We are committed to protecting health information about you. Your health information is contained in an electronic health record that is the physical property of Stamps Health Services, the organization that is the physical property of Stamps Health Services, the organization that is responsible for the handling of health information. This notice describes the uses and disclosures of your protected health information (PHI). Stamps Health Services may use and disclose PHI for the purposes listed below. For these purposes, we may use and disclose PHI other than for treatment, payment, or health care operations, and related services. This may include communicating with other health care providers regarding your treatment, and coordinating and managing your health care with others. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

1. Treatment: We may use and disclose PHI to provide health care treatment to you. In other words, we may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment, and coordinating and managing your health care with others. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

2. Payment: We may use and disclose PHI to obtain payment for the healthcare services you received. This means that we may use PHI to arrange for payment (such as insurers, collection agencies, etc.). In some instances, we may disclose PHI in an insurance plan before you receive certain health care services because, for example, we may need to obtain authorization for treatment or a particular service. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as information about your diagnosis and procedures, and the supplies used.

3. Public Health: We may use and disclose PHI in performing a variety of business activities that we call "healthcare operations." These activities allow us to improve the quality of care. For example: Evaluating the qualifications and performance of healthcare providers taking care of you, providing training programs for students, trainees, and health care providers to help them improve their skills; cooperating with outside organizations that evaluate, certify, or license healthcare providers, staff, or facilities; and when working with others (such as lawyers or accountants) we assist.

4. Comply with Laws: We may disclose PHI to a relative, close friend or any other person you identify if that person is involved in your care and the information is relevant to your care. You may ask us at any time not to disclose PHI to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If you are unable to agree to object to such a disclosure, we may disclose PHI as necessary if we determine that it is in your best interest based on our professional judgment. For example: A patient’s husband may be invited into an exam room and a nurse practitioner may discuss medication or treatment with the patient and her husband.

5. Required by Law: We will use and disclose PHI whenever we are required to do so by law, however, we will limit our use or disclosure to the relevant requirements of the law. For example: Judicial and Administrative proceedings pursuant to legal authority and Law-enforcement officials where Georgia law allows disclosure.

6. National Priority Uses and Disclosures: When permitted by law, we may use or disclose PHI without your permission for various activities that are recognized as "national priorities." We will only disclose medical information about you in the following circumstances when we are required to do so by law: Examples include:

- Public Health As required by law, we may disclose to authorities, for purposes related to: preventing or controlling disease, injury, or disability; reporting domestic violence; and reporting disease or infection exposure. For example reporting communicable diseases to the state.
- Public Safety If we believe it is necessary to prevent or lessen serious and imminent threat to the health or safety of a particular person or the public.
- Health Oversight Activities We may disclose PHI to health agencies during the course of audits, investigations, inspections, licencings, and other proceedings.
- Judicial and Administrative Proceedings: We may and are sometimes required by law, to disclose PHI to a court or an officer of the court if, for example, a judge orders us to do so. For example: Pursuing legal proceedings to enforce compliance with court orders.
- Law Enforcement: For purposes such as identifying or locating a suspect, fugitive, material witness, or missing person and complying with a court order or subpoena or similar process and other law enforcement purposes. For example if a police officer needs information to identify or find a missing person.
- Deceased Person Information: To law enforcement officials, coroners, medical examiners, and funeral directors. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
- Research Organizations: We may disclose PHI for research purposes that have been approved by an Institutional Review Board, including established protocols to ensure privacy of your health information.
- Specialized Government Functions: Included but not limited to military and national security activities.

7. Marketing: The use or disclosure of PHI for marketing purposes or any disclosures that constitute a sale of PHI require your authorization.


9. Breach Notification: If a breach occurs we will notify you of the breach.

10. Right to Amend: You have the right to request that we amend certain PHI about you that is incorrect or incomplete. You must provide us with a request in writing. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. Fees charged may also include postage charges and any charges incurred for the preparation of an explanation or summary of the PHI if agreed to in lieu of, or in addition to, providing access to the PHI.

11. Right to Access the Medical Records: You have the right to request and receive a copy of your PHI, including direct access to completed medical laboratory report, within 30 days of the request (with a one-time 30-day extension after written notice for the delay and when the records will be provided). You may obtain an electronic or paper copy of your medical records. You may also request to send an electronic copy of your medical records. If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. Fees charged may also include postage charges and any charges incurred for the preparation of an explanation or summary of the PHI if agreed to in lieu of, or in addition to, providing access to the PHI.

12. Right to Request Data Portability: You have the right to request that we transfer your PHI to another entity in an electronic form.

13. Authorizations: Except as described in this notice of privacy practices. Stamps Health Services will not use or disclose your PHI without your written authorization (the signed permission of you or your personal representative). If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing at any time.

You have the right to request access to, amend, and restrict the use and disclosure of your PHI, and you have the right to request that we communicate with you in a manner or location of your choice. You also have the right to request confidential communications, including the right to request to be contacted at a different location or by a different method of communication. Additionally, you have the right to request that we limit our use and disclosure of your PHI. We will review your request and notify you of our decision. If you disagree with our decision, you may file a complaint with us or with the HHS Office for Civil Rights.