

NOTICE OF PRIVACY PRACTICES

Good Samaritan Health Center of Cobb
Last Revised September 1, 2025

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF GOOD SAMARITAN HEALTH CENTER OF COBB) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Good Samaritan Health Center of Cobb (Good Sam Cobb) is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in Good Sam Cobb concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

In this notice we provide you with the following important information:

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

The terms of this notice apply to all records containing your PHI that are created or retained by Good Sam Cobb. 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 Good Sam Cobb has created or maintained in the past, and for any of your records that we may create or maintain in the future. Good Sam Cobb will post a copy of our current Notice on our website, in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE FOLLOWING:

Privacy Official
Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008
Phone 770-419-3120

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

The following categories describe the different ways in which we may use and disclose your PHI.

1. Treatment – Good Sam Cobb may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Additionally, we might use your PHI for participation in the pharmaceutical assistance program (PAP) or to obtain medication through other prescription programs. Many of the people who work for Good Sam Cobb – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

2. Payment – Good Sam Cobb 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 to determine if your insurer will cover, or pay for, your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services

and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

3. Healthcare Operations – Good Sam Cobb 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, Good Sam Cobb may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for Good Sam Cobb. We may disclose your PHI to other healthcare providers and entities to assist in their billing healthcare operations.

4. Appointment Reminders, Billing Activities, Laboratory and Diagnostic Tests Results – Good Sam Cobb may use and disclose your PHI to contact you and remind you of an appointment and to discuss billing activities and laboratory and diagnostic test results.

5. Treatment Options – Good Sam Cobb may use and disclose your PHI to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services – Good Sam Cobb may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

7. Release of Information to Family/Friends/Interpreters – Good Sam Cobb may release your PHI to a friend, family member, or interpreter that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. If you send a family member or friend to pick up a prescription for you, you must contact Good Sam Cobb and give them the name of the individual who will be picking up the prescription. The prescription will not be released without your approval.

8. Disclosures Required by Law – Good Sam Cobb will use and disclose your PHI when we are required to do so by federal, state, or local law.

9. Patient Satisfaction Surveys – Good Sam Cobb may use your PHI to periodically send you Patient Satisfaction Surveys unless you instruct us not to. Good Sam Cobb contracts with an external survey company to conduct the surveys and provide Good Sam Cobb with the results.

10. Business Associates – From time to time Good Sam Cobb works with contractors, vendors and other third parties who commit to comply with HIPAA and this notice. Your information may be shared with those third parties known as "business associates" who support Good Sam Cobb's operations, coordination of care, and other functions.

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

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks – Good Sam Cobb may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose the information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities – Good Sam Cobb may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary

actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

3. Lawsuits and Similar Proceedings – Good Sam Cobb may use and disclose your PHI in response to a court or administrative order, subpoena, or other lawful purposes by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement – We may release PHI if asked to do so by a law enforcement official for the following reasons:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena, or similar legal process
- To identify/locate a suspect, material witness, fugitive, or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients – Good Sam Cobb may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we may also release information in order for funeral directors to perform their jobs. Good Sam Cobb may also release dental records for purposes of patient information.

6. Organ and Tissue Donation – Good Sam Cobb may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donor banks, as necessary to facilitate organ or tissue donation and transplantation if you are a donor.

7. Research – Good Sam Cobb may use and disclose your PHI for research purposes in certain limited circumstances. Good Sam Cobb may also use your PHI to determine if you would qualify for participation in research studies. We will obtain your written authorization to use your PHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

8. Grant Funding – Good Sam Cobb may use and disclose your PHI to obtain funding to operate. We will obtain your written authorization to use your PHI to obtain grant funding except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without access to and use of the PHI.

9. Serious Threats to Health or Safety – Good Sam Cobb may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

10. Military – Good Sam Cobb may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

11. National Security – Good Sam Cobb may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

12. Inmates – Good Sam Cobb may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

13. Workers' Compensation – Good Sam Cobb may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications – You have the right to request that Good Sam Cobb communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the following:

Privacy Official
Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008
Phone 770-419-3120

You must specify the requested method of contact, or the location where you wish to be contacted. Good Sam Cobb will accommodate reasonable requests. You do not have to give a reason for your request.

2. Requesting Restrictions – You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment of your care, such as family members and friends. We are not required to agree to the request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the following:

Privacy Official
Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008
Phone 770-419-3120

Your request must describe in a clear and concise fashion: (a) the information you wish restricted, (b) whether you are requesting to limit Good Sam Cobb's use, disclosure or both; and (c) to whom you want the limits to apply.

3. Inspection and copies – You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. In order to inspect and/or obtain a full copy of your PHI, you must submit your request in writing to the following:

Privacy Official
Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008
Phone 770-419-3120

Good Sam Cobb may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Good Sam Cobb may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review for our denial. Another licensed healthcare professional chosen by us will conduct the reviews.

4. Amendment - You must provide us with a reason that supports your request for amendment in writing. Good Sam Cobb will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is our in our opinion: (a) accurate and complete; (b) not part of the IIR kept by our for Good Sam Cobb; (c) not part of the PHI would you would be permitted to inspect and copy; or (d) not created by Good Sam Cobb, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures – All of our patients have the right to request, in writing, an “accounting of disclosures”. An “accounting of disclosures” is a list of certain non-routine disclosures Good Sam Cobb has made your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in Good Sam Cobb is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the following:

Privacy Official
Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008
Phone 770-419-3120

All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and will not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but Good Sam Cobb may charge you for additional lists within the same 12-month period. Good Sam Cobb will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right of Paper Copy to this Notice – You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at anytime and you may download a copy from our website at any time at no cost or expense. To obtain a paper copy of this notice, contact the following:

Privacy Official
Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008
Phone 770-419-3120

7. Right to File a Complaint – If you believe your privacy rights have been violated, you may file a complaint with Good Sam Cobb or with the Secretary of the Department of Health and Human Services at 404-562-7886 or online at [U.S. Department of Health & Human Services - Office for Civil Rights](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html). To file a complaint with Good Sam Cobb, contact the following:

Privacy Official
Good Samaritan Health Center of Cobb
1605 Roberta Drive SW
Marietta, GA 30008
Phone 770-419-3120

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures – Good Sam Cobb will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at anytime in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Privacy Official at 770-419-3120. You may also contact the U.S. Department of Health and Human Services for more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

F. OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- We must post a copy of this notice on our website and provide you with a paper copy of it should you request one.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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