

**Georgia Healthcare Services Weight Loss Program**  
155 Medical Way, Ste D; Riverdale, GA 30274  
Phone: 770-961-1997  
Website: [www.georgiahc.com](http://www.georgiahc.com)

## **Privacy Policy Agreement**

### **Introduction**

**At Georgia Healthcare Services Weight Loss Program, we are committed to protecting the privacy and confidentiality of our patients' personal and health information. This Privacy Policy Agreement outlines how we collect, use, disclose, and protect your information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.**

### **Information We Collect**

**We collect and maintain various types of information about our patients, including:**

- **Personal information (e.g., name, address, date of birth, contact information)**
- **Medical history and health information (e.g., medical conditions, medications, treatment history)**
- **Financial information (e.g., payment information, insurance details)**

### **How We Use Your Information**

**We use your information for the following purposes:**

- 1. Treatment: To provide you with personalized weight loss programs and medical care tailored to your health needs.**
- 2. Payment: To process payments for services rendered, including billing and insurance claims processing.**
- 3. Healthcare Operations: To facilitate clinic operations, such as appointment scheduling, record-keeping, quality improvement activities, and compliance with legal and regulatory requirements.**

### **Disclosure of Your Information**

**We may disclose your information to the following entities:**

- **Healthcare providers involved in your treatment or care**
- **Insurance companies for claims processing and payment purposes**
- **Business associates who perform services on our behalf (e.g., billing companies, IT service providers)**
- **Public health authorities for disease control and surveillance purposes**
- **Law enforcement or government agencies as required by law or to prevent harm**

### **Your Rights**

**You have the following rights regarding your information:**

- **Right to Access:** You have the right to access and obtain a copy of your health records.
- **Right to Amend:** You have the right to request amendments to your health information if you believe it is inaccurate or incomplete.
- **Right to Restrict Disclosure:** You have the right to request restrictions on how your information is used or disclosed.
- **Right to Request Confidential Communication:** You have the right to request confidential communication of your information.

### **Security Measures**

**We maintain appropriate administrative, technical, and physical safeguards to protect your information from unauthorized access, disclosure, alteration, or destruction.**

### **Changes to this Privacy Policy**

**We reserve the right to update or modify this Privacy Policy Agreement at any time. Any changes will be effective immediately upon posting on our website.**

### **Acknowledgment**

**By signing below, you acknowledge that you have read, understood, and agree to the terms of this Privacy Policy Agreement. You consent to the collection, use, and disclosure of your information as described herein.**

**Please sign below to indicate your acknowledgment and agreement to our Privacy Policy.**

**Patient Name:**

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**Patient Signature: \_\_\_\_\_ Date:**

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**Parent/Guardian Name (if applicable):**

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**Parent/Guardian Signature (if applicable): \_\_\_\_\_ Date:**

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