PIEDMONT HEALTHCARE HOSPITALS, PHYSICIAN GROUPS, AND AFFILIATED HEALTHCARE PROVIDERS

JOINT 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. Hospitals, Physician Groups and Affiliated Healthcare Providers deemed as covered entities under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) will be referred to in this Notice of Privacy Practices (“Notice”) as “Piedmont Providers.” This Notice is given to you by the Piedmont Providers to describe the ways in which the Piedmont Providers may use and disclose your medical information (called “protected health information” or “PHI”) and to notify you of your rights with respect to PHI in the possession of the Piedmont Providers. Piedmont Providers protect the privacy of PHI, which also is protected from disclosure by state and federal law. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by the Piedmont Providers or disclosed to other parties. Below are categories describing applicable laws and regulations, PHI can be used by the Piedmont Providers or disclosed to other parties. Below are categories describing the ways in which the Piedmont Providers may use and 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, 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.

Other Uses and Disclosures for Which Authorization is Not Required. As Required by Law and Law Enforcement. Piedmont Providers may use or disclose PHI when required by law. Piedmont Providers also may disclose PHI when ordered to do so by a court of law, subpoena, or similar legal process. Such disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide you health care services or are otherwise involved in your care. For example, you are being treated in a hospital and your physician needs to consult 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 insurer or other person to obtain payment for the health care services you received.

Fundraising Activities. Under certain circumstances, Piedmont Providers may use or disclose PHI for fundraising activities, you must notify a Piedmont Provider if you do not wish to be contacted for fundraising activities, you must notify the appropriate

Clinic physicians may need to share information about patients who will be seen by more than one Piedmont Clinic physician in order to coordinate patient care, to undertake other activities related to that patient care, and for other purposes. Certain Piedmont Clinic physicians have elected to participate in an organized health care arrangement for these purposes. The physicians participating in the organized health care arrangement will share with each other PHI that they collect from you in their physician offices as necessary to carry out their treatment, payment and health care operations relating to the organized health care arrangement.

Medical Research Medical research is vital to the advancement of science. Federal regulations permit use of protected health information in medical research, either with your authorization or when the research study at Piedmont Healthcare Hospital and provide medical services in offices located on or relatively near a Piedmont Healthcare Hospital campus. Piedmont

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Piedmont Provider in writing and send to the Piedmont Healthcare Foundation at 1968 Peachtree Road NE, Atlanta, GA 30309.

Appointment Reminders; Health-related Benefits and Services; Limited Marketing Activities. Piedmont Providers may use and disclose PHI to remind you of an appointment, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs. Piedmont Providers may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations. Piedmont Providers may disclose your PHI to you or to your personal representative, and are required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Piedmont Providers must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under HIPAA.

Uses and Disclosures to Which You May Object. You may object to the following uses and disclosures of PHI that a Piedmont Provider may make:

Patient Directories. Unless you object, a Piedmont Provider may use some of your PHI to maintain a directory of individuals in its facility. 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.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health 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 also notify those people about your location or condition.

Other Uses and Disclosures of PHI For Which Authorization is Required. The other uses and disclosures of PHI described above will be made only with your written authorization, which you have the limited right to revoke in writing.

Regulatory Requirements. Piedmont Providers are required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Piedmont Providers reserve the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Piedmont Providers make an important change to their joint privacy policies, they will promptly revise this Notice and post a new Notice in registration and admitting areas. You have the following rights regarding your PHI:

You may request that a Piedmont Provider restrict the use and disclosure of your PHI. The Piedmont Provider is not required to agree to any restrictions you request, but if the entity does so it will be bound by the restrictions to which it agrees except in emergency situations.

You have the right to request that communications of PHI to you from a Piedmont Provider be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your request must be in writing and sent to the Privacy Officer. The Privacy Officer will accommodate your reasonable requests without requiring you to provide a reason.

Generally, you have the right to inspect and copy your PHI in the possession of a Piedmont Provider, if you make a request in writing to the local Medical Records Department. Within thirty (30) 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. In some cases, the Piedmont Provider may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, the Piedmont Provider may impose a reasonable fee to cover copying, postage, and related costs. If the Piedmont Provider denies access to your PHI, it will explain the basis for denial and your opportunity to have the denial reviewed by a licensed health care professional (not involved in the initial denial decision) designated as a reviewing official. If the Piedmont Provider does not maintain the PHI you request, if it knows where that PHI is located it will tell you how to redirect your request.

You may request that the entity correct or supplement your PHI. Your request must be made in writing to the local Director of Medical Records, and it must explain why you are requesting an amendment to your PHI. 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; (iii) complain about the denial.

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.

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 or you may request a paper copy of this notice by contacting the Privacy Officer as described below.

You may complain to the Piedmont Providers if you believe your privacy rights with respect to your PHI have been violated by contacting the Privacy Officer and submitting 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 Corporate Privacy Officer at (404)605-4554; e-mail: privacy.officer@piedmont.org. address: 2001 Peachtree Rd. NE, Suite 400, Atlanta, GA 30309.

EFFECTIVE: March 1, 2003 REVISED: January 25, 2012 [34747P Rev. 03/12]