

## NOTICE OF PRIVACY PRACTICES – GEORGIA

Colorectal Wellness Center

Effective February 1, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### OUR LEGAL DUTIES

We are required by federal HIPAA law and Georgia privacy regulations to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide this notice of our duties and practices
- Follow the terms currently in effect
- Notify you of any breach of unsecured PHI

Protected Health Information includes identifiable information relating to your health, care, or payment.

### USES AND DISCLOSURES

Treatment: Coordination among providers involved in your care.

Payment: Billing, claims, eligibility verification.

Operations: Quality improvement, licensing, audits, business operations.

### USES WITHOUT AUTHORIZATION

Including but not limited to public health reporting, legal compliance, workers' compensation, abuse reporting, and oversight agencies as permitted by Georgia and federal law.

### FEBRUARY 16 FEDERAL UPDATE – SENSITIVE HEALTH INFORMATION

We will not disclose reproductive, sexual, pelvic, or gender-related health information for investigative or punitive purposes where care is lawful, unless legally compelled with proper documentation.

### ARTIFICIAL INTELLIGENCE & DIGITAL DOCUMENTATION

Our practice may utilize secure AI-assisted tools to support clinical documentation, transcription, and operational efficiency.

AI systems are used solely to enhance accuracy of records.

AI does NOT replace clinical judgment.

All AI platforms are HIPAA-compliant and governed by Business Associate Agreements.

No patient data is sold or used for marketing or model training outside our care systems.

### YOUR RIGHTS

You may:

- Access your records
- Request corrections

- Request confidential communications
- Request restrictions
- Receive disclosure accounting
- Obtain paper copies

#### **GEORGIA-SPECIFIC RIGHTS**

Georgia law permits additional protections regarding HIV status, mental health, and substance-use records. Explicit authorization is required for release unless otherwise permitted by law.

#### **AUTHORIZATION**

Certain disclosures require written authorization. You may revoke authorization in writing unless action has already been taken.

#### **ELECTRONIC COMMUNICATION**

Use of portals, email, or website forms carries inherent risks. By using electronic communication, you acknowledge these risks.

#### **COMPLAINTS**

Privacy Officer

Colorectal Wellness Center

[Ph: 770-325-2275]

You may also file with U.S. HHS OCR. No retaliation will occur.

#### **CHANGES**

We reserve the right to update this Notice. Current version always available on our website.