



# Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) describes how protected health information about you may be used and disclosed and how you may gain access to this information. Please review it carefully.

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Health Insurance Portability and Accountability Act of 1996, as amended (“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. The federal government has privacy rules which 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.

Certain Emory Healthcare programs are subject to additional federal confidentiality protections for substance use disorder records under 42 CFR Part 2 (“Part 2”). If you receive services from a Emory Healthcare program subject to Part 2, please also review the section titled “Supplemental Notice of Privacy Practices for Emory Healthcare Part 2 Programs,” which describes additional privacy protections and rights that apply to those services.

## Our Commitment to Your Privacy

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 under Federal and State law. This Notice applies to records of your care created or maintained by Emory Healthcare and by units of Emory University that are subject to HIPAA. For convenience, in this Notice, we collectively refer to Emory Healthcare and those Emory University units covered by HIPAA as “Emory Health care.” 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.

## Organized Health Care Arrangement

Emory Healthcare participates with other health care providers (each, a “Participating Covered Entity”) in Emory Health Network (“Company”), a clinically integrated network of providers affiliated with Emory Healthcare. Through Emory Healthcare, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities share health information about patients necessary to carry out treatment, payment and health care operations, participate in joint utilization review or quality assurance activities, and as such qualify to participate in an Organized Health Care Arrangement (“OHCA”), as defined by the HIPAA Privacy Rule. As OHCA participants, all Participating Covered Entities may share the PHI of their patients for the Health Care Operations purposes of the OHCA. Although Participating Covered Entities follow the privacy practices described in this Notice, they exercise their own independent medical judgment in caring for patients and they are solely responsible for their own compliance with the privacy laws. Emory Healthcare and Participating Covered Entities remain completely separate and independent entities that are legally responsible for their own actions.

## 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 within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of these categories. If your health information contains certain information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of the information. Once we have obtained your consent through your signing of the Admission/Registration Agreement, we will treat the disclosure of such information in accordance with our privacy practices outlined in this Notice.

## Categories for Uses and Disclosures

**Treatment** – We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, or other health care personnel who are involved in taking care of you at Emory Healthcare or at another health care provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Emory Healthcare departments may also share health information about you in order to coordinate health care items or services that you need, such as prescriptions, lab work and X-rays. I understand that my treatment team may use technology applications that rely on machine learning and artificial intelligence to support various aspects of my care, including tasks like summarizing medical information, drafting clinical notes, prioritizing emergency conditions and streamlining financial processes.

These tools/technologies are designed to enhance decision-making and efficiency but do not replace human judgment. My health care providers will remain responsible for all decisions related to my treatment. I also understand that some of these technologies are integrated into standard hospital systems and are part of the current standard of care.

**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 your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health insurance plan will cover the treatment. We may disclose to other health care providers health information about you for their payment activities.

**Health Care Operations** – We may use and disclose health information about you for Emory Healthcare operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may disclose your health information to doctors, nurses, technicians, medical students, residents, nursing staff and other personnel for review and learning purposes. We may combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer.

**Health Information Exchanges (HIE)** – Health information exchanges allow health care providers, including Emory Healthcare, to share and receive information about patients, which assists in the coordination of patient care. Emory Healthcare participates in an HIE that may make your health information available to other providers, health plans and health care clearinghouses for treatment or payment purposes. Your health information may be included in the HIE. We may also make your health information available to other health exchange services that request your information for coordination of your treatment and/or payment for services rendered to you. Participation in the HIE is voluntary, and you have the right to opt out. During Emory Healthcare's normal business hours, patients or their personal representatives may call the Release of Information Call Center at 404-712-4111 with a verbal request to opt out of the HIE. During afterhours, weekends, and holidays, patients or their personal representative may call the Making Data Healthy team at 404-712-6344 to verbally request to opt out of the HIE.

Additional information on Emory Health care's HIE can be found at [emoryhealthcare.org/ehealthexchange](http://emoryhealthcare.org/ehealthexchange).

**Business Associates** – We may share your health information with business associates — third parties that provide services on our behalf, such as electronic medical records systems, processing of healthcare data, billing, data analysis, IT support, or quality improvement. These business associates are required by law to protect your information and comply with HIPAA regulations.

**Appointment Reminders, Follow-up Calls and Treatment Alternatives** – We may use or disclose health information to remind you that you have an appointment or to check on you after you have received treatment. If you have an answering machine we may leave a message. We may also send appointment reminders via text message or email. We also may send you a postcard appointment reminder. We may contact you about possible treatment options or alternatives or other health-related benefits or services that may be of interest to you.

**Fundraising Activities** – As a nonprofit health system, support from generous patients and families builds Emory Healthcare and the Robert W. Woodruff Health Sciences Center and remains essential to continue life-saving health care, research, and education operations. We may use health information to contact you for fundraising opportunities. We are allowed to and may use demographic information to contact you, such as your name, address, phone number, or date of birth. We may also use the dates you received treatment or services, department of service, outcomes information, treating physician information and health insurance status. You have the right to opt out of fundraising communications. If you do not want Emory Healthcare or the Woodruff Health Sciences Center to contact you for fundraising efforts, you may opt out by calling 404-712-4483, emailing [eurec@emory.edu](mailto:eurec@emory.edu), or by submitting the request in writing to the Advancement and Alumni Engagement Office, 1762 Clifton Road, Suite 1400, Atlanta, Georgia 30322. Your decision whether or not to receive fundraising communications will not affect your ability to receive health care services at Emory Healthcare.

**Emory Healthcare Directory** – We may use or disclose health information about you in the patient directory while you are a patient at an Emory Healthcare facility. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. 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. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You will be given the option not to be listed in the directory. If you choose not to be listed in the directory, we will not be able to tell any family or friends that you are in the facility, nor will we be able to tell flower couriers where you are located.

**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 or friends your general condition and that you are in the hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research** – Researchers may conduct Records Research or Clinical Research that uses or discloses health information. Records Research is research that looks at health information in medical records. For example, a research project may compare the medical records of patients who received one medication to those who received another for the same condition. Clinical Research is research that involves drugs, devices, procedures or other interventions with participants. For example, a patient may take part in a clinical study to see if a new drug is effective to treat a disease. Some types of research are covered by HIPAA and other types are not. However, for all types of research that use or disclose identified health information from your medical records, we will obtain your written authorization except when (a) an Institutional Review Board determines in advance that use or disclosure of your health information meets specific criteria specified by law; (b) the researcher provides representation that he/she will only use the health information to prepare a research protocol or for similar purposes to prepare for a research project and that he/she will maintain the confidentiality of the information and will not remove any of the health information from Emory Healthcare. Emory Healthcare may also disclose health information to a researcher if, (c) it involves health information of deceased patients and the researcher certifies the information is necessary for research purposes; or (d) a researcher obtains data with certain very non-specific geographic identifiers (for example, a zip code) called a limited data set and agrees to use the data only for research or public health purposes.

If you would like more information on the privacy policies regarding the disclosure of your health information for research that is covered by HIPAA you may contact the Emory Healthcare Privacy Office at [ehccompliance@emoryhealthcare.org](mailto:ehccompliance@emoryhealthcare.org). If you would like more information on the privacy policies regarding use of your health information for research that is covered by HIPAA you may contact the Emory University Privacy Officer, Emory University Office of Ethics and Compliance, 1599 Clifton Road, N.E., 5th Floor, Atlanta, Georgia 30322.

**As Required By Law** – We will use or disclose health information when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety** – We may use or disclose health information when necessary to prevent a serious threat to your health and safety, or the health and 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 also use or disclose your health information 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 required, if you are a member of the armed forces. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

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

**Public Health Activities** – to public health agencies or other governmental authorities 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 problems with 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 Oversight Activities** – to a health oversight agency for activities authorized by law and the Secretary of the Department of Health and Human Services. Examples of oversight activities 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 rights laws and to enforce privacy regulations.

**Lawsuits and Disputes** – in response to a court or administrative order if you are involved in a lawsuit or a dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the health information requested.

**Law Enforcement** – under certain circumstances in response to a court order, subpoena, warrant, summons or similar process; or upon request by a law enforcement official(s) for certain law enforcement purposes. We may report a death that we believe may be the result of criminal conduct or report suspected criminal conduct occurring on our premises. We may also report information related to a suspected crime discovered in the course of providing emergency medical services.

**Reproductive Healthcare** – Emory Healthcare will not use or disclose protected health information (PHI) related to your reproductive health care, when: (1) your reproductive healthcare is lawful, (2) your reproductive health care is protected, required or authorized by federal law (including the U.S. Constitution) regardless of the state in which the health care is provided, or (3) your reproductive healthcare was provided by a person other than the covered healthcare provider that received the request for PHI. We will only disclose PHI related to law enforcement when all three of the following conditions are met: (1) The disclosure is not subject to the prohibition explained above; (2) The disclosure is required by law; (3) The disclosure meets all applicable conditions of the Privacy Rule permission to use or disclose PHI as required by law.

**Coroners, Medical Examiners and Funeral Directors** – to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Emory Healthcare to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** – to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others** – to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates** – to the correctional institution or law enforcement official, if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Uses and Disclosures Which Require Your Authorization**

Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, disclosures that constitute a sale of health information and other types of uses and disclosures of your health information not described in this Notice require an authorization and 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**

**Right to Inspect and Copy** – You have the right to inspect and obtain a copy of your medical record or billing record. To inspect and copy your medical or billing record, you must submit your request in writing to the Medical Records Department or Billing Department of the facility where you received your care. You need to include in your request your name, or if acting as a personal representative include the name of the patient, your contact information, date of birth and dates of service if known. To the extent that your health information is maintained electronically and you request the information in an electronic format, to the extent possible we will provide you a machine-readable copy. If you request a copy, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy records in certain limited circumstances; however, you may request that the denial be reviewed. A licensed health care professional chosen by Emory Healthcare will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Emory Healthcare might not retain medical records from other facilities for inclusion in your medical record or designated record set. These could include radiology films, scans or compact discs that were or might be provided to your Emory Healthcare provider. Please check with your physician or clinic administrator if you have any questions regarding this policy.

**Right to Request an Amendment** – If you feel that health information we have about you is incorrect, you may ask us to amend it. You have the right to request an amendment for as long as the health information is kept by or for Emory Healthcare. To request an amendment, your request must be made in writing and submitted to the medical records department of the entity where you received your care. In addition, you must provide a reason that supports your request. You need to include in your request 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. For additional information go to [emoryhealthcare.org/patients-visitors/medical-records.html](http://emoryhealthcare.org/patients-visitors/medical-records.html). We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend health information that:

- Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- Is not part of the health information kept by or for Emory Healthcare;
- Is not part of the health information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures** – You have the right to request a list of the disclosures we made of your health information except for disclosures:

- for treatment, payment or health care operations,
- pursuant to an authorization,
- incident to a permitted use or disclosure, or
- for certain other limited disclosures defined by law.

To request this list of disclosures, you must submit your request in writing to the Emory Healthcare Privacy Office at 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345 or email [ehccompliance@emoryhealthcare.org](mailto:ehccompliance@emoryhealthcare.org). 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. You may not request disclosures that are more than six years from the date of your request or that were before April 14, 2003. Your request should indicate in what form you want the list, for example, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**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 health care 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 via email to [ehccompliance@emoryhealthcare.org](mailto:ehccompliance@emoryhealthcare.org) or mail to the Emory Healthcare Privacy Office, 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345. 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.

**Right to Request Confidential Communications** – You have the right to 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 only contact you at work or by mail. To request confidential communications, you must make your request in writing via email to [ehccompliance@emoryhealthcare.org](mailto:ehccompliance@emoryhealthcare.org) or mail to the Emory Healthcare Privacy Office, 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345. You will need to include your name, or if 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, which you may ask for at any time. You may obtain a copy of this Notice at our website, [emoryhealthcare.org](http://emoryhealthcare.org). To obtain a paper copy of this Notice, email [ehccompliance@emoryhealthcare.org](mailto:ehccompliance@emoryhealthcare.org) or write to the Emory Healthcare Privacy Office, 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345.

**Right to Receive Notification of a Breach of Your Health 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 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.

## 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 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 [emoryhealthcare.org](http://emoryhealthcare.org).

## Complaints

If you believe your privacy rights have been violated, you may file a complaint by writing to the Chief Privacy Officer, Emory Healthcare, 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345. You may also file a complaint with the Secretary of the Department of Health and Human Services, [hhs.gov/ocr/privacy/hipaa/complaints](https://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, 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345 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 but are not limited to: Emory University Hospital, Emory University Orthopaedics & Spine Hospital, Emory University Hospital Midtown, Emory Johns Creek Hospital, Emory Saint Joseph's Hospital, Emory Decatur Hospital, Emory Hillandale Hospital, Emory Hospital Warner Robins, Emory Hospital Perry, Emory Ambulatory Surgery Center at Dunwoody, LLC, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Centers, The Emory Clinic, Inc., Emory Specialty Associates, LLC, Emory North Clifton, Inc. d/b/a Viridian Towers, Emory Dialysis, LLC, Emory Long-Term Acute Care, Emory Rehabilitation Hospital in partnership with Select Medical, Emory Rehabilitation Outpatient Centers in partnership with Select Medical, Emory Physical Therapy, LLC, Emory Houston ASC. This list of facilities may change from time to time; you may obtain an updated list of facilities by sending your request to [ehccompliance@emoryhealthcare.org](mailto:ehccompliance@emoryhealthcare.org) or 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.

Non-Discrimination Policy: [emoryhealthcare.org/patients-visitors/non-discrimination-policy.html](http://emoryhealthcare.org/patients-visitors/non-discrimination-policy.html)

Effective Date: April 2003 – Revised Dates: June 16, 2004, February 2012, June 2013, July 2014, September 2016, September 2018, December 2019, February 2022, October 2022, March 2025, June 2025, January 2026

*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 civiles 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.*

## **Supplemental Notice of Privacy Practices for Emory Healthcare Part 2 Programs**

If you receive treatment from Emory Healthcare for substance use disorder and are enrolled in a substance use disorder treatment program offered by Emory Healthcare, the health information these programs create is protected by the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records listed in 42 CFR Part 2 (“Part 2”). Part 2 requires us to maintain the privacy of your records, to provide you with notice of our legal duties and privacy practices with respect to your substance use records, and to notify you of any breach of your unsecured substance use disorder records. We are required to abide by the terms of this Notice currently in effect.

We may use and/or disclose your substance use disorder records in accordance with this Notice. We will not use or disclose your records for any reason not described in this Notice without your written consent. This Part 2 Notice supplements our HIPAA Notice of Privacy Practices set forth above. In the event of a conflict between these notices, we will follow the more stringent requirement.

If you have any questions about this supplemental notice or its content, please contact the Emory Healthcare Office of Compliance and Privacy at 404-778-2757.

## **Permitted Uses & Disclosures of Substance Use Disorder Records Without Consent**

**Medical Emergencies** - We may disclose your information to medical personnel to the extent necessary to meet a bona fide medical emergency during which you are unable to provide prior informed consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

**Court Order with Compulsory Process** - We may disclose your substance use disorder records in response to a special court order that complies with the requirements of 42 CFR Part 2, Subpart E and is accompanied by a subpoena or similar legal mandate that requires the use or disclosure.

**Research** - We may use or disclose your substance use disorder records for research purposes if it is determined that one or any combination of the following is true:

- The recipient of the information is a covered entity or business associate as those terms are defined under HIPAA and a patient authorization has been obtained or the authorization requirement has been waived under HIPAA; or
- The research is conducted in accordance with the Department of Health and Human Subjects policy on the protection of human subjects research (45 CFR Part 46); or
- The research is conducted in accordance with the FDA requirements regarding the protection of human subjects research (21 CFR Parts 50 and 56).

**Audit and Evaluation Activities** - We may use and/or disclose your substance use disorder records for auditing or evaluation activities that are performed on behalf of: any federal, state or local government; any third-party payer or health plan that provides insurance coverage to patients in a Emory Healthcare Part 2 program; a quality improvement organization or their contractors; or any entity with direct administrative control over a Emory Healthcare Part 2 program. These disclosures must be made in accordance with the requirements of 42 CFR Part 2, Subpart D.

**Crime on the Premises, Threats and Abuse** - We may disclose your substance use disorder records to law enforcement if your records are related to your commission of a crime on Emory Healthcare property, against Emory Healthcare personnel, or the threat to do either. Any disclosure for this purpose will be limited to circumstances of the incident, your name, address, and last known whereabouts.

**Child Abuse/Neglect** - We may disclose your substance use disorder records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities. However, we may not disclose your substance use disorder records as part of any civil or criminal proceeding against you that may arise from report of suspected child abuse or neglect.

**Public Health** - We may disclose your de-identified substance abuse disorder records for public health purposes to a public health authority pursuant to 42 CFR Part 2, Subpart D.

**Deceased Patients** - We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

**Individuals Involved in Your Care** - Depending on your age and mental capacity and the location of your services, we may be permitted to make certain disclosures of your information to your guardian, for payment purposes and your guardian may be permitted to consent to disclosures of your information.

**Certain Other Business Purposes; Qualified Service Organizations** - We may communicate about your diagnosis, treatment or referral for treatment within our Part 2 program or with a related entity having direct administrative control over our Part 2 program. We may also use your information internally for our own health care operations, and we may disclose your information to our qualified service organizations, to the extent necessary for these entities to provide services to Emory Healthcare in order to assist us with our operations.

**Compliance Investigation by HHS** - We may disclose your records to the Secretary of the U.S. Department of Health and Human Services (HHS) if required as part of an investigation by the Secretary to determine Emory Healthcare's compliance with Part 2.

## Uses and Disclosures with Consent

Apart from the uses and disclosures above, we may only use or disclose your substance use disorder records with your written consent, such as:

**Designated Persons or Entities of Your Choice** - We may disclose your substance use disorder records to a person or class of persons you identify or designate in your written consent. For example, a consent may authorize us to disclose your substance use disorder records to a family member or a friend.

**Treatment, Payment or Healthcare Operations** - We may disclose your substance use disorder records for treatment, payment, or health care operations purposes with your consent. When your substance use disorder records are disclosed to another Part 2 program, covered entity, or business associate pursuant to your written consent, they may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent to the extent permitted under the HIPAA regulations. In addition, to reduce the number of consent forms you must sign, you may choose to provide a single consent for all future uses and/or disclosures of your substance use disorder records that we may make for treatment, payment or healthcare operations purposes.

## Use and Disclosure of Your Information for Legal Proceedings

We will not use and/or disclose your substance use disorder records, or give any testimony relaying the content of such records, in connection with any civil, criminal, administrative, or legislative proceeding brought against you unless based on your specific written consent or a court order.

- If based on your consent, the consent may not be combined with a consent for any other purpose.
- If based on a court order, a notice and opportunity to object must first be provided to you or to the holder of the records, and the court order must be accompanied by a subpoena or similar order compelling the disclosure before your records may be used or disclosed.

## Patient Rights

We are fully committed to ensuring you are aware of your rights regarding your records. As a patient of an Emory Healthcare Part 2 Program, you have the following rights:

- A. The right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in 42 CFR § 2.26.
- B. The right to request and obtain restrictions of disclosures of records under this part to the patient's health plan for those services for which the patient has paid in full, in the same manner as 45 CFR § 164.522 applies to disclosures of protected health information.
- C. The right to a list of disclosures by an intermediary for the past 3 years as provided in 42 CFR § 2.24.
- D. The right to obtain a paper or electronic copy of this Notice upon request.
- E. The right to discuss this Notice with the Emory Healthcare Privacy Officer or his or her designee.
- F. The right to elect not to receive fundraising communications. Additionally, Emory Healthcare may use and/or disclose your substance use disorder records for our own Part 2 programs fundraising purposes only if you are provided a clear and conspicuous opportunity to elect not to receive fundraising communications.
- G. You have the right to revoke your written consent except to the extent that we have already relied upon your consent and used and/or disclosed your substance use disorder records.

To exercise any of these rights, including to opt-out of fundraising communications or to revoke a consent you previously gave us, contact the Emory Healthcare Privacy Officer in the manner identified above.

### **Revisions to this Notice**

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for the substance use disorder records that we maintain. In the event that we change the terms of this Notice of Privacy Practice, we will post a copy of the current notice in our facilities and on our website.

### **Complaints**

As a patient, if you believe your privacy rights have been violated with respect to your substance use disorder records, you may file a complaint with us by contacting the Emory Healthcare Privacy Officer at:

Emory Healthcare Privacy Office  
2201 Henderson Mill Road, 1st Floor, Suite 150  
Atlanta, GA 30345  
404-778-2757

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by visiting [hhs.gov/hipaa/filing-a-complaint/index.html](https://hhs.gov/hipaa/filing-a-complaint/index.html).

Emory Healthcare may not intimidate, threaten, coerce, discriminate or take any other retaliatory action against any patient for the exercise by the patient of any right established, or for participation in any process provided for including the filing of a complaint.

Effective Date: 01/2026

Last Revised: 01/2026



ATTENTION: If you speak any language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-404-727-3648 (option-1) (TTY: 1-800-255-0056) or speak to your provider.

#### Amharic አማርኛ

ማሳሰቢያ፡ አማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-404-727-3648 (option-1) (TTY: 1-800-255-0056) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

#### Arabic العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية، كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا.

اتصل على الرقم 1-404-727-3648 option (TTY: 1-800-255-0056) أو تحدث إلى مقدم الخدمة

#### Chinese 中文

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-404-727-3648 (文本电话 1-800-255-0056) 或咨询您的服务提供商。

#### French Français

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-404-727-3648 (TTY : 1-800-255-0056) ou parlez à votre fournisseur.

#### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-404-727-3648 (TTY : 1-800-255-0056) an oder sprechen Sie mit Ihrem Provider.

#### Gujarati ગુજરાતી

ધ્યાન આપી: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફલાઇન સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વનિ મૂલ્યે ઉપલબ્ધ છે. 1-404-727-3648 (TTY : 1-800-255-0056) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

#### Hindi हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-404-727-3648 (TTY : 1-800-255-0056) पर कॉल करें या अपने प्रदाता से बात करें।

#### Japanese 日本語

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-404-727-3648 (TTY : 1-800-255-0056) までお電話ください。または、ご利用の事業者にご相談ください。

#### Korean 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-1-404-727-3648 (TTY : 1-800-255-0056)번으로 전화하거나 서비스 제공업체에 문의하십시오.

#### Farsi فارسي

توجه: اگر Farsi صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-404-727-3648 (تله‌تایپ: 1-800-255-0056) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

#### Brazilian Portuguese Português do Brasil

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-404-727-3648 (TTY: 1-800-255-0056) ou fale com seu provedor.

#### Russian РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-404-727-3648 (TTY: 1-800-255-0056) или обратитесь к своему поставщику услуг.

#### Spanish Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-404-727-3648 (TTY: 1-800-255-0056) o hable con su proveedor.

#### Vietnamese Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-404-727-3648 (Người khuyết tật: 1-800-255-0056) hoặc trao đổi với người cung cấp dịch vụ của bạn.



#### ASL

American Sign Language (ASL) interpretation services are available through Video Remote Interpreting (VRI) or by scheduling an appointment for an on-site interpreter.

Telephone numbers are accessible to persons who are deaf or hard of hearing by dialing 711 or 1-800-255-0056 from a TTY/TDD.

Interpretation Services contact information: [interpreter@emoryhealthcare.org](mailto:interpreter@emoryhealthcare.org) 404-727-3648 (Option 1)