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SUMMARY OF PRIVACY PRACTICES

As a patient of Prime Care of Georgia, we want to inform you of an important protection for patient privacy that is effective as of November 28, 2021. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 permits the federal government to give practices, such as ours, specific rules about the storage and transmission of personal health care information. The Privacy Rule portion of the Act tells us how to use individually “protected health information” (PHI) about patients within our practice and how to disclose it outside our practice.

HIPAA requires that we adopt a Notice of Privacy Practices and provide you a copy. This is a lengthy Notice, so to make it easier for you to understand, we have listed the patient rights that are detailed in the attached Notice of Privacy Practices:

- Patients have the right to receive copies of our Notice of Privacy Practices
- Patients can give permission to the practice to use and disclose PHI for certain purposes and for psychotherapy notes
- Patients can ask for restrictions on certain uses and disclosures of PHI
- Patients can ask for restrictions on the way(s) in which we communicate PHI to them
- Patients can ask us to change the PHI that is contained in their medical records
- Patients can ask to inspect and copy PHI
- Patients can ask for a list of disclosures of PHI made by the practice
- Patients have the right to complain to our practice and to the department of Health and Human Services about alleged violations of the Privacy Practice

We fully support HIPAA and the Privacy Rule. As our patient, we ask you to sign the following Receipt Acknowledgement of our Notice of Privacy Practices, and we will be glad to provide you with a personal copy of the complete Notice if you would like to have it for your records.

Receipt Acknowledgement of Notice of Privacy Practices

Patient Name

Date

Patient/Guardian Signature

Relationship

TO BE COMPLETED IF THE PATIENT REFUSES TO SIGN THE ACKNOWLEDGEMENT:

Reason: _____

Employee Name: _____