

De Silva Medical Group, PC.

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NOTICE OF PRIVACY PRACTICES

Effective Date: _____

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

OUR COMMITMENT TO YOUR PRIVACY

De Silva Medical Group, PC (“we,” “our,” “practice”) is committed to protecting the privacy of your health information. We are required by law to maintain the privacy of your Protected Health Information (“PHI”), provide you with this Notice of our legal duties and privacy practices, and notify you if a breach of your unsecured PHI occurs.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment

We may use or share your PHI to provide, coordinate, or manage your medical care. This includes sharing information with other healthcare providers involved in your treatment.

2. Payment

We may use or disclose your information to obtain payment for services, determine insurance coverage, or seek reimbursement.

3. Healthcare Operations

We may use PHI for practice operations such as quality assessment, staff training, audits, accreditation, and improving services.

4. Appointment Reminders & Patient Communications

We may contact you to confirm appointments, provide treatment alternatives, or give you information about health-related benefits and services.

5. Individuals Involved in Your Care

We may share relevant information with family members, close friends, or others you identify, unless you object.

6. As Required By Law

We may disclose PHI when required by federal, state, or local law.

SPECIAL SITUATIONS IN WHICH WE MAY DISCLOSE INFORMATION

We may disclose PHI without your authorization for:

- **Public health activities** (disease reporting, adverse events, immunizations)
- **Abuse, neglect, or domestic violence reports**
- **Health oversight activities** (audits, investigations, inspections)
- **Judicial and administrative proceedings**
- **Law enforcement purposes**
- **Coroners, medical examiners, and funeral directors**
- **Organ/tissue donation**
- **Research** (with required approvals)
- **To prevent or reduce a serious threat to health or safety**
- **Workers' compensation** and similar programs
- **National security and protective services**

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

We **must obtain your written authorization** before using or sharing your PHI for:

- Marketing purposes
- Sale of PHI
- Most uses of psychotherapy notes

- Any other use not explicitly permitted by law

You may revoke your authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

1. Request Restrictions

Request limits on how we use or disclose your PHI. While we will consider your request, we are not required to agree except for restrictions relating to services paid in full out-of-pocket.

2. Access Your Records

Request to inspect or obtain a copy of your medical and billing records. We may charge a reasonable fee for copying or mailing.

3. Request Amendment

Ask us to correct or amend your health information if you believe it is incorrect or incomplete.

4. Request Confidential Communications

Request that we contact you in a specific way or at a specific location.

5. Obtain an Accounting of Disclosures

Receive a list of certain disclosures we made of your PHI.

6. Receive a Paper Copy of This Notice

Even if you agreed to receive it electronically.

OUR DUTIES

We are required to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of our privacy practices.
- Follow the terms of the Notice currently in effect.

- Notify you in the event of a breach involving your unsecured PHI.

We reserve the right to change our privacy practices and this Notice. Revised Notices will be posted in our office and on our website.

COMPLAINTS

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

De Silva Medical Group, PC

Katie Fuller, HR Advisor, Privacy Officer

PO Box 479,

Villa Rica, GA 30801

complaintsinbox@desilvamedgroup.com

You may also file a complaint with:

U.S. Department of Health & Human Services

Office for Civil Rights

www.hhs.gov/ocr/privacy