

Privacy Notice

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.

This Privacy Notice (Notice) is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any written, electronic or oral health information about you, including demographic data that can be used to identify you. Your protected health information also includes payment, billing, and insurance information. Your protected health information is stored electronically and is subject to electronic disclosure.

I. Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations

We will use and disclose your protected health information for treatment, payment and health care operations. Treatment involves providing and coordinating your care. For example, a health care provider, such as a physician, nurse, or other person providing health services will access your health information to understand your medical condition and history. Payment involves uses and disclosures to assist in obtaining payment for our services. For example, we may disclose your information to health plans or other payors to determine whether you are enrolled with the payor or eligible for health benefits, submit claims for payment, and provide information to entities that help us submit bills and collect amounts owed. Health care operations involves our standard internal operations, such as quality assurance activities, peer review, arranging for legal services, and training.

II. Other Uses and Disclosures

We may also use or disclose your protected health information without your permission or authorization as follows:

A. When Legally Required. We will use and disclose your protected health information when we are required to do so by any federal, state or local law.

B. For Public Health Activities. We may use and disclose your protected health information for public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; and infectious disease control.

C. To Report Suspected Abuse, Neglect or Domestic Violence. We may notify government authorities to report suspected abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when you agree to the disclosure.

D. To Conduct Health Oversight Activities. We may use and disclose your protected health information for health oversight activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate health oversight as authorized by law.

E. In Connection with Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena or other discovery process if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes including: in response to a court order, subpoena or similar process; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; in an emergency to report a crime; to a law enforcement official if we have a suspicion that your health condition was the result of criminal conduct; as required by law for reporting of certain types of wounds or other physical injuries; and under certain limited circumstances, when you are the victim of a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. For Research Purposes. We may use or disclose your protected health information for research in limited circumstances such as when the use or disclosure for research has been approved by an institutional review board that has reviewed the research protocols to address the privacy of your protected health information.

I. For 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. Peachtree Immediate Care is a member of the Emory Health Network and Emory Healthcare participates in a health information exchange 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 health information exchange. 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 health information exchange 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/ehealthexchange.

J. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

K. For Specified Government Functions. In certain circumstances, we may use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

L. For Workers’ Compensation. We may release your protected health information to comply with workers’ compensation laws or similar programs.

M. To Business Associates. We may disclose your protected health information to third parties known as “Business Associates” that perform various activities (e.g. legal services, delivery of goods) for us provided they agree to safeguard the information.

O. To Family Members, Others Involved in Your Care and Disaster Relief Agencies. Unless you object, we may disclose to your family members or others involved in your care or payment for your care, information relevant to their involvement in your care or payment for your care or information necessary to inform them of your location and condition. We may also disclose your protected health information to disaster relief agencies so they may assist in notifying those involved in your care of your location and general condition.

Unless you object, we may disclose certain information about you including your name, your general health status and where you are in our facility in a facility directory. We may disclose this information to people who ask for you by name, and we may disclose this information plus your religious affiliation to clergy.

III. Uses and Disclosures that You Authorize

Other than as stated above, we will not disclose your protected health information other than with a written authorization from you or your personal representative. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization. You may revoke an authorization by notifying us in writing, except to the extent we have taken action in reliance on the authorization.

IV. Your Rights

You have the rights listed below regarding your protected health information. To exercise any of these rights, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Notice.

A. Inspect and copy. Subject to limited exceptions, you may inspect and obtain a copy of your protected health information. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. If your information is stored electronically and you request an electronic copy, we will provide it to you in the format you request if it is readily producible in that format. If it is not readily producible in such format, we will provide you a readable electronic copy in a format that you agree to.

B. Restrictions. You may ask us not to use or disclose your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice. We are not required to agree to a restriction that you request except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

C. Confidential communications. You have the right to request that we communicate with you through alternative means or locations. We will accommodate reasonable requests. We may condition agreeing to a request by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

D. Amendments. You may request an amendment of your protected health information if you believe such information is inaccurate or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. An amendment request must provide a reason to support the requested amendment.

E. Accountings of disclosures. You may request a list of instances where we have disclosed your protected health information for certain types of disclosures. The accounting will not include disclosures that we are not required to record, such as disclosures made pursuant to an authorization. The first accounting you request within a 12-month period is free, but we will charge a fee for any additional lists requested within the same 12-month period.

F. Paper copy of this Notice. Upon request, we will provide a separate paper copy of this Notice even if you have already received a copy of the notice or have agreed to accept this Notice electronically. You may also obtain a copy of the current version of our Notice at our website, www.peachtreemed.com.

V. Our Duties

We are required by law to provide you with this Notice and to maintain the privacy of protected health information. We will be governed by this Notice for as long as it is in effect. We are also required to comply with any federal or state laws that impose stricter standards than those described in this Notice. We may change this Notice at any time, and these changes will be effective for health information we have about you as well as any information we receive in the future. We will post a copy of the current Notice in the facility and on our website. You may also get a current copy by contacting our Privacy Officer at the address at end of this Notice. We are required by law to notify affected individuals following a breach of unsecured protected health information.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for making a complaint.*

VII. Contact Person

The contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. The contact information is as follows:

CRH Healthcare
2675 Paces Ferry Road SE, Suite 200
Atlanta, GA 30339
ATTN: Privacy Officer

The Privacy Officer can also be contacted by telephone at 678-504-6392.

IX. Effective Date

This Notice is effective October 25, 2016.