



**NeuTrauma**

**Notice of Privacy Practices**

**531 Roselane St, Suite 530 - Marietta, GA 30060**

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**Your Information. Your Rights. Our Responsibilities.**

This notice explains how your health information may be used and disclosed, and how you can access it.

Please review it carefully.

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**Your Rights**

**Get a copy of your medical record**

- You may request to view or obtain an electronic or paper copy of your medical record.
- Copies or summaries will typically be provided within **30 days**.
- Reasonable, cost based fees may apply.

**Ask us to correct your medical record**

- You may request corrections if you believe your information is incomplete or incorrect.
- If denied, you will receive a written explanation within **60 days**.

**Request confidential communications**

- You may request communication by specific means (e.g., home phone, work phone) or at a different address.
- We will approve all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment or our operations.
- We are not required to agree to your request. Your request may be denied if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will agree unless a law requires us to share that information.

**Get a list of those with whom we've shared information**



- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1 877 696 6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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## **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You may authorize or restrict sharing with:

- Family or friends involved in your care
- Disaster relief organizations
- Hospital directories
- Fundraising communications



*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

We **never** share information without written permission for:

- Marketing purposes
- Sale of information
- Most sharing of psychotherapy notes

In the case of fund raising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

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## Our Uses and Disclosures

How we use and share your health information

### **Treatment**

We share information with medical professionals involved in your care.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### **Healthcare Operations**

We use information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Billing**

We can use and share information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **Additional Ways We May Share Your Information**

We are allowed or required to share your information in other ways -usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).



We may share information when permitted or required by law, including for:

- Public health and safety
- Disease prevention
- Product recalls
- Medication related adverse events
- Abuse, neglect, or domestic violence reports
- Research (under approved conditions)
- Organ and tissue donation
- Coroners, medical examiners, funeral directors
- Workers' compensation
- Law enforcement
- Government functions (military, national security)
- Court orders, subpoenas, and legal proceedings

### **Text Messaging (SMS) Policy**

By providing your mobile number and opting in to receive SMS messages from Peachtree Spine Physicians:

- You agree to receive appointment reminders and service related messages.
- Your number will **not** be sold or shared with third parties for marketing.
- Message frequency may vary.
- Standard message/data rates may apply.
- You may opt out at any time by replying **STOP** or contacting our office.
- For questions about this SMS policy, please contact our office or review our full Privacy Policy.

### **Use of AI Tools**

Our practice may use AI assisted tools solely to improve efficiency in creating and organizing clinical documentation. These tools support the documentation workflow only and are used in accordance with all privacy and security requirements.



All information processed through these tools remains protected and is handled in full compliance with HIPAA.

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## Our Responsibilities

- We are required by law to maintain the security and privacy of your protected health information.
- We will notify you promptly if a breach occurs that may compromise your privacy.
- We must follow the duties and privacy practices described in this notice.
- We will not use or share your information without written authorization unless allowed by law.
- If you grant authorization, you may revoke it at any time in writing.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of This Notice

We may update this notice at any time. Changes will apply to all information we maintain. The latest version will always be available in our office and on our website.

Effective: January 2024

Updated: March 2026

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This Notice of Privacy Practices applies to the following organizations:

**NeuTrauma**

**Questions: Contact the Privacy Officer of NeuTrauma at [info@neutrauma.com](mailto:info@neutrauma.com).**

