

Southeast Georgia Health System Privacy Officer

2415 Parkwood Drive
Brunswick, Georgia 31520

or

Call the Health System's **Complaint Line at 1-800-273-8452.**

You may also file a written complaint by mail, fax, or e-mail with the Department of Health and Human Services ("HHS") – Office for Civil Rights ("OCR"). You can send your complaint to the OCR by (a) mailing it to OCR, U.S. Department of HHS, 61 Forsyth Street, SW – Suite 3B70, Atlanta, GA 30323; (b) faxing it to OCR at 404-562-7881; or (c) e-mailing it to OCR at [OCRCComplaint@hhs.gov]. If you need help filing a complaint with the OCR, you may (a) call the Regional Office at 404-562-7886, (b) call the toll free number at 1-800-368-1019, or (c) go to the OCR website at [http://www.hhs.gov/ocr/privacyhowtofile.htm]. Generally, a complaint must be filed with OCR within 180 days after the act or omission occurred, or within 180 days of when you knew or should have known of the act or omission.

The Health System honors your right to express concerns regarding your privacy. You will not be denied care or discriminated against by the Health System for filing a complaint.

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 for any information we receive in the future. We will post the current Notice in the Health System and on the Health System's **website at [www.sghs.org]**.

If you have any questions about this Notice, please contact the Health System Privacy Officer at 1-800-273-8452.

Effective Date: April 14, 2003

**A message from the President & CEO
of the Southeast Georgia Health System**

Dear Patient:

Our Mission is to provide quality, cost-effective patient care, educational programs, and the promotion of health and wellness services to meet the health needs of the people and communities in which we serve. Patient trust is a vital part of our Mission, and each of us must respect a patient's right to privacy. There are over 2 million patients treated in the United States annually, and we, our family members, and friends are patients as well.

The United States government established a law called the Health Insurance Portability and Accountability Act ("HIPAA") of 1996. The law is intended to provide standard privacy and security protections for your medical information.

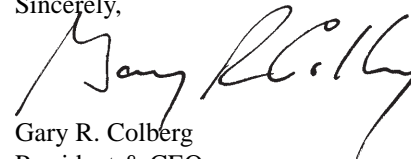
This *Notice of Privacy Practices* explains how we use and maintain your medical information. It is used by the Southeast Georgia Health System and its affiliates, together with their health care professionals; staff and volunteers; members of the Medical Staff; those participating in managed care networks with the Health System; and other legal entities that provide services to the Health System.

You will be asked to sign a form acknowledging that you have had an opportunity to receive this Notice and to ask questions regarding its contents. Signing this Acknowledgment form in no way affects the care you will receive.

If you have questions about anything contained in this Notice, please contact our Privacy Officer at 1-800-273-8452.

Thank you for placing your care, and your trust, in the Southeast Georgia Health System.

Sincerely,



Gary R. Colberg
President & CEO
Southeast Georgia Health System

would like to request this, please tell the **Registration/Admissions Clerk** each time you register for services, or you may contact the **Medical Records Departments** on either the Brunswick or Camden campus to help you with this request.

Disclosure Pursuant To Your Authorization

Other uses and disclosures of your medical information not covered by this Notice or the laws and regulations that apply to the Health System will be made only with your written authorization. If you give 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 your medical information for the reasons covered by your written authorization, but the revocation will not affect actions we have taken in reliance on your permission. Be aware 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. If you wish to revoke written authorization, please contact the **Medical Records Departments** on either the Brunswick or Camden campus to help you with this request.

Right To A Paper Copy Of This Notice

You have the right to receive a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at **our Website** [www.sghs.org] or a paper copy from any **Registration/Admissions** area.

PART IV - Complaints

If you want to file a concern or complaint about the Health System's use or disclosure of your Protected Health Information, you may file a written complaint with the following:

- disclosures made directly to you;
- disclosures you specifically authorized;
- disclosures regarding patients listed in the Hospital Directory; and
- disclosures made for national security or intelligence purposes.

Right To Request Restrictions On Disclosures

You have the right to make a written request to restrict or put a limitation on the Protected Health Information that we use or disclose about you. You also have the right to request a limit on your medical information that we disclose to someone 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. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure, or both; and (c) to whom you want the limits to apply (for example, disclosures to your adult children). If you would like to request this, please tell the **Registration/Admissions Clerk** each time you register for services, or you may contact the **Medical Records Departments** on either the Brunswick or Camden campus to help you with this request. As a result of the integrated nature of the Health System’s medical record, however, the Health System is not generally able to honor most requests, nor is the Health System legally required to do so.

Right To Request Alternate Methods Of Communication

You have the right to make a written 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 contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests and reserve the right to provide information to you about how much it will cost if the Health System will incur any significant cost in complying with the request. Your request must specify how or where you wish to be contacted. If you

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Records Departments on either the Brunswick or Camden campus have a form to help expedite your request.

If the Health System denies your request for an amendment, we will give you a written explanation of the denial. If you still disagree with the explanation provided, you can submit your written disagreement to the **Privacy Officer at the Health System**, or you can ask that your request for amendment and explanation of the denial be included in any future disclosure of the pertinent Protected Health Information. If you submit a statement of disagreement, the Health System may include a rebuttal statement addressing your statement of disagreement in your record.

We may deny a request for amendment based upon any of the following circumstances:

- The request is not in writing or does not include a supporting reason.
- The information you want to change was not created by the Health System, and the originator of the information is not available to make the amendment.
- The information is not part of the designated medical record.
- The information in the record is accurate and complete.

Right To An Accounting Of Disclosures

You have the right to make a written request for a list of certain disclosures the Health System has made of your Protected Health Information. The **Medical Records Departments** on either the Brunswick or Camden campus can help you with this process, if needed, and can tell you how much it will cost. We are not required by law to include all of the disclosures we make. For example, this list would not include the following:

- disclosures to carry out treatment, payment, or health care operations;
- disclosures that took place before the HIPAA compliance date of April 14, 2003;

PART III - Patient's Rights With Respect To Protected Health Information

Right To Request A Review And Right To Request A Copy

You have the right to request a review and request a copy of medical information in your medical and billing records. The **Medical Records Departments** on either the Brunswick or Camden campus have a form that you can fill out to request to review or copy your medical information, and to tell you how much it will cost. Additionally, our other Campuses will also be able to assist you with your request. The **Patient Financial Services Department** on the Brunswick Campus should be contacted to request a review and/or a copy of billing records.

The Health System will tell you if it cannot fulfill your request. On rare occasions, we may deny a request to review and receive a copy of some information in the medical record. This may occur if, in the professional judgment of your physician, the information could cause a threat to you or others. There are also certain exceptions contemplated under federal law when it may not be appropriate to provide a copy of specific information, including psychotherapy notes or information related to research. If you are denied the right to see or copy your medical information, you may ask us to reconsider our decision. Depending on the reason for the decision, we may ask another licensed health care professional who was not involved in the original decision to independently review both your original request and our denial. The Health System will comply with the outcome of the independent reviewer's decision.

Right To Request Amendment / Denial Of A Requested Amendment

If you feel your medical information in our records is incorrect or incomplete, you have the right to request that your Protected Health Information be amended. You must submit a written request and provide a reason to support your requested amendment. The **Medical**

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. When we use the word "we" or "Health System", we mean the Southeast Georgia Health System, its affiliates, medical professionals, and other parties who assist us in our business. Please review this Notice carefully.

A Summary Of How We Use Medical Information

The Southeast Georgia Health System creates and maintains records of medical information. Our Medical Staff, nurses, and other health care professionals work together to provide your care and record medical information about you in a designated medical record. The medical record is essential in communicating with one another about the care we provide you. The medical record also serves as the basis for creating the bill for your care.

As a patient within the Health System, we will use and disclose your medical information as follows:

- to provide treatment to you and to keep a record describing your care,
- to receive payment for the care you receive,
- to manage health care operations, and
- to comply with all applicable laws and regulations.

This Notice summarizes the ways we may use and disclose medical information about you. It also describes your rights, as well as our duties, regarding the use and disclosure of your medical information. Everyone who works for the Health System is required to protect your medical information and is expected to access your medical information only when necessary. Necessary uses may include treatment, payment, and health care operations activities.

This Notice applies to all records of your care at the Health System, whether made by Health System personnel or by your personal physician. Your physician and other health care providers will use a different *Notice of Privacy Practices* and policy regarding the use and disclosure of your medical information in their offices.

The Health System Is Required By Federal Law To Protect Health Information

By law, the Health System must keep Protected Health Information or “PHI” confidential. The federal government requires this under the Privacy Regulations in the Health Insurance Portability & Accountability Act of 1996 or “HIPAA”. HIPAA defines Protected Health Information as any information, whether oral, electronic, or paper, which is created or received by the Health System and relates to a patient’s health care or payment for the provision of health care.

As such, we make every effort to do the following:

- to keep your medical information confidential in accordance with legal requirements,
- to take necessary precautions against inappropriate use or disclosure of medical information,
- to give you this Notice of our legal duties and privacy practices with respect to your medical information, and
- to follow the terms of the Notice that are currently in effect.

A Word About Federal And State Law

Federal law requires the Health System to describe to you how we handle your medical information. When State and Federal laws differ, and Georgia law is more protective of your information or provides you with greater access to your information, then we are required to follow Georgia law.

We also may disclose your medical information in response to a subpoena from a court of competent jurisdiction, 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.

Law Enforcement

Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official.

Coroners, Medical Examiners, And Funeral Directors

We may disclose your medical information to a coroner, medical examiner, or funeral director so they may carry out their duties.

National Security / Protective Services

We may disclose your medical information to authorized federal officials for national security activities authorized by law. We may disclose your medical information to authorized federal officials so they may provide protection to the President of the United States and other authorized individuals.

Inmates Or Individuals Under Custody

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for the 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.

may release certain types of your medical information to your parent or guardian, if such release is required or permitted by law.

Public Health Purposes

We may disclose your medical information for public health purposes.

These are some examples:

- to prevent or control disease, injury, or disability
- to report births and deaths
- to report child or adult abuse, neglect, or violence
- to report adverse reactions to medications or safety problems with FDA-regulated 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 getting or spreading a disease or condition
- to report vital statistics

Health Oversight Activities

We may disclose your medical information to a federal or state agency for health oversight activities such as audits, investigations, inspections, and licensure of the Health System and of the providers who treated you at the Health System. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

Media Relations Activities

We may share extremely limited information about patients who are seen as a result of an incident documented in a public record. In these cases, if the media contacts us with a patient's name, the Health System will only provide the patient's condition in general terms (such as "fair", "stable", etc.).

Lawsuits And Disputes

We are required by law to disclose your Protected Health Information to respond to a valid court or administrative order or a search warrant.

Who This Notice Applies To

This Notice applies to the following:

- the Health System Workforce, which includes our employees; volunteers; medical, nursing, and other health care students; contract employees; agency staff; Medical Staff; and all other Health System personnel;
- all of Southeast Georgia Health System including, but not limited to, its hospital, behavioral health unit, and transitional care unit on the Brunswick Campus; its Brantley, Darien, and St. Simons Island Campuses; and its hospital on the Camden Campus;
- persons or entities performing services for the Health System under agreements containing privacy protections or to which disclosure of medical information is permitted by law;
- entities in which the Health System participates in managed care arrangements; and
- members of the Medical Staff and other professionals involved either in your care or in performing peer review, quality improvement, medical education, and other services for the Health System.

PART I - Uses And Disclosures Of Your Medical Information

This section describes the most common uses of Protected Health Information. There are three ways the Health System may use and disclose medical information: for treatment, payment, and health care operations. Protected Health Information is any information, whether oral, electronic, or paper, that is created or received by the Health System and relates to a patient's health care or payment for the provision of health care. This includes not only the results of tests and medical records written by your caregivers, but also certain demographic information (such as your name, address, and telephone number) that is related to your health records.

Treatment

We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to employees; medical, nursing, and other health care students; contract employees; agency staff; Medical Staff; and all other Health System personnel taking care of you. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so you can have appropriate meals. Various departments within the Health System may share your medical information to schedule the tests and procedures you need and to order prescriptions, laboratory tests, and x-rays. We also may disclose your medical information to health care facilities if you need to be transferred from the Health System to another hospital, a nursing home, a home health provider, or a rehabilitation center. We also may disclose your medical information to people outside the Health System who are involved in your care, such as family members or pharmacists.

Payment

We may use and disclose your medical information in order to bill and collect payment from you, Medicare, Medicaid, your health plan, an insurance company, or other payers for the treatment and services you receive. This may include providing information such as dates of service, symptoms, and diagnosis to your insurance company to show that the Health System provided services to you. For example, we may give your health plan information about surgery you received so your health plan will pay us for the surgery. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval from your plan to cover payment for the treatment.

PART II - Special Situations Involving Potential External Disclosures

This section outlines less common circumstances of when your health information may be disclosed. Federal and/or Georgia law requires or permits the Health System to provide Protected Health Information outside the organization in the following situations:

Serious Threat To Health Or Safety

We may use and disclose your Protected Health Information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or to another person.

Organ And Tissue Donation

If you might be a candidate for organ or tissue donation, the Health System may release your medical information to organizations that handle organ, eye, or tissue procurement or transplantation, such as an organ donation bank.

Military And Veterans

If you are a member of the United States Armed Forces, we may release your medical information as required by military command authorities. The Health System may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Minors

If you are a minor (under 18 years old), the Health System will comply with Georgia law regarding minors, including emancipated minors. We

member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you). If family or friends are present while care is being provided, we will assume your companions may hear the discussion, unless you state otherwise. We may give information to someone who helps pay for your care upon obtaining your authorization. Federal regulations allow us to share limited Protected Health Information to notify a family member or legal representative of your location, condition, or death. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

Medical Research

Medical research is vital to the advancement of medical science. We may use and disclose your Protected Health Information for research purposes. Most research projects, however, are subject to a special approval process and require your authorization. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address, or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your authorization.

Required By Law

We will disclose your medical information when federal, state, or local law requires it. For example, the Health System must comply with child abuse reporting laws and laws requiring us to report certain diseases or injuries to state or federal agencies.

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.

Health Care Operations

The Health System uses Protected Health Information for internal activities to monitor and improve patient care, credential staff to care for patients, prepare for state and federal regulatory reviews, manage health care operations, and improve health care services. We may use and disclose your medical information for Health System operations, such as for peer review, performance improvement, risk management, and our compliance with licensure, accreditation, or certification requirements.

For example:

- We may disclose your medical information to physicians on our Medical Staff who review treatment of patients.
- We may disclose information to employees; volunteers; medical, nursing, and other health care students; contract employees; agency staff; Medical Staff; and all other Health System personnel for training purposes.
- We may combine medical information about many patients to decide what services the Health System should offer, whether new services are cost-effective, and how we compare with other Health Systems.
- We may remove identifying data from this medical information so others may use it to study health care and health care delivery without learning who you are.
- We may disclose information to other health care providers involved in your treatment to permit them to carry out the work of their facility or to get paid. For example, we may provide information about your treatment to an ambulance company that brought you to the Health System so that the ambulance company can get paid for its services.

Activities Of Our Affiliates

We may disclose your medical information to our affiliates in connection with your treatment or with other Health System activities.

Activities Of An Organized Health Care Arrangement In Which We Participate

For certain activities, the Health System, members of its Medical Staff, and other independent contractors or professionals are called an Organized Health Care Arrangement or “OHCA”. We may disclose information about you to health care providers participating in our Organized Health Care Arrangement, such as a member of our Medical Staff, a managed care organization, or a physician-hospital organization. Such disclosures would be made in connection with our services, your treatment under a health plan arrangement, and other health care operations activities of the Organized Health Care Arrangement.

Important Notice Regarding Independent Medical Professionals

The Health System may share your medical information with members of the Medical Staff and other independent medical professionals in order to provide treatment and perform other activities such as peer review, quality improvement, medical education, and other services for the Health System. While those professionals may follow this Notice and otherwise participate in the privacy program of the Health System, they are independent contractors or professionals, and the Health System expressly disclaims any responsibility or liability for their acts or omissions.

Health Services, Treatment Alternatives, And Health-Related Benefits

We may use and disclose your medical information to tell you about (a) health-related products or services that we offer, (b) other providers participating in a health care network that we participate in, (c) possible treatment options or alternatives, or (d) health-related benefits or services that may be of interest to you. We also may use that information to communicate with you to coordinate your care. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care.

Fundraising

We may contact you to raise funds to sustain the Health System’s mission. When conducting fundraising activities, the Health System may disclose information such as your name, address, telephone number, gender, age, and the dates you received treatment at the Health System to a Health System foundation, so it can contact you. If you are contacted regarding a contribution and would prefer not to receive any additional information, you may have your name removed from future mailings by simply contacting the Health System’s **Public Relations Department**, in writing, at 2415 Parkwood Drive, Brunswick, Georgia 31520.

Current Patients Listed In Hospital Directory

We may include certain information about you in our Hospital Directory while you are a patient in the Health System. This information may include your name, your room number, your general condition (such as “good”, “stable”, etc.), and your religious affiliation, should you choose to provide one. 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. Disclosure of your room number or location is in no way associated with your medical condition, particularly if you are receiving treatment for rape, or attempted rape, HIV/AIDS, and/or alcohol/drug abuse. **Directory information**, except for your religious affiliation, may be released only to people who ask for you by name. This is so your family, friends, and clergy can visit you in the Hospital and generally know how you are doing. If you do not want this information given out, please tell the **Registration/Admissions Clerk** each time you register for services.

Individuals Involved In Your Care Or Payment For Your Care

Under federal regulations, we may disclose relevant Protected Health Information to the person you named in your Durable Power of Attorney for Health Care (if you have one), or to a friend or family