



EFFINGHAM HEALTH SYSTEM  
459 HIGHWAY 119 SOUTH  
SPRINGFIELD, GA 31329  
912.754.6451

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT  
(HIPAA)

Notice of Privacy Practices  
EFFECTIVE: April 14, 2003

We understand you might be worried about keeping your health and medical information private. Effingham Health System works hard to protect your privacy. At the same time, we are following some new federal laws. There are laws about the ways health care providers can use and share medical information about patients. The law says that we need your permission (authorization) for certain uses, but not for others.

Your personal medical information is called Protected Health Information or "PHI." Effingham Health System and our medical staff can use your PHI or share it with each other only in certain ways. We must also follow rules about sharing your PHI outside of our system.

**THESE ARE YOUR RIGHTS:**

You have the right to ask us not to share your PHI with a person or group. You have the right to make a written request to restrict or put a limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. **Exception: We will accept Request for restriction of PHI to a payor if paid in full for service.**

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
3. To whom you want the limits to apply, for example, disclosures to your adult children

We keep a list of all patients who are in our facilities. We keep track of names, room numbers, their condition (e.g., stable, fair, etc.), and religion. We can share some of this information with people who ask about you by name. However, if you object to that we will not give out this information.

**Right to Request Confidential Communications:** You can ask us to contact you in certain ways or at certain places. For example, you may want us to call you at work instead of at home. You must ask in writing. Send your requests to Privacy Officer at Effingham Health System.

**Right to Review and Right to Request a Copy:** Usually, you can read and copy your PHI. You must ask for it by writing to the Health Information Management Department at Effingham Health System.

We will get back to you within Thirty Days (30) days after we get your letter. We will tell you if we can let you see and/or get a copy of your PHI. Sometimes we will give you a summary of the information you ask for, but only if you agree to that. If we make a copy or summary of your PHI, we may charge you for copying, mailing, and other costs.

If we decide not to let you see your PHI, we will explain why. We will also explain that you can get another health care professional to look at your request. Sometimes we don't have the PHI you want. If we know where your PHI is, we will tell you where to write for it.

Right to Amend: You can ask that we fix mistakes or add new facts to your PHI. You must ask us in writing. Write to the Health Information Management Department at Effingham Health System. In your letter, explain why you are asking us to add to, or change your PHI. We will get back to you within sixty (60) days after we get your letter. We will tell you whether we agree to make a change. We will tell you what changes we will make, if any.

We can deny your request if the information:

- Wasn't written by us;
- Is not part of our records;
- Is not something you are allowed to see;
- Is not correct or complete.

If we deny your request, we will tell you why in writing. We will also explain what other steps you can take, such as:

- Write to us stating you don't agree with us, or
- Ask in writing that we include a copy of your letter and our answer with you PHI from now on; and
- File a complaint with the Effingham Health System Privacy Officer about our decision.

Right to an Accounting of Disclosures. You can ask for a list of people and groups who have seen your PHI in the past six (6) years. (But we can only give information about what has happened since April 14, 2003.) You must ask for the list by writing to the Privacy Officer at Effingham Health System. You have the right to request an "accounting of disclosures." This is a list of certain disclosure we made of medical information about you.

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. The list will not include times when you gave your written permission. And it won't include things already covered in this Notice. These include giving out your PHI:

- For treatment, payment, and health care operations:
  - To you;
  - For lists of patients;
  - For people involved in your care;
  - Government functions;
- Or for certain law enforcement purposes.

Using Your PHI without Your Permission:

The law allows us to use your PHI without your permission in these ways. We give some examples of each use to help you understand it.

For Your Treatment: Any of our medical staff involved in treating you can use your PHI. They can also share it with others involved in your care. For example, your doctor may share your PHI with another doctor whom he/she asks about your condition.

For Payment: We may use and share your PHI to collect payment for services. For example, we may give your PHI to the companies that send out bills. We may also give your PHI to other health plans or providers for billing.

For Our Business 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 patients 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.

We can share PHI with doctors, nurses, and other medical staff. This can help them learn how to do their jobs better. We can also share PHI with lawyers. They help us follow the laws.

We may also share PHI with other health care providers and health plans where you've been a patient in the past. We would do this only to help them with things such as giving better care or watching for fraud or abuse.

We may make your medical information available electronically through state, regional, or national information exchange services which help make your medical information available to other healthcare providers who may need access to it in order to provide care or treatment to you. Participation in health information exchange services also provides that we may see information about you from other participants

**To Follow the Law:** We may share PHI to follow the law, to report or solve crimes, or to help law enforcement.

**To Protect Public Health:** We may disclose your medical information for public health purposes. Examples include:

- To prevent or control disease, injury or disability
- To report births and deaths
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- To report medication reactions
- To notify people of product recalls

**To Oversee Health Care Systems:** We can give PHI to government agencies that inspect health care systems.

**To Help Coroners or Medical Examiners:** We may need to give PHI to help identify a body or the cause of death.

**For Organ or Tissue Donation:** We may give PHI to help agencies that match organ donors with people on waiting lists.

**To Avoid a Serious Threat to Others:** We can give PHI to people working to prevent a threat to the health or safety of other people. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Note:** Georgia and Federal Law provide protection for certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others.

**Special Government Functions:** We may share PHI with federal officials for national security reasons.

**Worker's Compensation:** We can release PHI to comply with laws that protect you if you are hurt or get sick on the job.

**For Fundraising:** We may use your PHI to contact you for our fundraising efforts. If you don't want us to contact you for this, please write to the Effingham Health System Privacy Officer.

**Minors:** If you are a minor (under 18 years old), Effingham Health System will comply with Georgia law regarding minors. We may release certain types of your PHI to your parent or guardian, if such release is required or permitted by law.

**Military and Veterans:** If you are a member or veteran of the U.S. or foreign armed forces, we may release your PHI as required by the military.



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**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer., this release would be necessary for Effingham Health System to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

**Lawsuits and Law Enforcement:** We may disclose your PHI to respond to a court or administrative order or a search warrant. We also may disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested. Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official.

**Appointment Reminders and Other Items of Interest:** We can use your PHI to contact you about an appointment. We can also contact you about other treatments, services, and programs that may interest you. Your Access to Your Own PHI: We may share your PHI with you or someone you choose to represent you.

**Government Offices:** We must give your PHI to certain federal workers when they are checking on how we follow the privacy laws.

**Other Uses of Protected Health Information:**

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to Effingham Health System will be made only with your written permission. If you give us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written revocation, but the revocation will not affect actions we have taken in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission. We still must continue to comply with laws that require certain disclosures, and we are required to retain our records of the care that we provided to 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 PHI we already have about you as well as for any information we receive in the future.

Before we make any big changes, we will give you a new Notice. We will post the new Notice in all registration areas. You can ask for a paper copy of this Notice. Please contact the Registration Department at Effingham Hospital.

**BREACH OF HEALTH INFORMATION**

We will inform you if there is a breach of your unsecured health information.

**COMPLAINTS**

You can file a complaint if you believe your privacy rights have been violated. Contact the Privacy Officer at Effingham Health System and put your complaint in writing. You also have the right to file a complaint with the Office of Civil Rights Voluntary Compliance and Outreach Division at (800)368-1019. You can also visit the website [www.hhs.gov/ocr/privacy/hipaa/complaint](http://www.hhs.gov/ocr/privacy/hipaa/complaint).

If you have any questions about this Notice, please contact the

Privacy Officer at Effingham Health System.

(912) 754-0143

P.O. BOX 386 SPRINGFIELD, GEORGIA 31329

We maintain a website that provides information about our entity; this Notice will be on the website.

[www.effinghamhealth.org](http://www.effinghamhealth.org)