

## Central Georgia Health System

### 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.**

As a health care provider, CGHS uses confidential personal health information about patients (also known as “protected health information” or “PHI”). CGHS protects the privacy of this information, and this information is also protected from disclosure by law. In certain specific circumstances, pursuant to this Notice of Privacy Practices, permission from the patient, or applicable laws and regulations, CGHS may use or disclose PHI to other parties. This Notice describes the categories of permitted uses and disclosures.

**Uses and Disclosures for Treatment, Payment and Health Care Operations.** CGHS may use or disclose PHI about you for purposes of treatment, payment and health care operations without obtaining written authorization from you.

**Treatment.** CGHS may use and disclose PHI in the course of providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. These types of uses and disclosures may occur between physicians, nurses, medical students, and other health care professionals who are involved in your care. For example, if you are being treated by your primary care physician, that physician may need to disclose PHI to a specialist physician with whom he or she consults regarding your condition, or to a nurse who is assisting in your care. Different departments of the hospital also may share medical information about you in order to deliver care to you, such as prescriptions, lab work, and x-rays. CGHS also may disclose medical information about you to people outside CGHS who may provide medical care after you leave the hospital.

**Payment.** CGHS may use and release PHI in order to bill and collect payment for the health care services provided to you. For example, CGHS may need to give PHI to your insurance company in order to be paid for the services provided to you. CGHS may also disclose PHI to its business

associates, such as billing companies, claims processing companies, and others that assist in processing health claims.

**Health Care Operations.** CGHS may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you; compliance and risk management activities; planning and development; and management and administration. CGHS may disclose PHI to physicians, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, to help assure that CGHS is complying with all applicable laws, and to help CGHS continue to provide high quality health care to its patients. CGHS also may disclose PHI to other health care providers and health plans for their quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance activities, provided that they have, or have had in the past, a relationship with the patient who is the subject of the information.

**Sharing PHI Among CGHS and its Medical Staff.** CGHS and the physicians and other health care providers of the CGHS medical staff work together in an Organized Health Care Arrangement to provide medical services to you when you are a patient at CGHS. CGHS 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 CGHS.

**Sharing PHI via a Health Information Exchange.** CGHS 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. You have the right to opt out of GRACHIE. For more info, please call 706-496-4170, or visit [www.grachie.org](http://www.grachie.org).

**Other Uses and Disclosures for Which Authorization is Not Required.** In addition to using or disclosing PHI for treatment, payment and health care operations, CGHS may use and disclose

PHI without your written authorization under the following circumstances:

As Required by Law and Law Enforcement.

CGHS may use or disclose PHI when required to do so by law. CGHS also may disclose PHI when ordered to do so in a judicial or administrative proceeding: to identify or locate a suspect, fugitive, material witness, or missing person; when dealing with gunshot and other wounds; regarding criminal conduct; to report a crime, the location of the crime or victims, or the identity, description or location of a person who committed a crime; or for other law enforcement purposes.

For Public Health Activities and Public Health Risks. CGHS may disclose PHI to government officials in charge of collecting information about: births and deaths; preventing and controlling disease; reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence; reactions to medicines or product defects or problems; or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

For health oversight activities. CGHS may disclose PHI to the government for oversight activities authorized by law, such as: audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. CGHS may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or as necessary to enable the parties to carry out their duties according to the law.

Organ, Eye, and Tissue Donation. CGHS may disclose PHI organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

Research. Under certain circumstances, CGHS may use and disclose PHI for medical research purposes.

To Avoid a Serious Threat to Health or Safety. CGHS 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. CGHS may use and disclose PHI of military personnel and veterans under certain circumstances. CGHS may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

Inmates. Under certain circumstances, CGHS 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. CGHS may disclose PHI to comply with workers' compensation or other similar laws. These programs provide benefits for work-related injuries or illnesses.

Fundraising Activities. CGHS may use certain information (name, address, telephone number or email information, age, date of birth, gender, health insurance status, dates of service, department of service, treating physician, or outcome information) to contact you for the purpose of raising money, and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, CGHS may provide your name to its institutionally related foundation. The money raised will be used to expand and improve the services and programs CGHS provides to the community. You are free to opt out of fundraising solicitation and your decision will have no impact on your treatment or payment for services. If you do not want CGHS to contact you for fundraising, please contact:

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

Appointment Reminders; Health-related Benefits and Services. CGHS 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.** CGHS 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. CGHS must disclose your PHI to the Secretary of the United States Department of Health and Human Services when requested in order to investigate CGHS'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. CGHS is required to comply not only with the HIPAA regulations but also with any other applicable laws that impose more strict 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 CGHS may make:

**Patient Directories.** Unless you object, CGHS 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.

**Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care.** Unless you object, CGHS may release your PHI to a family member, other relative, friend, or other person you identify as involved in your health care

or payment for your health care. CGHS also may notify those people about your location or condition.

**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.

**Regulatory Requirements.** CGHS is required by law to keep your PHI private, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. CGHS reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before CGHS makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice in all CGHS public access areas. You have the following rights regarding your PHI:

**Restrictions and Communications of PHI**

You may request that CGHS restrict the use and disclosure of your PHI. CGHS is not required to agree to any restrictions you request, but if CGHS 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 CGHS 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

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

### **Breach Notification**

You have the legal right to receive notice, and will receive notice from CGHS, in the event of a breach of your unsecured PHI.

### **Inspect and Copy PHI**

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

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

Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), CGHS will inform you of the extent to which your request has or has not been granted. In some cases, CGHS 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, CGHS may charge a reasonable fee to cover copying, postage, and related costs. If CGHS 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 CGHS 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 CGHS contains an error or needs to be updated, you have the right to request that CGHS 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

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), CGHS will inform you of the extent to which your request has or has not been granted. CGHS generally can deny your

request if it relates to PHI: (i) not created by CGHS; (ii) that is not part of the records CGHS maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, CGHS 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 CGHS'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 CGHS 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 CGHS'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

and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), CGHS will respond to you regarding the status of your request. CGHS 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. You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically. You can receive a copy of this notice at our Web site, [www.mccg.org]. To obtain a paper copy of this Notice, please contact:

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

You may complain to CGHS if you believe your privacy rights with respect to your PHI have been violated by contacting CGHS Public Relations at 478-633-1353 and submitting a written complaint to:

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

CGHS will not penalize you or retaliate against you for filing a complaint regarding CGHS's privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

**Incidental Disclosures**

Although CGHS trains its staff in appropriate privacy measures, due to the nature of the way treatment and billing occurs within Health System facilities, your medical or billing information may be

overheard or seen by people or entities not involved directly in your care. For example, your visitors, or visitors of other patients on your treatment floor could inadvertently overhear a conversation about you or witness a treatment episode. These types of situations are unavoidable.

**Business Associates**

Your medical or billing information could be disclosed to persons or companies ("vendors") outside the Health System who are under contract with CGHS or others to provide certain services to you and/or to CGHS. CGHS requires these vendors to sign special confidentiality agreements before giving them access to your information. They are also subject to penalties by the federal government if they use/disclose your information in a way that is not allowed by law.

If you have any questions about this Notice, please contact the CGHS Corporate Compliance Office at 478-633-6831.

Effective Date: July, 2013