Notice of Privacy Practices

Effective Date: November 1, 2026

Practice: Mantilla Surgical Colorectal & Pelvic Health P.C

Privacy Contact: Nathalie Mantilla, MD MPH
Phone: 706-806-9353
Fax: 706-973-3692
Email: info@mantillasurgical.com
Address: 1109 Medical Center Dr., Suite 3 Augusta GA 30909
Website: www.mantillasurgical.com

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.

Purpose of this notice

This notice explains how Mantilla Surgical Colorectal & Pelvic Health P.C may use and disclose your protected health information, your rights regarding that information, and the practice's legal duties under federal privacy law.

Protected health information, or PHI, includes information that identifies you and relates to your past, present, or future physical or mental health, the health care provided to you, or payment for your health care.

Our uses and disclosures

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your care and related services. For example, we may share information with your primary care physician, referring physician, anesthesiologist, pathologist, radiologist, hospital, imaging center, laboratory, pharmacy, pelvic floor therapist, or another clinician involved in your care.

Payment

We may use and disclose your PHI to bill and collect payment from you, your health plan, or another third party. For example, we may send information to your insurer to obtain prior authorization, verify coverage, submit claims, or explain why a service was medically necessary.

Health care operations

We may use and disclose your PHI for operations necessary to run our practice and support quality care. Examples include quality assessment, staff training, licensing, credentialing, legal review, auditing, business planning, and day-to-day administrative activities.

Other permitted or required disclosures

We may also use or disclose your PHI without your written authorization when permitted or required by law, including for public health activities, health oversight activities, certain law enforcement purposes, workers' compensation matters, judicial or administrative proceedings, and to avert a serious threat to health or safety. We may also disclose PHI for research when allowed by law and subject to applicable requirements, and to coroners, medical examiners, funeral directors, or organ procurement organizations when permitted by law.

Uses requiring your written authorization

Other uses and disclosures not described in this notice will be made only with your written authorization, unless the law permits or requires otherwise. We will obtain your written authorization before using or disclosing your PHI for marketing, the sale of PHI, or most uses and disclosures of psychotherapy notes, if applicable. You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

Your rights

- You may request to inspect or obtain a paper or electronic copy of your medical record and other PHI maintained by the practice, subject to limited exceptions allowed by law.
- You may request that we amend PHI you believe is incorrect or incomplete.
- You may ask us to restrict certain uses or disclosures of your PHI for treatment, payment, or health care operations. If you pay out of pocket in full for a health care item or service, you may request that we not disclose related PHI to your health plan for payment or health care operations, and we will honor that request unless disclosure is required by law.
- You may request that we communicate with you in a specific way or at a specific location, and we will accommodate reasonable requests.
- You may request an accounting of certain disclosures of your PHI made by us during the six years before your request, excluding disclosures for treatment, payment, health care operations, and certain other disclosures excluded by law.
- You may obtain a paper copy of this notice at any time, even if you agreed to receive it electronically.
- If a person has legal authority to act for you, that person may generally exercise your rights and make choices about your PHI, consistent with applicable law.
- You may file a complaint if you believe your privacy rights have been violated.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify affected individuals following a breach of unsecured PHI when required by law.
- We must provide you with this notice of our legal duties and privacy practices and follow the terms of the notice currently in effect.

- We reserve the right to change the terms of this notice and to make the revised notice effective for all PHI we maintain. The new notice will be available upon request, in our office, and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint by contacting:

Nathalie Mantilla, MD MPH
Mantilla Surgical Colorectal & Pelvic Health P.C
1109 Medical Center Dr., Suite 3 Augusta GA 30909
Phone: 706-806-9353
Email: info@mantillasurgical.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html. We will not retaliate against you for filing a complaint.

Availability of this notice

We will make this notice available to anyone who asks for it. Because we maintain a website that provides information about our services, this notice is also posted on our website and made available electronically there.