**NOTICE OF PRIVACY PRACTICES**

THIS 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.

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. The federal government has several rules which require that we provide you with information on how we might use or disclose your identifiable health information.

We will follow the terms of this Notice of Privacy Practices as long as it remains in effect. We may change the Notice of Privacy Practices and we may make the new Notice effective for information we already have about you, as well as any information about you that we may receive in the future. If we make a change in our Notice of Privacy Practices, we may use or disclose your protected health information in accordance with the new Notice. You will be notified of the changes in our Notice of Privacy Practices by mailing you a revised Notice of Privacy Practices.

**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 health care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy. We are required by law to maintain the confidentiality of your health information. We will use or disclose your health information only as described below.

**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 that we are permitted to make, the examples tell you about the types of uses and disclosures that we are allowed to make. We refer to the categories of uses and disclosures in the “Summary of Uses and Disclosures” section.

1. To provide you with treatment or services. We may use or disclose 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 communicate with your employer or workers’ compensation representative to determine whether you need more time off work. Furthermore, we may disclose health information about you to health care providers to carry out treatment, payment or health care operations activities.

2. To carry out treatment, payment and health care operations activities. We may use or disclose health information about you to carry out treatment, payment and health care operations activities. 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 one or more patients to develop summaries or reports. If there are no other uses or disclosures of your identification, the reports would be limited to data that has been de-identified. If the data has been de-identified, any reports would be limited to data that has been aggregated, and where the data is stated in the aggregate, not in such a way that it can be traced back to you. The people involved in treatment, payment and health care operations activities may include people such as medical staff and medical office staff. We may use or disclose health information about you to another health care provider to carry out treatment, payment or health care operations activities. For example, we may disclose health information to the referring physician, who made arrangements for your treatment at this facility. We may also disclose health information about you to others involved in health care operations activities, such as a billing service or collection agency, a contractor performing financial analysis, a quality management and/or planning agency.

3. To provide you with treatment or services. We may use or disclose 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 communicate with your employer or workers’ compensation representative to determine whether you need more time off work. Furthermore, we may disclose health information about you to health care providers to carry out treatment, payment or health care operations activities.

4. As required by law. We may use or disclose health information about you to comply with the law. The law might require us to report certain health information. For example, we are required to report certain information to the Centers for Disease Control and Prevention regarding infectious disease outbreaks.

5. To avert a serious threat to health and 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.

6. To perform certain health care operations. We may use or disclose health information for purposes of performing certain health care operations activities. 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 you our 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 need to share your health information with your health plan to help with your care and payment.

7. To certain federal entities. We may use or disclose health information when required to do so by law, such as when an authorized federal entity, such as the Department of Health and Human Services, is conducting an audit to determine your compliance with federal privacy rule requirements.

8. To an independent-post-discharge organization. If you are discharged from the hospital, we will provide information about your discharge to an independent-post-discharge organization, such as Medicare or a managed care plan, if you authorize us to do so.

9. For DeKalb Medical Foundation or Emory Hillandale Hospital, or Emory Long-Term Acute Care, formerly known as DeKalb Medical Center to contact you for fundraising efforts, you may opt out by calling 404-712-4483, e-mailing eurec@emory.edu, or by submitting the request in writing to the Emory Healthcare Privacy Officer at 1760 Clifton Road, N.E., Suite 1400, Atlanta, Georgia 30322. If you do not want the DeKalb Medical Foundation to contact you for fundraising efforts, you may opt out by calling 404-712-4483, e-mailing eurec@emory.edu, or by submitting the request in writing to the Emory University Privacy Office, 1760 Clifton Road, N.E., Suite 1400, Atlanta, Georgia 30322.

10. For health care exchanges/services. We may disclose health information 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. Please see the “Right to Request Restrictions” section to learn about opting out of the HIE. Additional information on Emory Healthcare’s HIE can be found at our website, www.emoryhealthcare.org/healthexchange.

11. To military authorities. We may disclose health information about you to military authorities or other branches of the United States (U.S.) Armed Forces for the purposes of the following:

   a. To protect the interests of the United States, including activities that may include the gathering, use, or sharing of information for national security or law enforcement.

   b. To determine relative strength of injured personnel for the purposes of the Quick Reaction Force or Combat Casualty Command.

   c. To notify next of kin of the status and location of the individual in the event of a death.

   d. To obtain and share information with the Department of Defense or the Department of Veterans Affairs, or other authorized agencies, organizations, or persons, to determine your eligibility for benefits.

   e. To obtain and share information with other branches of the U.S. Armed Forces, or other authorized agencies, organizations, or persons, to determine your eligibility to receive treatment in a military treatment facility.

   f. To provide you with health care services at a military treatment facility.

   g. To report your health information to another military authority.

**WHAT YOUR RIGHTS ARE**

You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to your request. If we do agree, we will comply with the restrictions, except in the case of an emergency. You may request restrictions on the uses and disclosures of your health information for health care treatment, payment or health care operations activities.

**WHAT YOUR RESPONSIBILITIES ARE**

You are responsible for the confidentiality of your health information that we disclose to you or your authorized representative. If you believe your rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

We will post our Notice of Privacy Practices in the main lobby of our building and in the patient care areas. We will provide a copy of our Notice of Privacy Practices to you upon request. You have the right to request a paper copy of our Notice of Privacy Practices. This Notice of Privacy Practices was last revised on 10/01/2021.
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: public health authorities; a court, or public agency; a person authorized by law to conduct a criminal investigation; a government. 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 dispute. We may also disclose health information about you to the attorney of the party litigating the dispute. We may also disclose health information about you to the person providing the health information in question and to a person authorized by law to conduct a criminal investigation. We may disclose the health information of a decedent in which we are the custodian of that health information if the information is not otherwise restricted.

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 Emory Healthcare Privacy Office at 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345. 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, 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 with the requested information in an electronic format you request. Generally, we will provide you the requested information within 30 days of receipt of your request. If we cannot accommodate your request for an electronic format you request, or we cannot provide you with the information in the electronic format you request, we will explain the reasons for our action in writing. You will need to include 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. 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 provide you with a reasonable estimate of the cost of copying your record. If you wish to inspect and obtain a copy of the portion of your record maintained by a state or local public health agency, you should contact the agency directly.

Right to Request Confidential Communications – You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or 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 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, the health information we had disclosed to the person or entity to whom we had agreed to limit our disclosure, in whole or in part, is no longer subject to the restriction. When we make a disclosure to you at our request, we may disclose the health information we had restricted as if we had not made such a request. You have the right to request in writing that we restrict our disclosure of your health information to a particular Emory Healthcare provider. Please check with your physician or clinic administrator if you have any questions regarding this policy.

Right to Request 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,
- 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. 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. We will provide you with a reasonable estimate of the cost 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 healthcare operations, and you may request restrictions, in writing, that we do not disclose your health information to a family member or friend. 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. For example, you could ask that we not use or disclose information about your surgery 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 activities if you ask us to restrict disclosure of certain health information to a health plan for purposes of carrying out payment or healthcare operations activities for which you have paid out of pocket, in full. We are not required to agree to any other requests. If we 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, the health information we had disclosed to the person or entity to whom we had agreed to limit our disclosure, in whole or in part, is no longer subject to the restriction. When we make a disclosure to you at our request, we may disclose the health information we had restricted as if we had not made such a request.

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 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 notify you the reason for our 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 may obtain a paper copy of this Notice, write to the Emory Healthcare Privacy Office, 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345. Right to Request a Copy of This Notice – In addition to the copies we provide at the time you receive treatment or services, we will make this Notice available to you at any time free of charge by calling 404-778-2757. 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, in writing, for as long as the health information is kept by or for Emory Healthcare. We will not be required to agree to any request, but in the event that we do agree, we will comply with your request as required.

• 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, the health information we had disclosed to the person or entity to whom we had agreed to limit our disclosure, in whole or in part, is no longer subject to the restriction. When we make a disclosure to you at our request, we may disclose the health information we had restricted as if we had not made such a request.

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

Complaints – If you believe your privacy rights have been violated, you may file a complaint with 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 dispute. We may also disclose health information about you to the attorney of the party litigating the dispute. We may also disclose health information about you to the person providing the health information in question and to a person authorized by law to conduct a criminal investigation. We may disclose the health information of a decedent in which we are the custodian of that health information if the information is not otherwise restricted.

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 or call 404-778-2757.

You may also file a complaint with the Secretary of the Department of Health and Human Services. For a complete description of your privacy rights, you may obtain a copy of the Notice of Privacy Practices from 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, 2201 Henderson Mill Road, 1st Floor, Suite 150, Atlanta, GA 30345 or call 404-778-2757.
Acute Care, Emory Rehabilitation Hospital in Partnership with Select Medical, Emory Rehabilitation Outpatient Center in Partnership with Select Medical, Emory, 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.

Non-Discrimination Policy

http://www.emoryhealthcare.org/patients-visitors/non-discrimination-policy.html