

# Notice of Privacy

## Practices



Genesis Birth Concepts Inc.

2788 Bayard Street

Suite 100

East Point, Georgia 30344

Effective Date: June 20, 2024

Dear Patient,

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

### OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive at our practice, as well as records regarding payment for those services. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our medical practice.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and our obligations regarding the use and disclosure of medical information.

HIPAA (Health Insurance Portability and Accountability Act) requires us to make sure that medical information which identifies you is kept private; and that we give you this notice of our privacy practices with respect to medical information about you.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. All of the way that we are permitted to use and disclose information will fall within one of the below categories.

#### FOR TREATMENT

We may use health information about you to provide you with the medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you. Our practice also may share information about you in order to coordinate the different things you need, such as prescriptions and lab work.

404.291.8028

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### FOR PAYMENT

We may use and disclose health information about you so the treatment and services you receive at our practice may be billed, and that payment may be collected from you, an insurance company, or another third party. We may need to disclose some of your health information about services you received at our practice so that your health plan will pay us for the services.

### FOR HEALTH CARE OPERATIONS

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our practice and make sure all patients receive quality care. For example, we may use medical information to review our treatment and services to evaluate the performance of our staff in caring for you.

We may use a sign-in sheet at the registration desk, and we may call you by name in the waiting room. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We will share your protected health information with business associates that perform various activities (e.g. billing, transcription services) for the practice. Whatever an arrangement between our office and a business associate involves the use and disclosure of your information, we will have a contract in place to protect your privacy.

### INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who help pay for your care. We may also tell your family and/or friends about your condition.

### AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state, or local law.

### TO AVERT A SERIOUS THREAT TO HEALTH & SAFETY

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be only to the appropriate authority or official able to prevent the threat.

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### RIGHT TO AN ACCOUNTING DISCLOSURE

This right applies to disclosures for purposes other than treatment, payment, or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Practice Privacy Officer. Your request must state a time period, which may not include dates before June 20, 2024. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

### RIGHT TO REQUEST RESTRICTIONS

You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care purposes. You may also request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Practice Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; (3) to whom you want the limits to apply.

### RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION

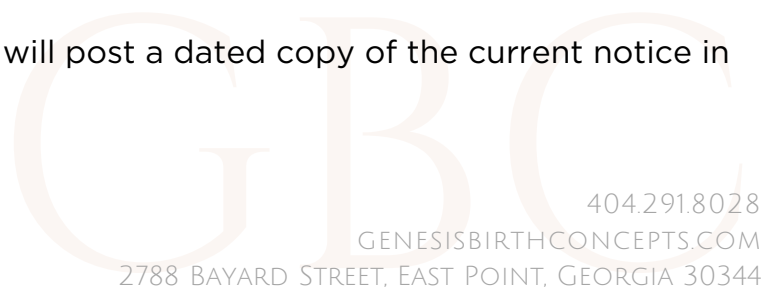
You may have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests.

### RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

### CHANGE TO THIS NOTICE

We reserve the right to change this notice. We will post a dated copy of the current notice in our practice.



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### NATIONAL SECURITY & INTELLIGENCE ACTIVITIES

We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law

### INMATES

If you are an inmate of a correctional institution, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary to provide you with health care and to protect your health and safety of the health and safety of others.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

#### RIGHT TO INSPECT & COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records but does not include psychotherapy notes.

You must submit your request in writing to the Practice Privacy Officer, Vitoria Scruggs (victoria@genesisbirthconcepts or 404.291.8028). If you request a copy of the information, we may charge a fee for the costs of copying, mailing, and handling.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

#### RIGHT TO AMMEND

If you feel that the medica information that we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the Practice Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us or that which we deem accurate and complete.

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### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Victoria Scruggs, the Privacy Officer, at 404.291.8028 or [victoria@genesisbirthconcepts.com](mailto:victoria@genesisbirthconcepts.com). All complaints must be submitted in writing.

You will not be penalized in any way for filing a complaint.

### OTHER USES OF MEDICAL RECORDS

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission, which may be revoked in writing at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided you.



# Notice of Privacy Practices Acknowledgement

I understand my health information is private and confidential. Genesis Birth Concepts makes continuing efforts to protect the privacy and confidentiality of my personal health information.

I understand that GBC may use and disclose my personal health information to provide health care, to handle billing and payment, and to take care of other health care operations. (There will be no other disclosures of this information unless I specifically permit it. I understand that rarely the law may require the release of information without my permission.)

Genesis Birth Concepts has a detailed policy called the “Notices of Privacy Practices”. It contains information about protecting my privacy. This “Notices of Privacy Practices” may be updated as needed and a copy will be available upon request. I will assist GBC by following office procedures (written request, reasonable time for completion and copying charges where indicated) If I choose to exercise any of my rights described in the “Notices of Privacy Practices”. These rights include access, permission for release, records of disclosures, and communication by the available method of my choice.

My signature below indicates that I have read and may request a current copy of Genesis Birth Concept’s “Notices of Privacy Practices”.

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Patient or Guardian Signature

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Date

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Printed Name of Patient

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Relationship to Patient if Signed by Anyone  
Other Than the Patient