

NOTICE OF PRIVACY PRACTICES

Atlanta Men's Clinic, LLC

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY - Purpose of this Notice

Atlanta Men's Clinic, LLC is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and to provide you with a notice of our legal duties and privacy practices with respect to patients' PHI. This Notice describes legal rights, advises of our privacy practices and outlines how Atlanta Men's Clinic, LLC is permitted to use and disclose PHI about our patients.

Atlanta Men's Clinic, LLC is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your authorization or opportunity to object, but there are some situations where we may use it only after we obtain our patients written authorization, if we are required by law to do so.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Our obligations concerning the use and disclosure of your PHI
- Your privacy rights in your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times and on our website, and you may request a copy of our most current Notice at any time by contacting the Privacy Officer identified below.

B. WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS

The following categories describe the different ways in which Atlanta Men's Clinic, may use and disclose your PHI.

1. **Treatment.** Our practice may use your PHI to treat you. This includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. For example, we may ask you to have laboratory tests (such as blood tests), and we may use the results to help us reach a diagnosis. Any of the people who work for our practice – including, but not limited to, our doctors, mid-level clinicians and nurses, or indirectly with any provider we refer you to – may use or disclose your PHI in order to treat you, or to assist others in your treatment. Additionally, we may need to disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment and health status to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members or insurance companies. Also, we may use your PHI to bill you directly for services and items. Atlanta Men's Health will not use or disclose more information for payment purposes than is necessary. This is known as using the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard and protect our patients' information.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice.
4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about your appointments. If you are not home, we may leave this information on your answering machine or in a message with the person answering the phone (or to send you a text)
5. **Sign In Sheet.** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
6. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
7. **Health-Related Benefits and Services, and Marketing Communications.** Our practice may use and disclose your PHI to contact you about health-related benefits or services that may be of interest to you.
8. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family

- member that is involved in your care, or who assists in taking care of you.
9. **Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

C. NOTIFICATION IN THE CASE OF A BREACH

Atlanta Men's Clinic is required by law to notify our patients in case of a breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired, used, or disclosed in violation of privacy regulations.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

Atlanta Men's Clinic is permitted to use PHI without written authorization, or opportunity to object in certain situations, including:

1. For Atlanta Men's Clinic use in obtaining payment for services provided or in other health care operations.
2. To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company).
3. To another health care provider for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with our patients and the PHI pertains to that relationship
4. For health care fraud and abuse detection or for activities related to compliance with the law.
5. To a family member, other relative or close personal friend or other individual involved in our patients care if we obtain verbal agreement to do so or if we give our patients an opportunity to object to such a disclosure and you do not raise an objection.
6. To a public health authority in certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease) as required by law.
7. For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system.
8. For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process.
9. For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime.
10. For military, national defense and security and other special government functions.
11. To avert a serious threat to the health and safety of a person or the public at large.
12. For workers' compensation purposes and in compliance with workers' compensation laws.
13. To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law.
14. If our patient is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation.

Any other use or disclosure of PHI, other than those listed above, will only be made with written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

E. OUR PATIENTS HAVE A NUMBER OF RIGHTS WITH RESPECT TO PROTECTION OF THEIR PHI. Atlanta Men's Clinic will permit individuals to exercise patient rights.

- The right to access, copy or inspect PHI. This means our patients may come to our offices and inspect and copy most of the medical information about them that we maintain in both paper and electronic format. We will generally permit access, copying and inspection of PHI. Information held electronically will be provided in electronic form if requested by the patient.
- The right to amend PHI. Our patients have the right to ask us to amend their written medical information. We will consider amending a patient's PHI but the request may be denied by Atlanta Men's Clinic if information is deemed inaccurate, incomplete, or wasn't created by Atlanta Men's Clinic.
- The right to request an accounting of our use and disclosure of an individual's PHI. Our patients may request an accounting from us of certain disclosures of their medical information that we have made in the last six years prior to the date of the request.
- We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations.
- We are also not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this notice.
- The right to request that we restrict the uses and disclosures of an individual's PHI. Our patients have the right to request that we restrict how we use and disclose their medical information that we have for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in their health care. But if the information is needed to provide emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide them with emergency treatment. Our patients have a right to a restriction to disclosure of PHI to a health plan for

payment if the patient has paid in full for the services and items provided in that visit.

- Your Legal Rights and Complaints: Our patients also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if they believe their privacy or security rights have been violated. Complainants will not be retaliated against in any way for filing a complaint with us or to the government. Should our patients have any questions, comments or complaints they may direct all inquiries to the Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.
- If you have questions or if you wish to file a complaint or exercise any rights listed in this notice, please contact our Privacy Officer, Dr. Patrick McDougal at:

Atlanta Men's Clinic
4411 Suwanee Dam Rd. Suite 440
Suwanee, GA 30024
Atlantamenshealth.COM (407) 589-7120

- If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Secretary of Health and Human Services at the address below:
 - Regional Office for TN/MS/GA:
Atlanta Federal Center
61 Forsyth St, Room 5B95
Atlanta, GA 30303-8909
Ph# 404-562-7888
 - Regional Office for AZ/CA/NV:
90 Seventh St
Federal Building, Suite 5-100
San Francisco, CA 94103
Ph# 415-437-8500
 - Regional Office for TX:
1301 Young St, Suite 1124
Dallas, TX 75202
Ph# 214-767-3301
 - Regional Office for NY:
Jacob K. Javits Federal Building
26 Federal Plaza – Room 3835
New York, NY 10278
Ph# 212-264-4600
 - Regional Office for IL:
2901 Finley Road Ste 103
Downers Grove, IL 60515
Ph# 630-317-7690
 - Regional Office for CO/UT:
999 18th St
South Terrace, Suite 400
Denver, CO 80202
Ph# 303-844-3372
- Effective Date of the Notice: July2018