



## NOTICE OF PRIVACY PRACTICES

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

Piedmont Healthcare, Inc. and its affiliates, including its Hospitals, Clinics, Employed Physicians, our foundations and other facilities ("Piedmont Providers") are all committed to keeping your health information private. We are required by the federal Privacy Rule to protect your medical information (called "protected health information" or "PHI") and to provide you with this Notice of Privacy Practices (the "Notice") describing our legal duties and privacy practices. Piedmont Healthcare professionals, employees, students, volunteers and business associates are all required to follow our privacy practices in caring for our patients. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by Piedmont Providers or disclosed to other parties as described below.

**Uses and Disclosures for Treatment, Payment and Health Care Operations:** Piedmont Providers may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you.

**For Treatment:** Piedmont Providers may use and disclose PHI in the course of providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

**For Payment:** Piedmont Providers may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, a Piedmont Provider may need to give PHI to your health plan in order to be reimbursed for the services provided to you. We may also disclose PHI to our business associates, such as billing companies, and claims processing companies.

**For Health Care Operations:** Piedmont Providers may use and disclose PHI as part of their operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include training, learning purposes, compliance and risk management activities, planning and development and administration.

**For Medical Research:** Research is vital to the advancement of medical science. Federal regulations permit use of PHI in medical research, either with your authorization or without your authorization when the research study is reviewed and approved by an Institutional Review Board or privacy board before any study begins, or for reviews preparatory to research as permitted by law, or for research on decedent's information as permitted by law.

**As Required by Law and Law Enforcement:** Piedmont Providers may use or disclose your PHI when required by law without your authorization. We may also disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, its location or victims, or the identity, description or location of a person who committed a crime or for other law enforcement purposes.

**For Public Health Activity:** Piedmont Providers may disclose PHI to government officials in charge of collecting

information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

**For Health Oversight Activities:** Piedmont Providers may use or disclose certain information to the government for authorized oversight activities including inspections, audits, licensure and other investigations of our providers or related matters.

**Organ, Eye and Tissue Donation:** Piedmont Providers may release PHI to organ procurement organizations to facilitate organ, eye and tissue donation and transplantation.

**Coroners, Medical Examiners, Funeral Directors and Individuals Involved in Your Health Care or Payment for Your Health Care:** Piedmont Providers may disclose PHI to coroners, medical examiners and funeral directors for the purpose of identifying a decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**Uses and Disclosures for Involvement in Your Care:** Unless you object, Piedmont Providers may disclose your PHI to a family member, other relative, friend or other person you identify as involved in your health care or payment for your health care. We may use or disclose information to family members or others involved in the care of deceased individuals. We may also notify those people about your location or condition. Upon request, PHI may be released fifty (50) years after an individual's death.

**To Avoid a Serious Threat to Health or Safety or in Disaster Relief Efforts:** Piedmont Providers may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public. We may also disclose information about you to an organization assisting in disaster relief efforts so that your family can be notified about your location, condition and status. If you do not want us to disclose information for disaster relief efforts, we will not do so unless we must respond in an emergency.

**Specialized Government Functions:** Piedmont Providers may use and disclose certain PHI if you are military personnel or a veteran. We may also disclose PHI to authorized federal officials for intelligence, counterintelligence and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state.

**Workers' Compensation:** Piedmont Providers may disclose PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

**Fundraising Efforts:** Your PHI may be used to contact you or may be disclosed for Piedmont Provider fundraising efforts. Such disclosure would be limited to demographic information, such as your name, address, other contact information such as your phone number, age, gender and date of birth, the dates you required treatment or services at a Piedmont Provider, department of service information, treating physician, outcome information and health insurance status. You have a right to opt out of receiving such fundraising communications and in the event you are contacted for fundraising, you will be given the opportunity to opt out.

**Appointment Reminders, Follow-Up Care and Treatment Alternatives:** We may use or disclose your information to remind you about appointments or treatment alternatives that may be useful to you.

**Patient Directories:** Unless you object, we may use some of your PHI to maintain a directory in our facilities. This information may include your name, your location in the facility, your general condition (e.g. fair, good, etc.) and your religious affiliation, and the information may be disclosed to members of the clergy. Except for religious affiliation, the information may be disclosed to other persons who ask for you by name.

**Uses and Disclosures of PHI For Which Authorization is Required:** Other types of uses and disclosures of your PHI not described in this Notice will be made only with your written authorization, which you have the limited right to revoke in writing. Piedmont Providers may not use and disclose your PHI for marketing purposes except in limited circumstances as authorized by law or unless you have given us written authorization. We will not disclose psychotherapy notes except in limited circumstances either with your written authorization or as applicable law permits. Piedmont Providers will not sell your PHI unless we have your written authorization or applicable law permits.

**Your Rights Regarding Your PHI:** You may request that a Piedmont Provider restrict certain uses and disclosures of your PHI. We are not required to agree to a requested restriction except we must agree to a requested restriction of disclosure regarding your PHI to a health plan for payment purposes if the following conditions are met: (1) you have paid in full in advance for the associated treatment or services, (2) disclosure is not otherwise required by law and (3) you have made this request for restriction in writing when the services are performed. Piedmont cannot terminate a requested restriction of disclosure regarding your PHI to a health plan for payment purposes.

**Confidential Communications:** You may request that we communicate with you in a certain manner. For instance, you may request that we send you follow-up information at your home address instead of using your work address. We will accommodate reasonable requests regarding confidential communications as requested.

**Right to Access Records:** Generally, you have the right to inspect and copy the designated health information maintained by Piedmont about you. We require that you make a written request to the medical records department for your Piedmont Provider. We will provide you access in the format requested, if we can readily do so. For instance, you can request a paper copy of your records. If you ask for an electronic copy of your records, we will provide an electronic copy in the format you request if possible. If we cannot provide the records in the particular format, we will contact you to find another reasonable method. Within thirty (30) days of your written request for access, unless extended by an additional thirty (30) days, Piedmont will inform you of the extent to which your request is granted. In some cases, the Piedmont Provider may prepare a summary of the required medical information, if you inform us of your preference and agree in advance to a preparation fee for the summary. If you want a copy of your records, we may charge you a reasonable fee to cover copying, postage or other reasonable expenses with preparing a paper or electronic record or summary for you. If the Piedmont Provider denies you access to your record, we will provide you with the basis for the denial and your opportunity to have that denial reviewed by a licensed health care professional who was not involved in the initial decision review the denial. If the Piedmont Provider does not

maintain the medical information that you request and we know where that information is, we will let you know where to redirect your request for access.

**Right to Request Amendment:** If you believe that your PHI maintained by a Piedmont Provider contains an error, you have the right to request that the entity correct or supplement your PHI. You must send a written request to the Director of Medical Records for the Piedmont Provider to explain why you want to amend your record. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), the Piedmont Provider will inform you of the extent to which your request has or has not been granted. Piedmont Providers generally can deny your request if your request relates to PHI: (i) not created by the entity; (ii) that is not part of the records the entity maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, the Piedmont Provider will give you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and the entity's denial attached; and (iii) complain about the denial.

**Right to Accounting of Disclosures:** You generally have the right to request and receive a list of disclosures of your PHI a Piedmont Provider has made during the six (6) years prior to your request (but not before April 14, 2003). The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment and health care operations; (iii) made to you; (iv) for a Piedmont Provider's patient directory or to persons involved in your health care; (v) for national security or intelligence purposes; (vi) to correctional institutions or law enforcement officials; or (vii) of a limited data set. You should submit any such request to the Privacy Officer, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), the Piedmont Provider will respond to you regarding the status of your request. The entity will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of \$25.00 for each additional request.

**Breach Notification:** We are required to notify affected individuals in the event there is a breach of unsecured protected health information.

**Notice of Privacy Practices Copy:** You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. You can review and print a copy of this Notice at any Piedmont Healthcare Web site via [www.piedmont.org](http://www.piedmont.org) or you may request a paper copy of this notice by contacting the Privacy Officer as described below. Please note that Piedmont, as a covered entity under the federal Privacy Rule is required to abide by the terms of the Notice in effect; however, Piedmont may revise this Notice in accordance with the law and make any changes applicable for all protected health information that Piedmont maintains. If you believe your privacy rights with respect to your PHI have been violated you have the right to contact the Privacy Officer and submit a written complaint. Piedmont Providers will not penalize you or retaliate against you for filing a complaint regarding their privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

**If you have any questions about this notice:** Please contact the Piedmont Healthcare Privacy Officer at (404) 425-7350; e-mail: [privacy.officer@piedmont.org](mailto:privacy.officer@piedmont.org); Address: 1800 Howell Mill Road, Suite 350, Atlanta, GA 30318  
EFFECTIVE: March 1, 2003 REVISED: February 11, 2013 [34747P Rev. 08/13]



Patient Label

**ACKNOWLEDGMENT OF RECEIPT OF  
“NOTICE OF PRIVACY PRACTICES”**

**ACKNOWLEDGMENT OF RECEIPT OF “NOTICE OF PRIVACY PRACTICES”**

I hereby acknowledge that I have received a copy of the Piedmont Providers’ “Notice of Privacy Practices.”

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature of Patient or Patient’s Authorized Representative      Date \_\_\_\_\_      Time \_\_\_\_\_

As the Patient’s Authorized Representative, my relationship with the Patient is: \_\_\_\_\_

The Patient is unable to sign because: \_\_\_\_\_

————— **OR** —————

**CERTIFICATION OF GOOD FAITH EFFORTS TO OBTAIN ACKNOWLEDGMENT**

I hereby certify that, as an employee or agent of the Piedmont Providers, I have made a good faith effort to obtain from the patient or the patient’s authorized representative a written acknowledgment of the Piedmont Providers’ “Notice of Privacy Practices” in accordance with the policy titled “Provision of the Notice of Privacy Practices.”

\_\_\_\_\_  
Print Name of Employee/Agent and Department

\_\_\_\_\_  
Signature of Employee/Agent      Date \_\_\_\_\_      Time \_\_\_\_\_

Reason(s) For Not Obtaining Acknowledgment:  
\_\_\_\_\_  
\_\_\_\_\_