

EFFINGHAM EXTENDED CENTER NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

WHO WILL FOLLOW THIS NOTICE?

This notice describes our facility's practices and that of

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff and other facility personnel.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive at the facility, as well as records regarding payment for these services. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel or your personal doctor. Your personal doctor may have different policies or notices regarding doctor's use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, physical therapists, occupational therapists, speech language pathologists, medical students, or other facility personnel who are involved in taking care of you at the facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange appropriate meals. Different departments of the facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions and lab work.

For Payment: We may use and disclose health information about you so that the treatment and services you receive at the facility may be billed, and that payment may be collected from you, an insurance company or other third party. For example, we may need to give your health plan information about services that you received at the facility so your health plan will pay us or reimburse you for your services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosure are necessary to run the facility and to make sure that all residents receive quality care. We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many facility residents to decide what additional services the facility should offer, what services are needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see whether we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific residents are.

We will maintain a facility directory with certain limited information about you while you are a resident at the facility. This information may include your name, location in the facility, your general condition, (e.g., fair stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the facility and generally know how you are doing.

Your health information can be used by the facility to communicate information about care and treatment to your personal representative or others identified by you and/or involved in your care. The facility will also place a nameplate on your door and may take photographs for identification purposes. As a way to recognize your birthday, the facility may post your name, birth month and day and/or photograph on a bulletin board and/or your room door, or place your name in the facility newsletter. Pictures taken during activity programs may also be posted on a bulletin board. To welcome new residents to our facility, the facility may post a welcome sign on your door with your name on it.

- Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- Individual Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort.
- As Required By Law: We will discuss medical information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- To Those Involved in Your Care: We may disclose medical information about you to people who may be involved in your care, such as your family members, close personal friends and, if applicable, a private sitter. If, at any time you do not want such people involved in your care, you may instruct us not to make any disclosures to them.

SPECIAL SITUATIONS

- Organ and Tissue Donation: If you are an organ donor, we may release medical information 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: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- Workers' Compensation: If applicable, we may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- Public Health Risks: We may disclose medical information about you for public health activities. The activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report deaths;
 - 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;
 - to notify the appropriate government authority if we believe you have 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: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 information requested.
- Law Enforcement: We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital or nursing home;
 - In emergency situations to report a crime: the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors: We may release medical information 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 medical information about patients of the facility to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU!

You have the following rights regarding medical information we maintain about you:

- Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed if the denial is made for certain reasons. Another licensed health care professional chosen by the facility 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.
- Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may delay 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 information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for the facility;
 - Is not part of the 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 an "accounting of disclosures." This is a list of certain disclosure we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request

should indicate in what form you want the list (for example, in paper, 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 medical information we use or disclose about you for treatment, payment or health care operations purposes. You may also request a restriction or limit on the medical 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 to your daughter, or that we not use your information in any quality assurance activities. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. 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. **Exception: We will accept Request for restriction of PHI to a payor if paid in full for service.**

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at home.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice contact the: **The Health Information Management Department.**

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 medical 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 in the facility. This notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS: You will not be penalized in any way for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the **Office of Civil Rights Voluntary Compliance and Outreach Division** (Responsible for all privacy issues involving HIPAA) at **404-562-7881 or 404-562-7875**. To file a complaint with the facility (**all complaints must be submitted in writing**), contact the: **Privacy Officer**

912-754-0198

privacyofficer@effinghamhospital.org

P.O. Box 386 Springfield, Georgia 31329

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. We maintain a website that provides information about our entity, this Notice will be on the website.

www.effinghamhealth.org