



Notice of Privacy Practices

North Georgia Medical Solutions

Effective Date: August 2025

This Notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

Our Commitment to Privacy

At North Georgia Medical Solutions, we respect your privacy. We are required by law (HIPAA – Health Insurance Portability and Accountability Act) to keep your health information private and to provide you with this notice about our privacy practices.

How We May Use and Disclose Your Health Information

We may use and share your health information for:

- **Treatment:** To provide, coordinate, or manage your care (e.g., sharing with your physician or care team).
- **Payment:** To bill for services and process insurance or digital payments.
- **Healthcare Operations:** For business operations such as quality improvement, staff training, and compliance.

We may also disclose information when required by law, such as:

- To public health authorities (e.g., reporting communicable diseases).
 - To comply with court orders or legal investigations.
 - To protect health and safety in emergencies.
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Other Uses and Disclosures

We will not share your health information for marketing, fundraising, or sale of information without your written authorization. If you give us written permission to use your information for another purpose, you may revoke it at any time.

Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and copy** your medical record.
 - **Request corrections** if information is incomplete or inaccurate.
 - **Request restrictions** on how we use or share your information.
 - **Request confidential communications** (for example, contact only by phone instead of mail).
 - **Get a list of disclosures** we have made (excluding those for treatment, payment, and operations).
 - **Receive a paper copy** of this notice at any time, even if you agreed to receive it electronically.
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Our Responsibilities

- We are required by law to maintain the privacy and security of your health information.
 - We will let you know promptly if a breach occurs that may compromise your information.
 - We will follow the duties and privacy practices described in this Notice.
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Communication

North Georgia Medical Solutions may use HIPAA-compliant platforms, secure messaging, and encrypted email for communication. By signing below, you acknowledge and consent to these forms of communication.

Contact Information

If you have questions or concerns about your privacy rights, please contact:

Privacy Officer

North Georgia Medical Solutions
1201 W Peachtree St NW, Ste 2300 | Atlanta, GA 30309
(404) 792-1358 | www.northgaims.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not affect your care.