



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information, and to safeguard access to and disclosure of health information.

OUR COMMITMENT TO YOUR PRIVACY

As a health care provider, we use your confidential health information and create records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights under Federal and State law.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following information describes different ways that we may use or disclose your health information without your authorization. Although we cannot list every use or disclosure within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of these categories.

CATEGORIES FOR USES AND DISCLOSURES:

Treatment – We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, or other health care personnel who are involved in taking care of you at Emory Healthcare or at another health care provider.

Payment – We may use or disclose health information about you in order to bill and collect payment for the services and items you may receive from us. For example, we may need to give your health insurance plan information about your surgery so that your health insurance plan will pay us or reimburse you for the surgery.

Health Care Operations – We may use and disclose health information about you for Emory Healthcare operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective.

Medical Staff Members – Emory Healthcare and the independent physicians and other health care providers who are members of an Emory Healthcare facility's medical staff are considered to be an organized health care arrangement under federal law for the specific purpose of sharing patient information. As such, Emory Healthcare and its medical staff will share health information about patients necessary to carry out treatment, payment and health care operations.

Health Information Exchanges (HIE) – Health information exchanges allow health care providers, including Emory Healthcare, to share and receive information about patients, which assists in the coordination of patient care. Emory Healthcare participates in a HIE that may make your health information available to other providers, health plans, and health care clearinghouses for treatment or payment purposes.

Appointment Reminders, Follow-up Calls and Treatment Alternatives – We may use or disclose health information to remind you that you have an appointment or to check on you after you have received treatment. If you have an answering machine we may leave a message. If you elect, we may also send appointment reminders via text message or email.

Fundraising Activities – As a nonprofit health system, support from generous patients and families builds Emory Healthcare and the Robert W. Woodruff Health Sciences Center and remains essential to continue life-saving health care, research, and education operations.

Emory Healthcare Directory – We may use or disclose health information about you in the patient directory while you are a patient at an Emory Healthcare facility. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation.

Individuals Involved in Your Care or Payment for Your Care – Unless you object, we may disclose health information to a friend or family member who is involved in your medical care or who assists in taking care of you. We may also give information to someone who helps pay for your care.

Research – Researchers may conduct Records Research or Clinical Research that uses or discloses health information. Records Research is research that looks at health information in medical records. For example, a research project may compare the medical records of patients who received one medication to those who received another for the same condition.

As Required by Law – We will use or disclose health information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety – We may use or disclose health information when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donations – to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans – to military command authorities as required, if you are a member of the armed forces. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation – to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Public Health Activities – to public health agencies or other governmental authorities to report public health activities or risks. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as authorized by law; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

Health Oversight Activities – to a health oversight agency for activities authorized by law and the Secretary of the Department of Health and Human Services. Examples of oversight activities include: audits, investigations, inspections, and licensure. Oversight activities are necessary for the government to monitor the health care system and government programs to ensure compliance with civil rights laws and to enforce privacy regulations.

Lawsuits and Disputes – in response to a court or administrative order if you are involved in a lawsuit or a dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the health information requested.

Law Enforcement – under certain circumstances in response to a court order, subpoena, warrant, summons or similar process; or upon request by a law enforcement official(s) for certain law enforcement purposes. We may report a death that we believe may be the result of criminal conduct or report suspected criminal conduct occurring on our premises. We may also report information related to a suspected crime discovered in the course of providing emergency medical services.

Coroners, Medical Examiners and Funeral Directors – to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Emory Healthcare to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities – to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others – to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

Immates – to the correctional institution or law enforcement official, if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES WHICH REQUIRE YOUR AUTHORIZATION Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, disclosures that constitute a sale of health information, and other types of uses and disclosures of your health information not described in this Notice require an authorization and will be made only with your written authorization. You may revoke your authorization by giving written notice to the medical records department where you received your care.

Right to Inspect and Copy – You have the right to inspect and obtain a copy of your medical record or billing record. To inspect and copy your medical or billing record, you must submit your request in writing to the Medical Records Department of Billing Department of the facility where you received your care. You need to include in your request your name, or if acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. To the extent that your health information is maintained electronically and you request the information in an electronic format, to the extent possible we will provide you a machine readable copy. If you request a copy, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy records in certain limited circumstances; however, you may request that the denial be reviewed. A licensed health care professional chosen by Emory Healthcare will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Emory Healthcare might not retain medical records from other facilities for inclusion in your medical record or designated record set. These could include radiology films, scans or compact discs that were or might be provided to your Emory Healthcare provider. Please check with your physician or clinic administrator if you have any questions regarding this policy.

Right to Request an Amendment – If you feel that health information we have about you is incorrect, you may ask us to amend it. You have the right to request an amendment for as long as the health information is kept by or for Emory Healthcare. To request an amendment, your request must be made in writing and submitted to the medical records department of the entity where you received your care. In addition, you must provide a reason that supports your request. You need to include in your request your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend health information that:

- Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- Is not part of the health information kept by or for Emory Healthcare;
- Is not part of the health information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures – You have the right to request a list of the disclosures we made of your health information except for disclosures: for treatment, payment or health care operations, pursuant to an authorization, incident to a permitted use or disclosure, or for certain other limited disclosures defined by law.

To request this list of disclosures, you must submit your request in writing to the Emory Healthcare Privacy Office at 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. Your request must specify a time period for which you are seeking an accounting of disclosures and include your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. You may not request disclosures that are more than six years from the date of your request or that were before April 14, 2003. Your request should indicate in what form you want the list, for example, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions – You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Except as otherwise required by law, we will comply with a request to restrict disclosure of health information to a health plan for purposes of carrying out payment or healthcare operations, BUT ONLY if the health information you ask to be restricted from disclosure pertains solely to a health care item or service for which you have paid out of pocket. In full. We are not required to agree to any other requests. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We have the right to revoke our agreement at any time, and once we notify you of this revocation, we may use or disclose your health information without regard to any restriction or limitation you may have requested. To request restrictions, you must make your request in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030. You will need to include your name, or if acting as a personal representative, include the name of the patient, contact information, date of birth and dates of service if known. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive a Paper Copy of This Notice – Even if you have agreed to receive this Notice electronically, you have the right to receive a paper copy of this Notice, which you may ask for at any time. You may obtain a copy of this Notice at our website, www.emoryhealthcare.org. To obtain a paper copy of this Notice, write to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030.

Right to Receive Notification of a Breach of Your Health Information – We have put in place reasonable processes and procedures to protect the privacy and security of your health information. If there is an unauthorized acquisition, access, use, or disclosure of your protected health information we will notify you as required by law. The law may not require notice to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you.

CHANGES TO THIS NOTICE We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Emory Healthcare facilities and you may request a copy of the current notice. In addition, the current notice will be posted at www.emoryhealthcare.org.

COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint by writing to the Chief Privacy Officer, Emory Healthcare, 101 W. Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, GA 30030. You may also file a complaint with the Secretary of the Department of Health and Human Services, http://www.hhs.gov/ocr/privacy/hipaa/complaints. You will not be penalized for filing a complaint. For further information, you may send written inquiries to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, GA 30030 or call 404-778-2757.

This Notice of Privacy Practices applies to the following organizations: Emory Healthcare facilities that will abide by this notice include but are not limited to: Emory University Hospital, Emory University Orthopaedics and Spine Hospital, Emory University Hospital Midtown, Emory Johns Creek Hospital, Emory Saint Joseph's Hospital, Emory Decatur Hospital, Emory Hillandale Hospital, Emory Ambulatory Surgery Care Center at Dunwoody, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Centers, Emory Clinic, Emory Children's Center, Emory Specialty Associates, Emory Budd Terrace, Emory Wesley Woods Center, Emory Dialysis Center, LLC, Emory Long-Term Acute Care, Emory Rehabilitation Hospital in Partnership with Select Medical, Emory Rehabilitation Outpatient Center in Partnership with Select Medical, Emory, Emory Physical Therapy. This list of facilities may change from time to time; you may obtain an updated list of facilities by calling 404-778-2757

Emory University is called a "Hybrid Covered Entity" under the HIPAA regulations. This is because the University has some components that are covered by HIPAA (hereafter referred to as, "Covered Component") and others that are not. The following Emory University facilities have a Covered Component: the School of Medicine, School of Nursing, School of Public Health, Emory College and Emory University Graduate School Departments of Psychology, Student Health Services, Oxford College Student Health Service, Autism Center, Psychoanalytic Institute, and the Clinical and Translational Research Lab. These facilities may change from time to time; you may obtain an updated list of facilities by calling 404-727-2398.

Emory Healthcare facilities are clinically integrated and part of an organized health care arrangement (OCHA) with its components and other components of Emory University. Your health information may be disclosed between the University's Covered Components and the University may disclose your health information to Emory Healthcare if necessary to carry out treatment, payment or health care operations related to the OCHA. All components of the OCHA arrangement are required to abide by this Notice.

Individuals who work in a Covered Component must follow HIPAA and this NPP. Individuals in a facility work as a part of the facility's Covered Component when they perform one of the following activities: (a) Treat patients and bill insurance or government programs for that treatment. (Note: Student patients are covered by the Family Educational Rights and Privacy Act instead of HIPAA).

(b) Take or process payment for health care services that are billed to insurance or a government program, and/or (c) Perform health care operations.

NOTE: The Emory University Group Health Plan operates under a separate Notice of Privacy Practices and therefore does not follow this Notice.

PATIENT RIGHTS & RESPONSIBILITIES

The employees and medical staff of EMORY HEALTHCARE recognize that you are an individual with unique needs and perspectives. The following reflects your rights and responsibilities as we work with you to provide your care.

YOU HAVE A RIGHT TO:

- Participate in the development and implementation of your plan of care
- Make informed decisions regarding your care
- Know who is responsible for coordinating your care
- Receive considerate and respectful care without discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression, as well as source of payment for care
- Expect your care to be given with regard to your safety and in a safe setting
- Expect care to be given in an environment free from all forms of abuse or harassment
- Receive appropriate assessment and management of pain
- Ask for and receive complete and understandable information about your condition and care
- Request and/or refuse treatment
- Have access to treatment facilities that are available and medically indicated
- Request auxiliary aids when necessary for effective communication
- Receive respect for your cultural and spiritual beliefs
- Formulate advance directives and expect that hospital staff will honor these directives
- Have a family member or representative of your choice notified promptly of your admission to the hospital, and be present during your stay to visit or provide support (unless their presence interferes with others rights, safety or is medically contraindicated)

- Have your attending physician notified promptly of your admission to the hospital
- Have a right to personal privacy
- Receive private and confidential care
- Receive an explanation of your bill
- Request and receive information contained in your medical record within reasonable time frame
- Expect that confidentiality of information in your medical record will be maintained
- Ask for and receive guidance from the hospital Ethics Committee
- Be free from any restraint or seclusion that is not clinically necessary or necessary in an emergency situation to ensure your immediate physical safety, or the safety of others
- Voice concerns to hospital staff, medical staff, or patient & family adequacy without fear of reprisal or discrimination
- Request assistance for concerns, or file a formal grievance with patient & family advocacy and receive a written response
- Utilize the hospital's grievance process as well as or instead of filing a complaint with the Georgia Department of Community Health, Two Peachtree Street, NW, Atlanta, Georgia 30303 (404-657-5726 or 1-800-878-6442), and/or the Joint Commission (TJC), One Renaissance Boulevard, Oakbrook Terrace, IL 60181 | 1-800-994-6610, https://www.jointcommission.org/report\_a\_complaint.aspx, or fax 630-792-5636. Ambulatory Surgery complaints may be filed with the office of Medicare Ombudsman @ 1-800-MEDICARE or www.medicare.gov/ombudsman/resources.asp
- The patient has the right to file a grievance with the Georgia Composite Medical Board, concerning the physician, staff, office and treatment received. The patient should send a written complaint to the board. The patient should be able to provide the physician or practice name, the address and the specific nature of the complaint. Complaints or grievances may be reported to the Board at the following address or telephone number: Georgia Composite Medical Board Attn. Complaints Unit, No. 2 Peachtree Street, N.W. 36th Floor, Atlanta GA 30303 (404) 656-3913, www.medicalboard.georgia.gov

Emory Healthcare tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính ATTENTION: If you are an individual with limited English language proficiency assistance services, free of charge, are available to you. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

YOU HAVE A RESPONSIBILITY TO:

- Provide complete and accurate health, medical and insurance information including an advance directive if available
- Be considerate and respectful of other patients, hospital staff and hospital property and encourage your visitors to do the same
- Ask questions when in doubt
- Communicate changes in your health and/or condition to your caregivers
- Follow your caregivers instructions or discuss with them any obstacles you may have in complying with your prescribed treatment plan
- Accept responsibility for refusing treatment or not following your prescribed treatment plan
- Be aware that your right to be involved in your plan of care does not include receiving medically unnecessary treatment
- Meet financial obligations associated with the health care services received
- Respect and follow hospital rules including those that prohibit offensive, threatening, and/or abusive language or behavior

If our staff have been unable to resolve your question or concern please contact: Emory University Hospital Patient & Family Advocacy at 404-686-7593 Emory University Hospital Midtown Patient & Family Advocacy at 404-686-1999 Emory University Orthopaedics & Spine Hospital Patient & Family Advocacy at 404-686-1999 Emory Saint Joseph's Hospital Patient Relations at 678-843-5121 Emory Decatur Hospital Ethics Committee at 404-501-2739 Emory University Hospital at Wesley Woods Office of Complaints/Relations at 404-728-6464 The Emory Clinic Patient & Family Advocacy at 404-778-3539