

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. Prestige Medical Group is required by law to maintain the privacy and security of your protected health information (PHI) and to provide you with this notice explaining our legal duties and privacy practices.

How We May Use and Disclose Your Health Information

- Treatment – We may use and disclose your health information to provide, coordinate, or manage your healthcare and related services.
- Payment – We may use your health information to bill and collect payment from health plans, insurance companies, or other responsible parties.
- Healthcare Operations – We may use and disclose your information to operate our practice, evaluate the quality of care we provide, train staff, and improve services.
- Appointment Reminders and Communication – We may contact you with appointment reminders, follow-up care instructions, or health-related information through phone calls, voicemail, text messages, email, patient portal messages, or other electronic communication systems used by Prestige Medical Group. By providing your contact information, you consent to being contacted through these methods unless you request otherwise.
- Treatment Alternatives – We may inform you about treatment options or services that may be of interest to you.
- As Required by Law – We may disclose health information when required by federal, state, or local law.

Special Situations

- Public health reporting including communicable disease reporting or adverse drug reactions
- Health oversight activities including audits, investigations, and inspections
- Judicial or administrative proceedings
- Law enforcement requests as permitted by law
- Serious threats to health or safety
- Workers' compensation claims
- Coroners, medical examiners, and funeral directors when appropriate

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Your Rights Regarding Your Health Information

- You have the right to inspect and obtain a copy of your medical records.
- You have the right to request an amendment if you believe information is incorrect or incomplete.
- You have the right to request restrictions on certain uses or disclosures of your health information.
- You have the right to request confidential communication.
- You have the right to receive an account of certain disclosures of your health information.
- You have the right to receive a paper copy of this Notice of Privacy Practices at any time.
- You have the right to request that we not disclose information to your health plan if you pay for a service in full out-of-pocket.

Breach Notification

If a breach occurs that may compromise the privacy or security of your protected health information, Prestige Medical Group will notify you in accordance with federal and state law and take appropriate steps to investigate and mitigate the issue.

Changes to This Notice

We reserve the right to change this notice and make the revised notice effective for all health information we maintain. The current notice will be available in our offices and on our website.

Questions or Complaints

If you have questions about this Notice of Privacy Practices or believe your privacy rights have been violated, please contact:

Privacy Officer

Prestige Medical Group
51 Gordon Rd
Jasper, GA 30143
Phone: 706-692-9768
PrestigeMedicalGroup.org

Acknowledgement of Receipt

I acknowledge that I have received or been offered a copy of the Prestige Medical Group Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____