# WILLS MEMORIAL HOSPITAL
## COMMUNITY MEDICAL ASSOCIATES OF WASHINGTON
# NOTICE OF PRIVACY PRACTICES

**Effective Date: July 16, 2026**

**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.**

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| **QUESTIONS OR COMPLAINTS** | Susan Pope, HIPAA Privacy Compliance Officer \| Wills Memorial Hospital<br>120 Gordon Street, Washington, GA 30673 \| (706) 678-9212 \|<br>administration@willsmemorialhospital.com |

### Who this joint notice covers

This notice applies to **Wills Memorial Hospital**, 120 Gordon Street, Washington, GA 30673, and **Community Medical Associates of Washington**, 212 Hospital Drive, Washington, GA 30673, (706) 678-6944, including their workforce and health-care professionals when acting for either facility. In this notice, these facilities are called "we." They may share your health information with each other, as permitted by law, for treatment, payment, and health-care operations. Each facility will follow this notice.

## Your Rights

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

**Get an electronic or paper copy of your medical record.** You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. Ask us how to make the request. We will provide a copy or a summary of your health information, usually within 30 days after receiving your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record.** You may ask us to correct health information that you believe is incorrect or incomplete. Ask us how to make the request. We may deny the request, but if we do, we will explain the reason in writing within 60 days.

**Request confidential communication.** You may ask us to contact you in a specific way, such as at your home, office, or cell phone, or to send mail to a different address. We will agree to all reasonable requests.

**Ask us to limit what we use or share.** You may ask us not to use or share certain health information for treatment, payment, or health-care operations. We are not required to agree and may deny the request, for example, if the restriction could affect your care. If we agree, we will follow the restriction, except when information is needed for emergency treatment.

**Limit disclosures to your health plan after paying in full.** If you pay for a health-care item or service out of pocket in full, you may ask us not to share information about that item or service with your health plan for payment or health-care operations. We will agree unless a law requires us to share the information.

**Get a list of those with whom we have shared information.** You may ask for an accounting of certain disclosures made during the six years before the date of your request, including who received the information and why. The accounting will not include disclosures for treatment, payment, or health-care operations and certain other disclosures, such as those you asked us to make. We will provide one accounting in any 12-month period at no charge. We may charge a reasonable, cost-based fee for another accounting within the same 12 months.

**Get a copy of this privacy notice.** You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

**Choose someone to act for you.** If a person has legal authority to act as your personal representative, such as under a medical power of attorney or guardianship, that person may exercise your rights and make choices about your health information. We will verify the person's authority before taking action.

**File a complaint if you believe your rights were violated.** You may complain by contacting Susan Pope, HIPAA Privacy Compliance Officer, using the information at the beginning of this notice. You may also file with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue, S.W., Washington, DC 20201; calling 1-877-696-6775; or visiting hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

### Other patient-care complaint options

For concerns about care, treatment, safety, service, or discharge, contact the Charge Nurse or department manager. If the concern is not resolved, ask for the Director of Nursing or Performance Improvement Coordinator, or contact Hospital Administration at (706) 678-9212, Wills Memorial Hospital, 120 Gordon Street, Washington, GA 30673. We will not retaliate or deny care because you make a complaint or grievance.

You may also contact the following independent organizations about patient safety, quality of care, or Medicare concerns. You do not have to complete our internal grievance process first. These contacts do not replace the HIPAA privacy complaint options above.

**The Joint Commission – (Patient safety or quality concerns)** Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181; telephone 1-800-994-6610; online at jointcommission.org/en-us/contact-us/report-a-patient-safety-event.

**Acentra Health BFCC-QIO – (Medicare quality-of-care complaints or appeals)** Acentra Health, 1650 Summit Lake Drive, Suite 102, Tallahassee, FL 32317; Georgia Beneficiary Helpline 1-888-317-0751; TTY 711; online at acentraqio.com.

## Your Choices and Authorizations

Tell us your preference about sharing information with family, close friends, others involved in your care or payment, disaster-relief organizations, or the hospital directory. If you cannot tell us, we may share information when we believe it is in your best interest or to reduce a serious and imminent threat.

We need your written authorization for most uses of psychotherapy notes, marketing, sale of your information, and other uses or disclosures not described in this notice. You may revoke an authorization in writing, except to the extent we already relied on it.

We may contact you about fundraising, but you may opt out. If we have your substance-use-disorder patient records protected by 42 CFR Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

## How We May Use and Share Your Information

**Treatment.** We may use and share information with professionals treating you. Example: an emergency physician shares your condition with a specialist.

**Payment.** We may use and share information to bill and obtain payment. Example: we send necessary information to your health plan for payment.

**Health-care operations.** We may use and share information to operate the hospital, improve quality, coordinate care, train staff, and conduct business. Example: we review records to improve patient safety. Business associates that help us perform these functions must protect your information.

### Other permitted or required uses and disclosures

- Public health and safety, such as preventing disease; reporting births, deaths, abuse, neglect, domestic violence, medication reactions, or product recalls; and preventing or reducing a serious threat.
- Health research that meets legal requirements.
- Compliance with federal or Georgia law, including reporting to HHS for privacy-law oversight.
- Organ and tissue donation; or work with a coroner, medical examiner, or funeral director after death.
- Workers' compensation; health oversight; law-enforcement requests; and special government functions such as military, national-security, or protective services, when authorized by law.
- A court or administrative order, subpoena, or other lawful process, after required safeguards are met.

### More protective federal and Georgia laws

Some information receives additional protection under federal or Georgia law. This may include mental-health records; HIV/AIDS information and test results; genetic information; information about minors when they may consent to care or control disclosure; and substance-use-disorder records. When these laws apply, we may need your specific written permission, a court order, or other legal authority before using, sharing, or redisclosing the information.

These protections do not prevent disclosures authorized or required by law, including certain public-health reports, reports of abuse or neglect, or disclosures needed to prevent a serious and imminent threat. Part 2 substance-use-disorder records receive the additional protections described below.

### Special protections for substance-use-disorder (SUD) records - 42 CFR Part 2

To the extent we receive or maintain SUD patient records protected by 42 CFR Part 2, we will not use or share information in those records, or provide testimony describing those records, in any civil, criminal, administrative, or legislative investigation or proceeding against you without (1) your written consent or (2) a court order and a subpoena or other similar legal mandate.

A court order authorizing use or disclosure in a proceeding against you may be entered only after you and the holder of the records receive notice and an opportunity to be heard. Part 2 records may be redisclosed only as permitted by HIPAA and Part 2, and they remain protected from use in proceedings against you unless the required written consent or court-order process is satisfied.

## Our Responsibilities

- We must protect the privacy and security of your protected health information, tell you about our legal duties and privacy practices, and notify you promptly after a breach that may have compromised your information.
- We must follow the notice currently in effect and give you a copy.
- We will not use or share information except as described here or as you authorize in writing.
- We may change this notice and make the revised terms apply to all information we maintain, including information received before the change. The current notice will be available on request, at both facilities, and at www.willsmemorialhospital.com and www.mycmahealth.com.

*For more information about HIPAA privacy rights, visit hhs.gov/hipaa/for-individuals.*