

## **POSITIVE IMPACT HEALTH CENTERS**

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### **NOTICE OF PRIVACY PRACTICES**

*Effective May 6, 2026*

*This notice supersedes all prior versions*

Your Information. Your rights. Our responsibilities. This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. *You have the right to a copy of this notice in paper or electronic form at any time.*

**IMPORTANT: Special protections for Certain Health Information:** Georgia and federal law provide heightened protection for certain categories of health information, including HIV/AIDS status, substance use disorder treatment records 942 CFR Part 2), mental health records and alcohol or drug abuse records. PIHC will not disclose this specially protected information without your written authorization except as required by law or as otherwise described in this Notice.

### **SECTION I – YOUR RIGHTS**

You have the following rights regarding the health information we maintain about you. To exercise any of these rights submit a written request to our Privacy Officer at the address listed below. .

#### **Right to Access and Copy Your Records**

You have the right to inspect and obtain a copy of your health information maintained in a designated record set, which includes your medical, mental health and billing records. We will provide a copy or summary usually within 30 days of your request. If your records are maintained electronically, you may request an electronic copy. You may also direct us to send a copy to another person.

We may charge a reasonable, cost – based fee for copies. Access may be restricted only in exceptional circumstances, such as when access would cause serious harm to you or another person or when records consist of separately maintained psychotherapy notes.

#### **Right to Request Correction (Amendment)**

If you believe health information we have about you is incorrect or incomplete, you may request an amendment. We may deny your request if we did not create the information or if we determine it is accurate and complete. If denied, you have the right to file a statement of disagreement. We may prepare a rebuttal and will provide you with a copy.

#### **Right to an Accounting of Disclosures**

You may request a list of the disclosures we have made of your health information for 6 years prior to your request, who we shared it with and why. We will include all disclosures except those made for treatment, payment and health care operations and certain other disclosures you asked us to make. We will provide one accounting per year at no charge; additional accountings within a 12 – month period may incur a reasonable fee.

#### **Right to Request Restrictions**

You may request that we limit how we use or disclose your health information for treatment, payment or healthcare operations. We are not required to agree to your request unless the restriction applies to disclosures to a health plan for payment or operations purposes and you paid for the service in full out of pocket – in that case, we must honor your request. If we agree to a restriction and you later need emergency treatment, we may disclose your information as necessary for that care.

#### **Right to Request Confidential Communications**

You may request that we contact you in a specific way (for example, by cell phone only) or at a specific location. We will honor all reasonable requests. We will not ask you to explain why you are making the request.

#### **Right to Be Notified of a Breach**

If there is a breach of your unsecured protected health information, we are required to notify you promptly, including what happened, what information was involved and what steps you can take to protect yourself.

#### **Right to Designate a Personal Representative**

If someone has legal authority to act on your behalf – such as through medical power of attorney or legal guardianship – that person may exercise your rights and make decisions about your health information. We will verify that authority before taking any action.

#### **Right to a Copy of This Notice**

You have the right to receive a paper or electronic copy of this Notice at any time, even if you have previously agreed to receive it electronically.

### **II. YOUR CHOICES**

For the following use of your health information, you have the right to tell us your preferences. We will follow your instructions.

#### **Sharing with Family, Friends and Others Involved in Your Care**

Unless you object, we may share relevant information with family members, close friends or others who are directly involved in your care or who help pay for your care. If you are unable to tell us your preference (for example, in an emergency) we may share information if we believe it is in your best interest.

### **Disaster Relief**

We may share your information with disaster relief organizations to assist with relief efforts. We will provide you with the opportunity to agree or object whenever possible.

### **Fundraising**

We may contact you about fundraising activities that support PIHC's mission. You have the right to opt out of receiving any future fundraising communications. Each solicitation will include instructions on how to opt out and we will honor all opt out requests.

*Note: If we hold substance use disorder records about you subject to 42 CFR Part 2, we will give you clear notice and choice before using that information for fundraising.*

Uses Requiring Your Written Authorization We will not use or share your health information for the following purposes without your written authorization, which you may revoke at any time:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes, including subsidized treatment communications
- Sale of your health information
- Any other use or disclosure not described in this Notice

## **SECTION III HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **Routine Uses – No Authorization Required**

#### **Treatment**

We will use and share your health information to provide, coordinate and manage your health care. This includes sharing information with physicians, nurses, pharmacists, mental health providers and other members of your care team who need it to treat you.

*Example: your primary care provider at PIHC shares your lab results with your HIV specialist to coordinate your care.*

#### **Payment**

We may use and share your health information to bill and receive payment for services we have provided you. This includes submitting claims to your insurance company, verifying eligibility and reviewing services for medical necessity. If collection processes become necessary, we will disclose only the minimum amount of information required.

*Example: We submit a claim to your insurance company describing the services you received so it will pay for your care.*

#### **Health Care Operations**

We may use and share your health information to support our business activities, including quality assessment, staff training, licensing, compliance activities and arranging for services with business associates who have signed agreements requiring them to protect your information.

*Example: We use health information to review the quality of care provided by our clinical staff.*

### **Other Permitted Disclosures – No Authorization Required**

Federal and state law permit or require us to use and disclose your health information without your authorization in the following circumstances. In all cases we disclose your only the minimum necessary information.

#### **Required by Law**

We will disclose your health information when required to do so by federal, state or local law, including to the Secretary of the U.S. Department of Health and Human Services to investigate our compliance with HIPAA.

### **Public Health and Safety**

We may disclose your health information to a public health authority by law for purposes of:

- Preventing or controlling disease, injury or disability
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence to appropriate authorities
- Preventing or reducing a serious and imminent threat to health or safety

### **Health Oversight Activities**

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, investigations, inspections and licensure activities.

### **Judicial and Administrative Proceedings**

We may disclose your health information in response to a court or administrative order, or in response to a subpoena, with your written consent or as otherwise required by law. We will make reasonable efforts to notify you before making such disclosures.

### **Law Enforcement**

We may disclose health information to law enforcement officials as required by law, including in connection with identifying a suspect, missing person, or crime victim; reporting a crime committed on our premises; or in response to a court order or lawful process.

### **Decedents**

We may disclose information about deceased patients to a coroner, medical examiner, or funeral director or to a family member or friend involved in the patients' care as permitted by law. Health information of persons deceased for more than 50 years is not protected under HIPAA.

**Abuse and Neglect Reporting**

We are required by Georgia law to report suspected child abuse, elder abuse, or dependent adult abuse to the Georgia Department of Child and Family Service or the Georgia Division of Aging Services.

**Medical Emergencies**

We may use and disclose your health information to medical personnel to prevent serious harm in a medical emergency. We will provide you with a copy of this Notice as soon as reasonably possible after the emergency is resolved.

**Research**

We may use or share your health information for health research, subject to a special institutional review process or your written authorization, as required by applicable law.

**Special Government Functions**

We may disclose your health information to authorized officials for activities related to national security, intelligence, military command and presidential protective services, as permitted by law.

**Workers' Compensation**

We may disclose your health information as required or authorized by workers' compensation laws.

**Organ and Tissue Donation**

We may share your information with organ procurement organizations as permitted by law.

**Verbal Permission**

With your verbal permission, we may share relevant information with family members or other directly involved in your treatment.

**SECTION IV – SPECIAL PROTECTIONS UNDER GEORGIA AND FEDERAL LAW**

PIHC serves patients whose health information may be subject to heightened legal protections

beyond standard HIPAA requirements. We are committed to honoring all applicable protections.

**HIV/AIDS Information**

Georgia law (O.C.G.A § 21-12-21) provides special protections for HIV – related health information. PIHC will not disclose your HIV/AIDS status, test results, or related information without your written authorization except as required by law (such as mandatory public health reporting) or as otherwise permitted by this Notice.

**Substance Use Disorder Records – 42 CFR Part 2**

If PIHC maintains substance use disorder patient records about you, those records are protected by federal regulations at 42 CFR Part 2 in addition to HIPAA. Under Part 2:

- We generally require your written consent before using or sharing those records for treatment, payment or healthcare operations.
- We cannot use or share your substance use disorder records in any civil, criminal, administrative, or legislative proceedings against you without (1) your written consent or (2) a court order accompanied by a subpoena or similar legal mandate.
- If you provide a general consent, certain recipients who are subject to HIPAA may re – disclose your information as permitted by HIPAA, but your records still cannot be used in legal proceedings against you without your consent or a court order.
- We will give you advance notice and a choice about whether to receive fundraising communications that use your Part 2 information.

**Mental Health Records**

Georgia law provides additional protections for mental health treatment records. Most uses and disclosures of psychotherapy notes require your

written authorization. We will not disclose your mental health treatment records without your written consent unless required by law or to prevent a serious and imminent threat to health or safety.

**Alcohol and Drug Abuse Records**

In addition to federal Part 2 protections described above, Georgia law provides additional protections for alcohol and drug abuse treatment records. PIHC will comply with all applicable state and federal requirements for such records.

**SECTION V – OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We must follow the duties and privacy practices described in this notice.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We will not use or share your information other than as described in this Notice unless you give us written authorization. You may revoke that authorization in writing at any time.
- We reserve the right to change the terms of this notice at any time. Changes will apply to all health information we maintain. The updated Notice will be available upon request, posted at our locations and on our website.

**SECTION VI – HOW TO FILE A COMPLAINT**

If you believe PIHC has violated your privacy rights, you may file a complaint with:

**PIHC Privacy Officer: Heather Wademan**

Positive Impact Health Centers  
2800 Century Parkway, Suite 550. Atlanta, GA 30345

Phone: (404) 977-5180

Email: [Heather.Wademan@pihcga.org](mailto:Heather.Wademan@pihcga.org)

U.S. Department of Health and Human Services,  
Office for Civil Rights

200 Independence Avenue S.W., Washington D.D. 20201

Phone: 1-877-696-6775

[www.hhs.gov/hipaa/filing-a-complaint](http://www.hhs.gov/hipaa/filing-a-complaint)

**We will not retaliate against you in any way for filing a complaint.**

**SECTION VII – PIHC LOCATIONS**

523 Church Street, Decatur, GA 30030  
(404) 589-9040

547 Church Street, Decatur, GA 30030  
(404) 596-5984

3350 Breckinridge Boulevard, Suite 200, Duluth, GA 30096 (770) 962-8396

1650 County Services Parkway, Marietta, GA 30008 (770) 514-2464

1117 Battle Creek Road, Suite 1002, Jonesboro, GA 30236 (678) 210-9450

2800 Century Parkway, Suite 550, Atlanta, GA 30345 (404) 600-2420

*Date of Last Revision: May 6, 2026 | This Notice supersedes all prior versions issued by Positive Impact Health Centers.*

*Website: [www.pihcga.org](http://www.pihcga.org) | For more information on HIPAA: [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa)*

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**Name of Patient**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**