



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review this notice carefully.

A. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your protected health information (“PHI”). In conducting our business, we will create records using a secure electronic health record system regarding you and the treatment and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we implement in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may *use and disclose* your PHI.
- Your *privacy rights* regarding your PHI.
- *Our obligations* concerning the use and disclosure of your PHI.

The terms of this Notice of Privacy Practices (“Notice”) apply to all records containing your PHI created or retained by our practice. We reserve the right to revise or amend both our privacy practices and this Notice. If we change our privacy practices, we will provide you a copy of the revised Notice upon your next visit. Further, any revision or amendment to this Notice will be effective for all your records that our practice created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will always have posted our current Notice in our offices in a visible location and on our website. You may request a copy of our current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Attn: Shukri Makhoulf, M.D., Privacy Officer
Sugarloaf Medical P.C.
1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024
Telephone: (770) 831-3018; Facsimile: (770) 831-3669

C. We may use and disclose your protected health information (PHI) in the following ways:

1. Treatment.

Our practice may use your PHI to treat you. *For example*, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you.

Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Our practice often accesses hospital records directly from hospitals when needed for the treatment of our patients. We may also disclose your PHI to other health care providers for purposes related to your treatment.

During our onboarding process, we ask patients to provide the name and contact information for a person with whom we may discuss your medical information to coordinate and ensure your treatment. We may disclose and discuss your PHI with others who may assist in your care and you designated in your onboarding as an acceptable contact to share your PHI with. For example: your spouse/partner, children, parents, or any other individual identified by you.

2. Payment.

Our practice may use and disclose your PHI in order to bill and collect payment for the services and/or devices you may receive or lease from us. For example, we may contact your health insurer to certify what benefits you are eligible for. Therefore, we may provide your insurer with details regarding your treatment to determine what degree your insurer will cover or pay for your treatment.

We may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs (*for example*: legal guardians). We may use your PHI to bill you directly for services and items, including through use of a billing company or collection agency, as necessary.

We may disclose your PHI to other health care providers and entities in order to assist in their billing and collection efforts. *For example*: when ordering diagnostic services, we may disclose your PHI to the diagnostic facility to assist the facility in properly billing your insurance company.

3. Health Care Operations.

Our practice may use and disclose your PHI to operate our business. *For example*, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. Also, we may disclose your PHI to other health care providers and entities to assist in their health care operations.

4. Appointment Reminders.

Our practice may use and disclose your PHI to contact you for matters related to your healthcare (*for example*: to remind you of an appointment).

5. Treatment Options.

Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services.

Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends.

Our practice may reasonably disclose your PHI to a friend or family member that is involved in or who assists in your care, if you agree to the disclosure or if you fail to object when given the opportunity. *For example*, our practice may give PHI regarding a patient's mobility limitations to a friend driving the patient home from our office. If you are unavailable or unable to object, we will use our best judgement to decide if the disclosure is in your best interests.

8. Disclosures Required By Law.

Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

D. Use and disclosure of your PHI in certain special circumstances.

The following categories describe unique scenarios in which we may use or disclose your PHI:

1. Public Health Risks.

Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for purposes such as:

- maintaining vital records, such as births and deaths;
- reporting child abuse or neglect;
- preventing or controlling disease, injury or disability;
- notifying a person regarding potential exposure to a communicable disease;
- notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- reporting reactions to drugs or problems with products or devices;
- notifying individuals if a product or device they may be using has been recalled;
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); provided however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; *and*
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health Oversight Activities.

Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include but are not limited to:

- investigations, inspections, audits, surveys, licensure and disciplinary actions,
- civil, administrative, and criminal procedures or actions,
- other activities necessary for the government to monitor government programs, or
- compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings.

Our practice may use and disclose your PHI in response to a court or administrative order in relation to a lawsuit or similar proceeding you are involved in. Furthermore, we may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute. Prior to disclosing your PHI in these circumstances, we will make a reasonable effort to inform you of the request or obtain a court or administrative order protecting the information the party has requested.

4. Law Enforcement.

We may disclose your PHI if asked to do so by a law enforcement official:

- regarding a crime victim in situations where we are unable to obtain the victim's consent,
- regarding a death we believe has resulted from criminal conduct;
- regarding criminal conduct at our offices;
- in response to a warrant, summons, court order, subpoena or similar legal process;
- to identify/locate a suspect, material witness, fugitive or missing person; *and*

- in an emergency, to report a crime (including the location and/or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Deceased Patients.

Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or the cause of death. Also, we may release PHI to assist funeral directors in their contracted for services.

6. Organ and Tissue Donation.

Our practice may release your PHI, if you are an organ donor, to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

7. Research.

Our practice may use and disclose your PHI for research purposes in limited circumstances. We will obtain your written authorization to use your PHI for research purposes, *except when* an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

- (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following:
 - (A) an adequate plan to protect the identifiers from improper use and disclosure;
 - (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); *and*
 - (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted;
- (ii) the research could not practicably be conducted without the waiver; *and*
- (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Serious Threats to Health or Safety.

Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military.

Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) *and* if required by the appropriate authorities.

10. National Security.

Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. Also, we may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates.

Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your or other individual's health and safety.

12. Workers' Compensation.

Our practice may release your PHI for workers' compensation and similar programs.

13. *Business Associates.*

We may contract with third parties to perform functions or activities on behalf of or perform certain services for the practice that involve the use or disclosure of PHI. Therefore, we may disclose your PHI to such business associate in furtherance of their contracted job. We require all business associates to appropriately safeguard your PHI.

14. *Marketing.*

Our practice may contact you by mail, e-mail or text message to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we must obtain your prior written authorization for any marketing of products and services that are funded by third parties. You have the right to opt-out by notifying us in writing.

15. *Sale of PHI.*

Our practice may not “sell” your PHI (i.e., disclose such PHI in exchange for remuneration) to a third party without your written authorization that acknowledges the remuneration unless such an exchange meets a regulatory exception.

16. *Emory Health Information Exchange.*

Our practice participates in the Emory Health Information Exchange (“HIE”). Sugarloaf Medical, P.C. is a member of the Emory Healthcare Network. The purpose of the HIE is to improve the coordination of health care services and increase quality and patient safety across the care continuum through the electronic exchange of health information. Your PHI, including any information related to the treatment of any infectious disease (including, without limitation, AIDS confidential information), drug or alcohol abuse, and/or mental illness, will be accessed through the HIE as required by HIE policies and standards. We may disclose your PHI to any additional Health Information Exchanges we enter into in the future without notice.

You may find more detailed information about the Emory HIE here:

<https://www.emoryhealthcare.org/patients-visitors/emory-hie.html>

You have the right to opt-out of participation in the HIE by submitting an opt-out request, in writing, to Attn: Shukri Makhoulf, M.D., Privacy Officer, Sugarloaf Medical, P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee, GA 30024.

E. Your rights regarding your PHI.

You have the following rights regarding the PHI that we maintain about you:

1. *Confidential Communications.*

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. *For example*, you may ask that we contact you at home, rather than work.

In order to request a type of confidential communication, you must make a written request to Attn: Shukri Makhoulf, M.D., Privacy Officer, Sugarloaf Medical, P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024; telephone: (770) 831-3018; facsimile: (770) 831-3669, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to provide a reason for your request.

2. *Requesting Restrictions.*

You have the right to *request* a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to *request* that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request.** However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must

make your request in writing to Attn: Shukri Makhlof, M.D., Privacy Officer, Sugarloaf Medical P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024; telephone: (770) 831-3018; facsimile: (770) 831-3669.

Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted;
- (b) whether you are requesting to limit our practice's use, disclosure or both; *and*
- (c) to whom you want the limits to apply.

3. *Inspection and Copies.*

You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical and billing records. This *does not include* psychotherapy notes.

You must submit your request **in writing** to Attn: Shukri Makhlof, M.D., Privacy Officer, Sugarloaf Medical, P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024; telephone: (770) 831- 3018; facsimile: (770) 831-3669, in order to inspect and/or obtain a copy of your PHI.

Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct your review.

We will respond to your request within 30 days of your request unless the requested information is not maintained or is not accessible on-site. In this case we may take up to 60 days to respond to your request. Additionally, if we cannot process your request within these timeframes, we will alert you and provide you with the reason for delay as well as an expected delivery date.

4. *Amendment.*

You may request to *amend your PHI* if you believe it is incorrect or incomplete for as long as the PHI is kept by or for our practice. To request an amendment, your request must be made **in writing** and submitted to Attn: Shukri Makhlof, M.D., Privacy Officer, Sugarloaf Medical, P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024; telephone: (770) 831-3018; facsimile: (770) 831- 3669. *You must provide us with a reason that supports your request for amendment.*

Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

If we deny your request, you may have a statement of your disagreement added to your health information.

5. *Accounting of Disclosures.*

All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non- treatment, non-payment or non-operations purposes.

Use of your PHI as *part of the routine patient care* in our practice is not required to be documented. *For example*, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request *in writing* to Attn: Shukri Makhlof, M.D., Privacy Officer, Sugarloaf Medical, P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024; telephone: (770) 831-3018; facsimile: (770) 831-3669. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before October 7, 2013. The first list you request within a twelve (12)-month period is *free of charge*, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. *Right to a Paper Copy of This Notice.*

You are entitled to receive a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this Notice, contact Attn: Shukri Makhlof, M.D., Privacy Officer,

Sugarloaf Medical, P.C. Notice of Privacy Practices

**Updated June 2022; Effective Date of this Notice: October 7, 2019*

This document is not to be duplicated for professional use, only for personal use relating to Sugarloaf Medical, P.C..

Sugarloaf Medical P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024; telephone: (770) 831-3018; facsimile: (770) 831-3669.

7. Right to File a Complaint.

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Office for Civil Rights of the U.S. Department of Health and Human Services. To file a complaint with our practice, contact Attn: Shukri Makhoulf, M.D., Privacy Officer, Sugarloaf Medical, P.C., 1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024; telephone: (770) 831-3018; facsimile: (770) 831-3669. All complaints must be submitted *in writing*. **You will not be penalized or treated in any way differently for filing a complaint.**

8. Right to Provide an Authorization for Other Uses and Disclosures.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the purposes described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact us at:

Attn: Shukri Makhoulf, M.D., Privacy Officer, Sugarloaf Medical, P.C.
1300 Peachtree Industrial Blvd., Suite 4203, Suwanee GA 30024;
Telephone: (770) 831-3018; Facsimile: (770) 831-3669.

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