



NavicentHealth

Navicent Health, Inc.

## NOTICE OF PRIVACY PRACTICES

**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.**

**LAST UPDATED July 1, 2020**

**A copy of this Notice is also available in Spanish. Una copia de este anuncio esta disponible tambien en Espanol.**

Navicent Health, Inc. (also known as “Navicent”) is committed to elevating health and well-being through compassionate care. To do so, we need to use and share your information among ourselves, with our vendors and with providers and agencies involved with your care. We understand that health information is personal, and we are committed to protecting your privacy. This Notice outlines how we protect your information and your rights under the Health Insurance Portability and Accountability Act (“HIPAA”). We are required by law to:

- Maintain the privacy of your health information as outlined in this Notice.
- Provide you with notice of our legal duties and privacy practices related to your health information; and
- Follow the terms of the Notice currently in effect.

### **Who does this Notice apply to?**

This Notice applies to the Navicent Health System (Navicent Health, Inc.) and all of our Affiliated Services and Hospitals (except for Managed Entities), Facilities, Practices, Departments and other sites of service; personnel who are employed by, contracted by, train with, or volunteer with Navicent Health and members of our various medical staffs and approved personnel while they care for you at a Navicent location.

Sharing PHI Among Navicent and its Medical Staff. Navicent and the Navicent Health Physician Group and other health care providers of the Navicent medical staff work together in an Organized Health Care Arrangement to provide medical services to you when you are a patient at Navicent. Navicent and the members of its medical staff will share with each other PHI as necessary to carry out their treatment, payment and health care operations relating to the provision of care to patients at Navicent. This Notice also applies to our Medical Staff.

Sharing PHI via a Health Information Exchange. Navicent participates in Georgia Regional Academic Community Health Information Exchange (GRACHIE), a secure network through which your health information is shared with your other healthcare providers as necessary, and as permitted under Federal and State law. This Notice also applies to GRACHIE. You have the right to opt out of GRACHIE. For more info, please call 478-553-2498, or visit [www.grachie.org](http://www.grachie.org).

Sharing PHI via an Accountable Care Organization.

Navicent Health participates in accountable care organizations (ACO’s) such as TC2, LLC. These enable us to share information among participating entities and providers in a clinically integrated setting: for treatment, payment, and healthcare operations purposes;

and for joint activities. Please visit [www.tc2health.com](http://www.tc2health.com), or call (478) 832-6134.

**Uses and Disclosures for Treatment, Payment and Health Care Operations.**

Navicent may use or disclose PHI about you for purposes of treatment, payment and health care operations without obtaining written authorization from you.

Treatment. We may use and share your health information to provide, coordinate, or manage your health care and related services, both with our own providers and with others involved in your care. Different personnel may also share your health information to coordinate the different things you need, such as prescriptions, lab work and x-rays. For example, a doctor treating you for a broken leg may need to know if you have diabetes so she can treat you properly and work with our dietitian so you can have low sugar meals. Our case manager will need to know about your diabetes so he can connect with other agencies to get you access to the proper resources after discharge. We may also share your information with a health registry so we can access information that may help us identify a different way to treat you. We may share and receive your health information from other providers, including within our system, to treat you.

Treatment Alternatives. We may use and share your health information to tell you about possible treatment options or alternatives that may be of interest. For example, if you have cardiac issues, we may tell you about exercise resources or apps that could support your heart health. Note you are responsible for reviewing any additional terms of use may apply to apps or other tools that you use.

Payment. We may use and share your health information with others to bill and collect payment for the services we provide to you, such as with billing departments, insurance companies, health plans and their agents, and

consumer reporting agencies. For example, if you broke your leg, we may need to share information about your condition, the supplies used, and the services you received (such as X-rays or surgery) with your health plan so they can pay your bill. We may also contact payors before you receive scheduled services, such as for pre-approval from your health plan or to confirm you qualify for coverage.

Health Care Operations. We may use and share your health information to carry out business activities that help us operate our health system, improve the quality and cost of patient care, and conduct other health care operations. For example, we may look at patient information to evaluate the performance of our staff, plan new services, identify new locations for services, or send you a survey about your experience. We may also use patient information to train personnel and students, respond to governmental agencies, support our licensing, analyze data, and for legal and other purposes. We can also share your information with other providers who have a relationship with you for their own health care operations. For example, if you come to us in an ambulance, EMS may want to know the resolution to your care to determine if their medics delivered appropriate treatment to you in the ambulance.

**Special Situations.** In certain situations, we may use or share your health information without your permission or without giving you a chance to object, including:

When required by law. Such as to report gunshot wounds, communicable diseases, child abuse, or to make certain reports to state or federal agencies.

For Public Health Activities. Such as to prevent or control disease, injury, or disability; report reactions or problems with medical products; report births or deaths; or to work with the U. S. Center for Disease Control

For Health Oversight Activities. Such as to reports to the state health regulators or the Center for Medicare/Medicaid Services.

Coroners, Medical Examiners, and Funeral Directors. Such as for autopsies and the handling of bodies.

Organ, Eye, and Tissue Donation. Such as to an organ procurement organization.

Medical Research. Such as for studies that have been approved by special Institutional Review Boards; we will follow the relevant research regulations to protect your information.

To Avoid a Serious Threat to Health or Safety. Navicent may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized government functions. Such as for military, national security, national intelligence or medical suitability determinations.

Law Enforcement and Correctional Institutions. Under certain circumstances, Navicent may release to a correctional institution or law enforcement official PHI regarding an inmate of the correctional institution or under the custody of the law enforcement official.

Workers' Compensation. Such as to an employer under state law regarding a work-related injury or illness.

### **Other situations.**

Fundraising Activities. We may use your health information to contact you about donating to Navicent Health. We may also share your health information with a related foundation that may then contact you to raise money for a treatment or service related cause, such as for our children's hospital. You can opt out of fundraising communications by

emailing: [foundation@navicenthealth.org](mailto:foundation@navicenthealth.org), calling 478-633-4483, or writing to:

Navicent Health Foundation  
777 Hemlock Street  
Hospital Box 78  
Macon, GA 31201

Appointment Reminders; Health-related Benefits and Services. Navicent may use and release your PHI to contact you and remind you of an appointment, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs.

Disclosures to You or for HIPAA Compliance Investigations. Navicent may disclose your PHI to you or your personal representative, and it is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Navicent must disclose your PHI to the Secretary of the United States Department of Health and Human Services when requested in order to investigate Navicent's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**Uses and Disclosures Subject to State and Other Laws.** In addition to the federal privacy regulations that require this notice (called the "HIPAA" regulations), there are Georgia and other federal health information privacy laws. These laws on occasion may require your specific written permission prior to disclosures of certain particularly sensitive information (such as mental health, drug/alcohol abuse, or HIV/AIDS information) in circumstances that the HIPAA regulations would permit disclosure without your permission. Navicent is required to comply not only with the HIPAA regulations but also with any other applicable laws that impose stricter nondisclosure requirements.

**Uses and Disclosures to Which You Have an Opportunity to Object.**

You will have the opportunity to object to these types of uses and disclosures of PHI that Navicent may make:

Patient Directories. Unless you object, Navicent may use some of your PHI for a directory of individuals in its facility. This information may include your name, your location in the facility, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The information also may be disclosed to members of the clergy or (except for your religious affiliation) to other persons who ask for you by name. To opt out of being included in the directory, please notify the staff member registering you or providing your care.

**Individuals Involved In Your Care or Payment.**

We may share your health information with a family member, personal representative, friend or other person you identify or who is involved in your care or payment. For example, if you bring a sibling to your appointment or have a friend pick you up from a procedure and you do not object to them hearing your medical information, then we can share relevant information with them. We could also tell your family how to care for you at home or share billing information if they are helping with your bills or covering your services. We may also share information to notify people involved in your care about your location, general condition or death. If you are unable to make decisions for yourself or it is an emergency, we will use our professional judgment to decide if it is in your best interest to share your health information with those involved in your care.

**Other Uses and Disclosures of PHI for Which Authorization is Required.**

Authorization is required for: (1) most uses and disclosures of psychotherapy notes (2) uses and disclosures of PHI for marketing purposes; and (3) disclosures that constitute a sale of PHI. In addition, other

types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations you have the right to revoke in writing.

**You have the following rights regarding your Health Information:**

You have certain rights regarding the health information we maintain about you, which are outlined below. Our Health Information Management Department (HIM) oversees many of these rights. If you have any questions, please call HIM at 478-633-1201, or their address listed below and they will assist you.

**Restrictions and Communications of PHI**

You may request that Navicent restrict the use and disclosure of your PHI. Navicent is not required to agree to any restrictions you request, but if Navicent does so it will be bound by the restrictions to which it agrees except in emergency situations.

You have the right to request that communications of PHI to you from Navicent be made by particular means or at particular locations. For instance, you might request that communications be made to your work address, or by e-mail rather than regular mail. You may also restrict certain disclosures of PHI to a health plan where you pay out of pocket in full for the healthcare item or service. Your requests must be made in writing and sent to:

Health Information Management  
777 Hemlock Street  
Hospital Box 148  
Macon, GA 31201

Information and Forms to assist with your request may be found at:  
<https://navicenthealth.org/navicent-health-medical-records.html>

Navicent will agree to your reasonable requests without requiring you to provide a reason for your request.

### Breach Notification

You have the right to be notified if your health information is acquired, used, or shared in a manner not permitted under law which results in more than a low risk of compromise to the security or privacy of your health information.

### Inspect and Copy PHI

Generally, you have the right to inspect and copy your PHI that Navicent maintains, provided that you make your request in writing to:

Health Information Management  
777 Hemlock Street  
Hospital Box 148  
Macon, GA 31201

Information and Forms to assist with your request may be found at:  
<https://navicenthealth.org/navicent-health-medical-records.html>

Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), Navicent will inform you of the extent to which your request has or has not been granted. In some cases, Navicent may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, Navicent may charge a reasonable fee to cover copying, postage, and related costs. If Navicent denies access to your PHI, it will explain the basis for the denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If Navicent does not maintain the PHI you

request, but knows where it is located, it will tell you whom to contact.

### Correct or Supplement PHI

If you believe that your PHI maintained by Navicent contains an error or needs to be updated, you have the right to request that Navicent correct or supplement your PHI. Your request must be made in writing to:

Health Information Management  
777 Hemlock Street  
Hospital Box 148  
Macon, GA 31201

Information and Forms to assist with your request may be found at:  
<https://navicenthealth.org/navicent-health-medical-records.html>

and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Navicent will inform you of the extent to which your request has or has not been granted. Navicent generally can deny your request if it relates to PHI: (i) not created by Navicent; (ii) that is not part of the records Navicent maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, Navicent will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Navicent's denial attached; and (iii) complain about the denial.

### Right to Accounting of Disclosures

You generally have the right to request and receive a list of the disclosures of the PHI Navicent has made at any time during the six (6) years prior to the date of your request (provided that such a list would not include

releases made prior to April 14, 2003). The list will not include disclosure for which you have provided a written authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) for Navicent's patient directory or to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials.

You should submit any such request to:

Health Information Management  
777 Hemlock Street  
Hospital Box 148  
Macon, GA 31201

Information and Forms to assist your request may be found at:  
<https://navicenthealth.org/navicent-health-medical-records.html>

and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Navicent will respond to you regarding the status of your request. Navicent will provide the list to you at no charge, but if you ask for more than one request in a year you will be charged a fee of \$25 for each additional request.

#### Right to a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request. To obtain a paper copy of this Notice, please contact:

Health Information Management  
777 Hemlock Street  
Hospital Box 148  
Macon, GA 31201

You can also obtain a copy of this Notice at our website, [www.navicenthealth.org/policies](http://www.navicenthealth.org/policies).

#### Complaints

You may complain to Navicent if you believe your privacy rights with respect to your PHI have been violated by contacting Navicent Public Relations at 478-633-1353 or our Helpline at 1-888-380-9008. You may submit a written complaint to:

Public Relations  
777 Hemlock Street  
Hospital Box 153  
Macon, GA 31201

You will not be punished for filing a complaint. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201 or calling 1-877-696-6775, or visiting:  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

#### Business Associates

Sometimes, we hire other people and companies known as business associates to help us perform services and manage operations. We may need to share your health information with these business associates so that they can perform their job for us. For example, we may hire healthcare monitoring companies, collection agencies, or medical directors. We require them to protect your health information and keep it confidential.

#### Changes to this Notice of Privacy Practices

We reserve the right to change and update this Notice and our privacy policies. The revised Notice will be effective for health information we already have about you, as well as for any health information we create or receive in the future. Before Navicent makes an important change to its privacy policies, it will promptly revise this Notice and post the new Notice.

The effective date is listed at the beginning of this Notice and we will post a current copy at each registration location and on our website [www.navicenthealth.org/policies](http://www.navicenthealth.org/policies).

**Questions**

If you have any questions about this Notice, please contact our Office of Corporate Compliance, Privacy Officer. 478-633-6990 or [privacyofficer@navicenthealth.org](mailto:privacyofficer@navicenthealth.org)