



NOTICE OF PRIVACY PRACTICES

Effective: September 28, 2026

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

OUR COMMITMENT TO YOUR PRIVACY

We are committed to protecting the privacy of your health information. This Notice explains how we may use and disclose your health information, your rights regarding that information, and our responsibilities under federal law. We will follow the privacy practices described in this Notice while it is in effect.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We may use or share your health information without your written authorization when permitted or required by law, including for:

Treatment

We may use and share information with physicians, nurses, other healthcare professionals, and others involved in your care.

Payment

We may use and share information to bill for services and obtain payment from health plans or other entities.

Healthcare Operations

We may use and share information to operate our practice, improve quality of care, train staff, conduct audits, and manage our services.

Appointment Reminders and Communications

We may contact you about appointments, treatment, test results, health-related services, and other matters permitted by law. We may contact you using the phone number, voicemail, text, email, or other contact information you provide, subject to applicable law and our procedures.

People Involved in Your Care

Unless you object, we may share relevant information with a family member, close friend, or other person involved in your care or payment for your care.

Other Permitted or Required Uses

We may also use or disclose information as permitted or required by law, including for public health and safety activities, health oversight, research when legal requirements are met, workers' compensation, law enforcement or other government requests, judicial or administrative proceedings, lawsuits, coroners or medical examiners, organ and tissue donation, and to prevent or lessen a serious and imminent threat to health or safety.

Substance Use Disorder Records

To the extent that we have substance use disorder patient records protected by 42 CFR Part 2, those records may have additional federal protections. We will use and disclose Part 2 records only as permitted or required by applicable federal law.

AI-ENABLED CLINICAL RESEARCH AND TECHNOLOGY

Our providers may use AI-enabled clinical research tools to search and review medical literature, clinical guidelines, and other evidence-based resources. These tools are used to support clinical research and professional decision-making; they do not independently diagnose or treat patients or make medical decisions. Your healthcare provider remains responsible for reviewing information obtained through these tools and for all decisions regarding your care. We use such tools in accordance with applicable law and our privacy and security practices.

MINORS — CONSENT AND CONFIDENTIALITY IN GEORGIA

For patients under 18 who are not emancipated, Georgia law generally requires consent from a parent, guardian, or other legally authorized person for medical care. There are important exceptions. Georgia law permits a female of any age to consent to medical or surgical care provided in connection with pregnancy, prevention of pregnancy, or childbirth. Georgia law also permits a minor who is or believes they are affected by a sexually transmitted disease or at risk for HIV to consent to medical or surgical care related to that condition without parental consent. These laws may affect who can access information about that care.

Confidentiality for Minor Patients

When a minor is legally permitted to consent to a particular service without parental consent, the minor may have privacy rights concerning information related to that service. We will handle the minor's information in accordance with applicable federal and Georgia law. However, Georgia law contains specific exceptions, including circumstances in which a treating physician may inform a parent, custodian, or guardian about treatment for a sexually transmitted disease or HIV. Disclosure may also be required or permitted by other laws, including laws concerning abuse, neglect, emergencies, court orders, or public health reporting.

Parent or Guardian Access

When a parent, guardian, or other person is legally authorized to consent for a minor's care, that person generally may exercise the minor's HIPAA rights as the minor's personal representative, subject to federal and Georgia-law exceptions. A parent or guardian does not automatically have unrestricted access to information relating to care for which the minor lawfully consented independently. Our practice will determine access and disclosure based on the law applicable to the specific service and circumstances.

USES REQUIRING YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures require your written authorization, including most uses of psychotherapy notes, certain uses and disclosures for marketing, and disclosures that constitute a sale of protected health information. Other uses and disclosures not described in this Notice will be made only with your written authorization when required by law. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

Access Your Records

Request to inspect or receive a paper or electronic copy of your medical records and other health information we maintain about you, subject to certain legal limitations. We may charge a reasonable, cost-based fee where permitted by law.

Request an Amendment

Ask us to correct information you believe is inaccurate or incomplete. We may deny the request as permitted by law, but we will explain the reason in writing.

Request Restrictions

Ask us to limit how we use or disclose your health information. We are not required to agree to every request. If you pay for a service completely out of pocket, you may request that we not disclose information about that service to your health plan for payment or healthcare operations, unless disclosure is otherwise required by law.

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Receive a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

Receive an Accounting of Certain Disclosures

You may request a list of certain disclosures we have made of your health information, subject to legal exceptions.

OUR RESPONSIBILITIES

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COMPLAINTS

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West Augusta Obstetrics & Gynecology, P.C.
1126 Medical Center Drive, Augusta, GA 30909
Attn: Privacy Officer
(706) 863-5082



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