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 safeguard the privacy and security of protected health information, including integrity, privacy and authenticity of health information, and to safeguard access to and disclosure of health information. The federal government has privacy rules, which are detailed in the Notice of Privacy Practices 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.

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 the Health Insurance Portability and Accountability Act. We understand that your privacy is important and we value your trust. This Notice of Privacy Practices describes the manner in which your health information may be used and disclosed and sets forth your rights with respect to your health information.
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 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

For workers’ compensation purposes if your employer requests it, if we have not received payment from another source for you, or if we are required to disclose it by law and have law and the Secretary of the Department of Health and Human Services.

### 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 products; and to report abuse, neglect or powerlessness by a patient; to notify a public health authority of a disease that the patient may be expected to spread or cause, to review records to evaluate the quality of the health care delivery system and government programs to ensure compliance with civil rights laws and to enforce privacy regulations.

### Law Enforcement

We may disclose health information in the following circumstances: (1) if a law enforcement official has made a request that identifies you, or (2) if a law enforcement official believes you have died as a result of a crime, or (3) in certain limited circumstances involving in an investigation 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. We may also disclose health information that we are required to disclose: Is accurate and complete.

### Rights to Access

You have the right to inspect and copy your health information in the following circumstances: • You have the right to inspect and copy your medical record or billing record. To request this information, you must submit your request in writing to the Medical Records Department at Emory Healthcare or your provider. If you request a copy, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. You may deny your request to inspect and copy records in certain limited circumstances; however, you may request that the denial be reviewed. A licensed medical care professional chosen by Emory Healthcare will review your request and the denial. The person conducting the review will not be involved in your care. You will receive a written notice of the outcome of the review, including the reasons for the denial, if the denial is not overturned. You may request an amendment for as long as the health information is kept by or for Emory Healthcare. We may also disclose health information about you in the following circumstances: 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 products; and to report abuse, neglect or powerlessness by a patient; to notify a public health authority of a disease that the patient may be expected to spread or cause, to review records to evaluate the quality of the health care delivery system and government programs to ensure compliance with civil rights laws and to enforce privacy regulations.

### Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures we have made of your health information except for: • As accurate and complete.

### CHANGES TO THIS NOTICE

We will not disclose medical information about you to a third party without your written authorization except in the following situations:

- To provide you with a copy of this Notice. If we make changes to this Notice, we will notify you of the changes in the following manner:

### 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 disclosures of individually identifiable health information which are not uses or disclosures of uses or disclosures required by law or in response to a request that are not made in the course of treatment, payment or healthcare operations, BUT ONLY if the health information you ask to be restricted from disclosure pertains solely to a health care item or service for which you have paid out of pocket, either in cash or in some other way, such as by screening, or by a payment or services, or by a 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 that:

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

### 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: • As accurate and complete.

### Rights to Inspect and Copy

You have the right to inspect and copy your health information in the following circumstances:

- To provide you with a copy of this Notice. If we make changes to this Notice, we will notify you of the changes in the following manner:

### Right to Request Restrictions

You have the right to request a restriction on the use and disclosure of your health information. To request a restriction, you must make a written request and include with your request the following: To request access to your medical record, you must submit your request in writing to the Medical Records Department at Emory Healthcare or your provider. Please check with your physician or clinic administrator if you have any questions regarding this policy.

### Right to Inspect and Copy

You have the right to inspect and copy your health information in the following circumstances:

- To provide you with a copy of this Notice. If we make changes to this Notice, we will notify you of the changes in the following manner:

### Right to Request an Accounting of Disclosures

You have the right to request an accounting of disclosures we have made of your health information except for: • As accurate and complete.

### Right to Modify a Privacy Notice

We will provide you with a paper copy of this Notice and you will have the right to request additional copies of this Notice at no cost to you.

- To provide you with a copy of this Notice. If we make changes to this Notice, we will notify you of the changes in the following manner:

### 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. To request this, you must make a written request and include with your request the following: To request access to your medical record, you must submit your request in writing to the Medical Records Department at Emory Healthcare or your provider. Please check with your physician or clinic administrator if you have any questions regarding this policy.

### Right to Request a Copy of This Notice

You have the right to request a copy of this Notice. If we make changes to this Notice, we will notify you of the changes in the following manner:

- To provide you with a copy of this Notice. If we make changes to this Notice, we will notify you of the changes in the following manner:

### Right to Request an Accounting of Disclosures

You have the right to request an accounting of disclosures we have made of your health information except for: • As accurate and complete.

### RIGHT TO REQUEST A 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, www.emoryhealthcare.org. To 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. Your request must specify how or where you wish to be contacted.

- To provide you with a copy of this Notice. If we make changes to this Notice, we will notify you of the changes in the following manner:

### RIGHTS TO 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 of the date of the revision. We shall give you written notice of our full privacy 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.

### 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. 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 calling 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 and Spine Hospital, Emory University Hospital Midtown, Emory Johns Creek Hospital, Emory Saint Joseph’s Hospital, Emory Decatur Hospital, Emory Hillandale Hospital, Emory Ambulatory Surgery Care Center at Dunwoody, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Centers, Emory Clinic, Emory Children’s Center, Emory Specialty Associates, Emory Budd Terrace, Emory Wesley Woods Center, Emory Dialysis Center, LLC, Emory Long-Term 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 sending your request to ehccompliance@emoryhealthcare.org or calling 404-778-2757.

Emory Healthcare facilities are clinically integrated and part of an organized healthcare 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.

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 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.

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 đối với dân tộc, màu da, người gốc quốc gia, do 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.
