



PICKENS URGENT CARE & PRIMARY CARE

Notice of Privacy Practices

Effective October 3, 2026. Paper copies are available at the front desk of each clinic.

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.

This notice is for Pickens Urgent Care & Primary Care. It applies to our clinics in Sandy Springs, Jasper, and Decatur, Georgia. If you need this notice in another format, ask at the clinic or email info@pickenscare.com.

Our clinics

Clinic	Address	Phone	Fax	Hours
Sandy Springs	5785 Roswell Rd, Atlanta, GA 30328	(404) 635-6644	(404) 601-5447	Mon-Sat 8 AM-6 PM
Jasper	744 Noah Drive, Suite 108-109, Jasper, GA 30143	(706) 692-0119	(706) 692-0280	Mon-Sat 9 AM-7 PM; Sun 12-6 PM
Decatur	4995 Flat Shoals Pkwy, Decatur, GA 30034	(404) 446-3508	(404) 446-3525	Mon-Sat 9 AM-7 PM; Sun 12-6 PM

Your rights

When it comes to your health information, you have certain rights. This section explains them and some of our responsibilities.

- Get a copy of your medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say no, but we will tell you why in writing, usually within 60 days.
- Request confidential communications. You can ask us to contact you in a specific way (for example, a home or office phone) or to send mail to a different address.
- 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, and we may say no if it would affect your care. If you pay for a service or item out of pocket in full, you can ask us not to share that information for payment or our operations with your health plan. We will say yes unless a law requires us to share it.
- Get a list of those with whom we have shared information. You can ask for a list (accounting) of the times we have shared your health information for six years before the date you ask, who we shared it with, and why. We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free and charge a reasonable, cost-based fee if you ask for another within 12 months.
- Get a copy of this notice. You can ask for a paper copy at any time, even if you agreed to receive the notice electronically. We will provide it promptly. The current notice is also on our website.
- 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.
- File a complaint if you feel your rights are violated. You can complain to us using the contact at the end of 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/hipaa/filing-a-complaint. 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, talk to us. Tell us what you want, and we will follow your instructions.

You have both the right and the choice to tell us to share information with your family, close friends, or others involved in your care, and to share information in a disaster relief situation. If you cannot tell us your preference, for example if you are unconscious, we may 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 do not maintain a hospital directory and we do not contact you for fundraising.

We never share your information for these purposes unless you give us written permission: marketing, sale of your information, and most sharing of psychotherapy notes. We do not sell your health information. If you tell us we can share it, you may change your mind at any time. Tell us in writing if you change your mind.

If you signed registration papers or a HIPAA authorization at a clinic, that document controls where it says it does, including any permission it describes. You may ask for a copy at the clinic or by writing to the address at the end of this notice.

Our uses and disclosures

Treat you. We can use your health information and share it with other professionals who are treating you. Example: a clinician treating an injury asks another clinician about your overall health.

Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary, including appointment reminders and information about treatment alternatives or health-related services we offer. Example: we use health information to manage your treatment and services.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. Example: we give information about you to your health plan so it will pay for your services.

How else can we use or share your health 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 have to meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/.

- Help with public health and safety issues. We can share health information for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- Do research. We can use or share your information for health research, when the law allows it.
- Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- Respond to organ and tissue donation requests. We can share health information with organ procurement organizations.
- Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests. We can use or share health information for workers' compensation claims, for law enforcement purposes, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions. We can share health information in response to a court or administrative order, or in response to a subpoena.

This website

Requesting an appointment or typing in the chat can include health information. The chat loads only if you allow it and is operated by Voiceflow for the clinic. Scheduling happens on SuzyAI's site. Those vendors must treat health information as our business associates when HIPAA applies to them. Do not use the Site or the chat for an emergency. Call 911. Information the Site collects that is not part of your medical record is described in our Privacy Policy.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly 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 and give you a copy of it.
- We will not use or share your information other than as described here, and in any authorization you are a party to, 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.

For more information see www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact

Privacy Officer
Pickens Urgent Care & Primary Care
744 Noah Drive, Suite 108-109
Jasper, GA 30143
info@pickenscare.com
(706) 692-0119

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/hipaa/filing-a-complaint

This notice applies to Pickens Urgent Care & Primary Care at Sandy Springs, Jasper, and Decatur, Georgia.