Peachtree Spine Physicians

Patient Rights and Responsibilities
Notice of Privacy Practices

5555 Peachtree Dunwoody Rd, Suite G65, Atlanta, GA 30342
Phone: (404) 843-3323 | Privacy Questions: info@peachtreespine.com
Effective: September 2013 | Updated: July 2026

This combined notice explains your rights and responsibilities as a patient, describes how your health information may be used and disclosed, and explains how you can access your health information. Please review it carefully.

Quick Contacts

Purpose	Contact
Practice questions, grievances, comments, or quality concerns	Peachtree Spine Physicians, 5555 Peachtree Dunwoody Rd, Suite G65, Atlanta, GA 30342; Phone: (404) 843-3323
Privacy questions or HIPAA complaints	Privacy Officer, Peachtree Spine Physicians; Email: info@peachtreespine.com
AAAHC accreditation entity	Accreditation Association for Ambulatory Health Care, 847-853-6060, 3 Parkway North Blvd, Deerfield, IL 60015-2537
Georgia Department of Health	800-878-6442, 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334
Georgia Composite Medical Board	404-656-3913
U.S. Department of Health and Human Services Office for Civil Rights	200 Independence Avenue, S.W., Washington, D.C. 20201; 1-877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints/

1. Patient Rights

As a patient being treated in our office, you have the right to:

- Respectful care with concern for the patient's dignity and comfort, provided by competent personnel in a safe and sanitary environment.
- Consideration of your personal privacy concerning your own medical care.
- The names and credentials of all physicians and/or staff directly assisting in your care.
- Medical records pertaining to your care treated as confidential, except as required by law or third-party contractual agreements.
- Information about the rules and regulations in our practice that apply to your conduct as a patient.
- Information regarding provisions for after-hours and emergency care.
- Emergency procedures implemented without delay. If transfer to another facility is needed, the responsible person and receiving facility will be notified of your condition prior to your arrival.
- Good quality care and high professional standards of care and infection control that are continually maintained and reviewed.
- Information about what services are available at this organization.
- Full information in layman's terms concerning diagnosis, treatment, prognosis, and possible complications, including written discharge instructions.
- To be advised of participation in a medical care research program or donor program. You would be asked to give informed consent prior to participation and may refuse or discontinue participation without fear of reprisal or discrimination.
- Refuse treatment, including drugs or procedures, within the confines of the law, and to be informed by a physician of the medical consequences of refusal.

- Receive medical, nursing, and ASC services without discrimination based upon age, race, color, religion, national origin, handicap, disability, or source of payment. The ASC is not required to provide uncompensated or free care and treatment unless otherwise required by law.
- Access to an interpreter whenever possible.
- Access to all information contained in your medical record within a reasonable time, unless access is specifically restricted by your attending physician.
- Good management techniques that consider effective use of your time and avoid unnecessary discomfort.
- Information about fees for services and the organization's payment policies.
- Examine and receive a detailed evaluation of your bill.
- Be informed of the right to change physicians, if desired, when another qualified provider is available.
- Be free from abuse, neglect, harassment, and exploitation.
- Appropriate and professional care relating to physician orders.
- Receive information necessary to make informed decisions prior to the start of any procedure or treatment.
- Personal and data privacy and confidentiality.
- Be informed that patient rights may be extended to a person appointed under state law to act as the patient's surrogate or appointed by the patient as the patient's representative.
- Voice grievances, suggest changes in services, and report alleged violations relating to mistreatment, neglect, and other forms of abuse to a person in authority in the ASC, and receive a written response within 30 days.

2. Patient Responsibilities

The care a patient receives also depends on the patient. In addition to these rights, each patient has certain responsibilities, outlined in the spirit of mutual trust and respect:

- Provide complete and accurate information to the best of your ability about your health, medications taken, including over-the-counter products, and any allergies or sensitivities.
- Follow the treatment plan prescribed by your provider and participate in your care.
- Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, as required by your provider.
- Accept personal financial responsibility for any charges not covered by insurance.
- Behave respectfully toward all health care professionals and staff, as well as other patients.

3. Advance Directives

While we at Peachtree Spine Physicians respect patient rights regarding advance directives, based on organizational conscience the ASC medical team will provide comprehensive resuscitative care to every patient. We will file a copy of your existing advance directive upon your request and document receipt of this document in a prominent and uniform location in your patient record. We can provide information regarding advance directives and approved state-specific forms upon request.

4. Notice of Financial Interest

Federal and state regulations require that we inform you that Dr. Matthew Richardson and Jeffrey Grossman have a financial interest in Peachtree Spine Physicians. This involvement helps us ensure high-quality surgical care for all patients.

5. Comments, Grievances, and Quality Concerns

Peachtree Spine Physicians would like to hear from you if you have compliments, comments, grievances, or concerns about the quality of our care and services. You may contact us directly at 5555 Peachtree Dunwoody Rd, Suite G65, Atlanta, GA 30342; our telephone number is (404) 843-3323.

You may also contact our accreditation entity, the Accreditation Association for Ambulatory Health Care, at 847-853-6060; mailing address: 3 Parkway North Blvd, Deerfield, IL 60015-2537.

If you wish to contact the Georgia Department of Health, you may contact them at 800-878-6442, 2 Martin Luther King Jr. Drive SE, East Tower, Atlanta, GA 30334. Physicians in Georgia are licensed by the Georgia Composite Medical Board, which may be contacted at 404-656-3913.

We recognize that you have a choice for your health care services, and we are grateful that you have chosen us as your provider.

6. Notice of Privacy Practices

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.

Your Privacy 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, such as home phone or 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, also known as an accounting, of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, health care operations, and certain other disclosures such as any you asked us to make. We will provide one accounting per 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, if someone is your legal guardian, or if another person is legally authorized to act as your representative, 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 privacy complaint if you feel your rights are violated

- You can complain if you feel we have violated your privacy rights by contacting our Privacy Officer using the contact information in this notice.
- 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/.
- We will not retaliate against you for filing a complaint.

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

Our Uses and Disclosures

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.

Health Care 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.

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, and funeral directors
- Workers' compensation
- Law enforcement
- Government functions, including military and 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 and 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.

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.

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.

This Notice of Privacy Practices applies to Peachtree Spine Physicians and all locations, unless otherwise stated.

Questions: Contact the Privacy Officer of Peachtree Spine Physicians at info@peachtreespine.com.