information for six years prior to the date you ask, who we shared it with, and why. We will include all the times except for those about treatment, operations and certain other situations, such as when you’ve asked us to share it. We’ll provide the list for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a paper copy of this notice

You can request a copy at any time, even if you have agreed to receive the notice electronically. We will provide it promptly.



Choose someone to act for you

If someone has legal authority to act for you, such as a personal representative or legal guardian, that person may exercise your rights and make choices about your health information, as allowed by law. We will verify their authority before taking any action.

File a complaint

You can file a complaint if you believe your privacy rights were violated by contacting us using the information below or by contacting the U.S. Department of Health and Human Services Office for Civil Rights by visiting <https://www.hhs.gov/hipaa/filing-a-complaint>. We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your information.
- Notify you if a breach occurs that may have compromised the privacy or security of your information.
- Follow the privacy practices in this notice and give you a copy of it.

We may update this notice at any time. Updated versions will apply to all information we have about you and will be available upon request, in our office, and on our website.

Our Contact Information

If you have questions or want to exercise your rights, contact:

Atlanta Care Center
1801 Peachtree St. NE, Suite 225
Atlanta, GA 30309
Phone: (404)-870-0788
Fax: (404)-870-0787
help@atlantacare.com