THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) protects health care providers, payers, and other health care entities that develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information, and to ensure access to and dissemination of health information. The federal government has privacy rules that require that we provide you with information on how we might use or disclose your identifiable health information. We are required by the federal government to give you our Notice of Privacy Practices On Request.

As a health care 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. We further understand that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH) and implementing regulations (collectively referred to as “HIPAA”) requires that we provide you with this Notice of Privacy Practices. 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 Privacy Practices when we begin providing you with services; and (3) follow the terms of the Notice that are currently in effect.

**HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION**

The following information describes different ways that we may use or disclose your health information without your authorization. Although we cannot list every use or disclosure below, the examples are not all-inclusive. Your health information may be used and disclosed for the purposes described in this Notice without your authorization.

**Medical Purposes**

We may use or disclose health information about you in order to coordinate and manage the health care and services you receive from us. For example, we may need to give your health insurance plan information about your surgery so that your health insurance plan will pay us or reimburse you for the surgery. We may also tell our health insurance plan about your treatment and use the information to determine if you have coverage for the treatment you went to receive.

**Research**

We may use or disclose health information about you to researchers. For example, we may use this information to develop new treatments and medications. We may use this information for research, but only after it has been removed from health information records, unless we have given you specific authorization.

**Health Care Operations**

We may use your health information for our health care operations. For example, we may use health information about you to review the care you received and the quality of the care you received. We may use or share information to conduct activities that review, evaluate, and improve the quality of the services and products we provide, or to catalog the use of resources.

**Public Health Activities**

We may use or disclose health information about you to a public health authority, such as the Centers for Disease Control and Prevention, to help control infectious diseases, diseases that affect public health, and environmental health hazards.

**Military and Veterans**

We may disclose health information about you to military and veterans' organizations for activities related to the health care of members of the armed forces, such as a spouse or other family member of a member of the armed forces.

**Individuals Involved in Your Care or Payment for Your Care**

We may disclose health information about you to your family, personal representative, or other person involved in your health care. For example, we may give this information to a friend or family member who is involved in your medical care or who assists in taking care of you. We may also disclose health information to a person helping you pay for your care. We may disclose health information about you to someone who is needed to take care of you.

**Payment**

We may use or disclose health information about you in order to bill and collect payment for the services and items you may receive from us. For example, we may need to give your health insurance plan information about your surgery so that your health insurance plan will pay us or reimburse you for the surgery. We may also tell our health insurance plan about your treatment and use the information to determine if you have coverage for the treatment you went to receive.

**Emergency Treatment**

We may use or disclose health information about you when it is reasonable to believe you need immediate treatment in order to prevent serious harm to you. If you are unconscious and cannot give consent, your family or other person who is responsible for you can give consent for you.

**Health Oversight Activities**

We may use or disclose health information about you to oversight agencies that conduct quality norms or standards of care activities, use or disclose health information to review the quality of care that you or others receive from health care providers.

**Law**

We may use or disclose health information about you if we are required to do so by law. For example, a federal law requires us to disclose health information about you to the Department of Health and Human Services if the department is conducting an investigation to determine whether we are complying with federal privacy regulations.

**Right to Request Restrictions**

You have the right to request a restriction on certain uses and disclosures of your health information. For example, you may request that we not use or disclose information about you to family, friends, or clergy, such as a priest or rabbi, even if they don’t ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know what is going on, but we are not required to agree to a request for a restriction. We may deny a request if it would violate laws or regulations or affect your health care or the safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

**HOW YOU MAY OBTAIN A COPY OF THIS NOTICE**

You have the right to get a paper copy of this Notice of Privacy Practices at any time by contacting us at the phone number or address listed on the first page of this Notice. This notice does not, and is not intended to, change any of your rights under Federal and State law. This Notice describes our current privacy practices and any changes to our practices or the way we use your health information will be recorded in this Notice and provided to you as required by law.

**AMENDMENTS TO THIS NOTICE**

We may change our Notice of Privacy Practices at any time. Changes to this Notice will be effective for all information created or received on or after the effective date of the changes. We will make the changes to our Notice of Privacy Practices and then follow the new Notice. Any Notice we have in effect at the time you receive this Notice describes how we may use and disclose your health information.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

Unless you object, we may disclose health information to a friend or family member who is involved in your medical care or who assists in taking care of you. We may also give information to someone who helps pay for your care. We may tell your family about your general condition and that you are stable or stabilized and where you are located in the hospital. In addition, we may disclose health information about you to a family member of another patient involved in the same disaster situation, other than a patient at the hospital. If you are a member of the armed forces, we may also disclose health information to an authorized official who can help send you home to your next of kin.

**ALTERNATIVE COMMUNICATION METHODS**

We will make reasonable efforts to provide alternative means of communication if you have a hearing impairment or use a different language. For example, we may offer to send you a paper copy of this Notice by mail or email if you do not wish to receive it electronically.

**SUBMISSION OF COMPLAINTS**

If you believe your privacy rights have been violated, you should file a complaint with us. You can also file a complaint with the HHS Office for Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201, or call 1-800-977-6700 or 1-888-675-0204 (TTY). We cannot retaliate against you if you file a complaint.

**Right to Request**

You have the right to request restrictions on certain uses and disclosures of your health information. For example, you may request that we not use or disclose information about you to family, friends, or clergy, such as a priest or rabbi, even if they don’t ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know what is going on, but we are not required to agree to a request for a restriction. We may deny a request if it would violate laws or regulations or affect your health care or the safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

**Special Situations**

We may use or disclose health information from your medical records without your authorization in the following situations:

**Organ and Tissue Donations** – to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

**Military and Veterans** – to military command authorities as necessary to report health information about you when you are a member of the armed forces.

**Workers’ Compensation** – to workers’ compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Public Health Activities** – to public health authorities or other governmental agencies to report public health activities or risks. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or other substances. In all cases we will make reasonable efforts to obtain your Authorization, if practicable, when we request this information from you.
problems to 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 contracting or spreading a disease or condition as authorized by law; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

Health Care Operations: We may use or disclose health information for our own internal operations as described below. Emory Healthcare policies are available by law and upon request to the Secretary of the Department of Health and Human Services.

Examples of activities that are considered health care operations include: audits, investigations, inspections, and licensure. Oversight activities are necessary for the government to monitor the health care system and government programs to ensure compliance with civil laws and to enforce privacy regulations.

Lawful Uses and Disclosures of Protected Health Information

Lawful Uses and Disclosures 

• To request this list of disclosures, you must submit your request in writing to the Emory Healthcare Privacy Office at 101 West Ponce de Leon Ave, 2 Floor, Suite 242, Decatur, Georgia 30030. Your request must specify a time period for which you are seeking an accounting of disclosures and include your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, contact information, date of birth and dates of service if known. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive a Paper Copy of This Notice – Even if you have agreed to receive this Notice electronically, you have the right to receive a paper copy of this Notice. You have the right to request and receive a paper copy of this Notice at any time by contacting the Privacy Office at Emory Healthcare, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030.

Right to Notify of a Breach of Your Health Information – We have put in place reasonable processes and procedures to protect the privacy of health information. If we learn of an unauthorized acquisition, access, use, or disclosure of your protected health information we will notify you as required by law. The law may not require notice to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you. Contact Us TO NOTICE

We reserve the right to change this notice. We reserve the right to revise or change notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Emory Healthcare facilities and you may request a copy of the current Notice.

In addition, the current notice will be posted at www.emoryhealthcare.org.

This Notice of Privacy Practices applies to the following organizations:

Emory Healthcare facilities that will abide by this notice include: Emory University Hospital, Emory University Orthopaedics and Spine Hospital, Emory University Midtown, Emory Johns Creek Hospital, Emory Saint Joseph's Hospital, Emory Ambulatory Surgery Center at Dunwoody, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Center, Emory Clinic, Emory Children's Center, Emory Specialty Associates, Emory Wesley Woods Center, Emory Dialysis Center, LLC, Emory Rehabilitation Hospital in Partnership with Select Medical, Emory Rehabilitation Outpatient Center in Partnership with Select Medical, Emory Physical Therapy. This list of facilities may change from time to time; you may obtain an updated list of facilities by calling 404-778-2757.

In addition, the current notice will be posted at www.emoryhealthcare.org.

Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, disclosures that constitute a sale of health information, and for purposes of public health activities or law enforcement purposes described above in the Notice of Privacy Practices will not be subject to your request for an amendment or will be made only with your written authorization. You may revoke your authorization by giving written notice to the medical records department where you received your care. If you revoke your authorization, we will no longer use or disclose your health information as permitted by your initial authorization. Please understand that we will not be able to take back any disclosures we have already made and that we are still required to retain our records containing your health information that documents the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to request Limitations on Uses and Disclosures of Your Health Information – We may use or disclose your health information without regard to any restriction or limitation you may have requested. To request restrictions, you

• Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;

• In the event that the person or entity that created the health information is no longer available to make the amendment;

• If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, contact information, date of birth and dates of service if known.

We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive a Paper Copy of This Notice – Even if you have agreed to receive this Notice electronically, you have the right to receive a paper copy of this Notice. You have the right to request and receive a paper copy of this Notice at any time by contacting the Privacy Office at Emory Healthcare, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030.

Right to Notify of a Breach of Your Health Information – We have put in place reasonable processes and procedures to protect the privacy of health information. If we learn of an unauthorized acquisition, access, use, or disclosure of your protected health information we will notify you as required by law. The law may not require notice to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you.

Contact Us TO NOTICE

We reserve the right to change this notice. We reserve the right to revise or change notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Emory Healthcare facilities and you may request a copy of the current Notice. In addition, the current notice will be posted at www.emoryhealthcare.org.

If you believe your privacy rights have been violated, you may file a complaint by writing to the Chief Privacy Officer, Emory Healthcare, 101 W. Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, GA 30030. You may also file a complaint in writing with the Secretary of the Department of Health and Human Services, http://www.hhs.gov/ocr/privacy/hipaa/complaints. 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, 2nd Floor, Suite 242, Decatur, GA 30030 or call 404-778-2757.

This Notice of Privacy Practices applies to the following organizations:

Emory Healthcare facilities that will abide by this notice include: Emory University Hospital, Emory University Orthopaedics and Spine Hospital, Emory University Midtown, Emory Johns Creek Hospital, Emory Saint Joseph's Hospital, Emory Ambulatory Surgery Center at Dunwoody, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Center, Emory Clinic, Emory Children's Center, Emory Specialty Associates, Emory Wesley Woods Center, Emory Dialysis Center, LLC, Emory Rehabilitation Hospital in Partnership with Select Medical, Emory Rehabilitation Outpatient Center in Partnership with Select Medical, Emory Physical Therapy. This list of facilities may change from time to time; you may obtain an updated list of facilities by calling 404-778-2757.
Emory University is called a “Hybrid Covered Entity” under the HIPAA regulations. This is because the University has some components that are covered by HIPAA (thereafter referred to as, “Covered Component”) and others that are not. The following Emory University facilities have a Covered Component: the School of Medicine, School of Nursing, School of Public Health, Emory College and Emory University Graduate School Departments of Psychology, Student Health Services, Oxford College Student Health Service, Autism Center, Psychoanalytic Institute, and the Clinical and Translational Research Lab. These facilities may change from time to time; you may obtain an updated list of facilities by calling 404-727-2398.

Emory Healthcare facilities are clinically integrated and part of an organized health care arrangement (OCHA) with its components and other components of Emory University. Your health information may be disclosed between the University’s Covered Components and the University may disclose your health information to Emory Healthcare if necessary to carry out treatment, payment or health care operations related to the OCHA. All components of the OCHA arrangement are required to abide by this Notice.

Individuals who work in a Covered Component must follow HIPAA and this NPP. Individuals in a facility work as a part of the facility’s Covered Component when they perform one of the following activities:

(a) Treat patients and bill insurance or government programs for that treatment. (Note: Student patients are covered by the Family Educational Rights and Privacy Act instead of HIPAA),
(b) Take or process payment for health care services that are billed to insurance or a government program, and/or
(c) Perform health care operations.

NOTE: The Emory University Group Health Plan operates under a separate Notice of Privacy Practices and therefore does not follow this Notice.

Emory Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Emory Healthcare cumple con las leyes federales de derechos viviles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Emory Healthcare tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

ATTENTION: If you are an individual with limited English language proficiency assistance services, free of charge, are available to you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Non-Discrimination Policy

emoryhealthcare.org/uj/pdfs/ehc-sec1557nondiscrimination-policy.pdf