



EMORY
UNIVERSITY

Effective: February, 2010

EMORY HEALTHCARE AND EMORY UNIVERSITY NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES CHANGES IN HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED SINCE THE TIME YOU WERE PROVIDED WITH OUR ORIGINAL NOTICE OF PRIVACY PRACTICES. PLEASE REVIEW IT CAREFULLY. IF YOU WOULD LIKE A COMPLETE COPY OF OUR NOTICE OF PRIVACY PRACTICES ONE WILL BE PROVIDED TO YOU.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information, and to safeguard access to and disclosure of health information.

OUR COMMITMENT TO YOUR PRIVACY

As a healthcare provider, we use your confidential health information and create records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights under Federal and State law. This Notice applies to records of your care created or maintained by EMORY HEALTHCARE and EMORY UNIVERSITY.

We are required by law to: (1) make sure we have reasonable processes in place to keep your health information private; (2) give you this Notice of our legal duties and privacy practices with respect to your health information; and (3) follow the terms of the Notice that are currently in effect.

WHO WILL FOLLOW THIS NOTICE

Emory University and EMORY HEALTHCARE facilities that will abide by this notice include, but are not limited to, Emory University Hospital, Emory University Hospital Midtown, The Emory Clinic, Clark Holder Clinic, Emory Medical Associates, Emory-Children's Center, Wesley Woods Geriatric Hospital (including the Wesley Woods Outpatient Clinic and Long Term Hospital), Budd Terrace, Dialysis Access Center of Atlanta, and Emory Dialysis Centers collectively referred to as EMORY HEALTHCARE.

EMORY HEALTHCARE facilities are part of an organized health care arrangement with other components of Emory University, such as the School of Medicine. On occasion, we may disclose health information with these components of the University if necessary to carry out treatment, payment or healthcare operations related to the organized health care arrangement. All components of the organized health care arrangement are required to abide by the confidentiality obligations in this Notice.

CATEGORIES FOR USES AND DISCLOSURES:

Clinical Research. If you are enrolled in a clinical research trial through a School or Department of Emory University and you would like information on the Emory University privacy policies regarding use and disclosure of your health information related to the clinical trial, you may request information from the Emory University Privacy Officer, 1599 Clifton Road, N.E., Suite 4-105, Atlanta, Georgia 30322.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health 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 about a surgery you had.

Except as otherwise required by law, we will comply with a request to restrict disclosure of health information to a health plan for purposes of carrying out payment or healthcare operations, **BUT ONLY** if the health information you ask to be restricted from disclosure pertains solely to a health care item or service for which you have paid out of pocket, in full.

We are not required to agree to any other requests. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We have the right to revoke our agreement at any time, and once we notify you of this revocation, we may use or disclose your health information without regard to any restriction or limitation you may have requested.

To request restrictions, you must make your request in writing to EMORY HEALTHCARE Privacy Office, 101 West Ponce de Leon Ave, Suite 610, Decatur, Georgia 30030. 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.

ADDITIONAL INFORMATION: We have put in place reasonable processes and procedures to protect the privacy and security of your health information. If there is an unauthorized acquisition, access, use, or disclosure of your protected health information we will disclose this to you as required by law. The law may not require notice to you in all cases.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by writing to: Chief Privacy Officer, EMORY HEALTHCARE, 101 W. Ponce de Leon Avenue, Suite 610, Decatur, GA 30030. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

For further information you may send written inquiries to the EMORY HEALTHCARE Privacy Office, 101 West Ponce de Leon Avenue, Suite 610, Decatur, GA 30030 or call 404-778-2757.