



Notice of Privacy Practices

Revision Effective July 22, 2013

Name Change April 26, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Esta información esta disponible en español. Si necesita copia en español, pídala a un miembro del personal.

Organizations Covered by the Notice

This Notice of Privacy Practices (Notice) applies to all patients' health information maintained by AU Health and describes the privacy practices of the following separate health care organizations: AU Medical Center, AU Medical Associates, and selected clinical services of Augusta University. This Notice applies to these organizations' service delivery sites such as the adult acute care hospital, children's hospital, outpatient clinics, and the University's research facilities. These organizations, sites and locations may share your health information with each other for treatment to provide continuity of care, payment or health care operations purposes described in this Notice.

The organizations participating in this Notice are participating only for the purposes of providing this joint Notice and sharing health information as permitted by applicable law and are not in any way providing health care services mutually or on each other's behalf. Each organization participating in this joint Notice is an individual health care provider and each is individually responsible for its own activities, including compliance with privacy laws and all health care services it provides.

If you have any questions after reading this Notice, please contact our Privacy Officer.

Our Pledge Regarding your Health Information

We understand that information regarding your health is personal; therefore, we are committed to protecting your health information in accordance with applicable laws and accreditation standards regarding patient privacy. As our patient, the health care treatment you receive is recorded in a health record. In order to provide you with comprehensive quality health care, we share your health record with health care providers involved in your treatment. We also use your health information, to the extent necessary, to conduct our operations, to collect payment for services, and to comply with the laws that govern health care. We will not use or disclose your health information for any other purpose without your permission.

This Notice describes your rights and certain obligations we have regarding the use and disclosure of health information. This Notice also tells you about the ways in which we may use or disclose health information about you.

Applicable federal and Georgia law requires us to:

- make sure that health information that identifies you is kept private
- give you this Notice describing our privacy practices, legal duties, and
- follow the terms of this Notice that is currently in effect

Your Rights Regarding Your Health Information

You have the following rights regarding health information we maintain about you:

Right to Inspect and Request a Copy of your Health Record: You have the right to inspect and request a copy of your health information as long as the information is kept by us. This includes medical and billing records but may not include some records such as psychotherapy notes in some circumstances. To inspect and have your health information copied, please submit your written request on a form that will be provided to you upon your request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other expenses associated with your request. For health information in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information. There may be a charge for these copies.

Under certain limited circumstances, we may deny your request to inspect and obtain a copy of your health information. If you are denied access, you may request that the denial be reviewed. Another unbiased licensed health care professional, chosen by us, will review your request and the denial. We will comply with the outcome of the review.

Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of your health information. We are not required to agree to your request in most cases. But if we agree to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. We will agree to restrict disclosure of health information about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the health information pertains solely to a service for which the individual, or a person other than the health plan, has paid us for in full. For example, if a patient pays for a service completely out of pocket and asks us not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction you must contact Health Information Management Services (HIMS). We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to health information created after we inform you of the termination.

Right to Request Confidential Communications: If you believe that a disclosure of all or part of your health information may endanger you, you may request in writing that we communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the health information in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

Right to Request an Amendment: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as we maintain the information. Requests for amending your health information should be made to HIMS. We will respond to your request within 60 days after you submit the completed amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to an Accounting: With some exceptions, you have the right to receive an accounting of certain disclosures of your health information. This is a list of certain disclosures we made of your health information. To request an accounting of disclosures of your health information, please submit your written request on a form that will be provided to you, upon your request. Your request must state a time period that may not be longer than three years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you a nominal fee. 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 be notified of a Breach: You have the right to be notified in the event that we, or one of our Business Associates, discover a breach of unsecured protected health information involving your health information.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have previously agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice from your direct health care provider, a representative from Patient Access Services or from our website at the address listed at the end of this Notice.

In certain circumstances we may use and disclose health information about you without your written consent.

For Treatment: We will use health information about you to provide you with medical treatment or services. We will disclose health information about you to doctors, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may also disclose your health information to those outside our medical center and clinics who have been involved or may be involved in your health care, such as other physicians, family members, clergy or others.

For Payment: We will use and disclose information to other health care providers to assist in the payment of your bills. We will use it to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

For Health Care Operations: We may use and disclose health information about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. For example, we may use health information to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students in caring for you.

Business Associates: We may use or disclose your health information to an outside company that performs various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and services. These outside companies are called "business associates" and they contract with us to keep any health information received from us confidential in the same way we do. These companies may create or receive health information on our behalf.

Family Members and Friends: If you agree (do not object), or we reasonably infer that there is no objection, we may disclose health information about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited health information is in your best interest under the circumstances. We may disclose health information to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to us. But you also have the right to request a restriction on our disclosure of your health information to someone who is involved in your care.

Appointments: We may use and disclose health information to contact you for appointment reminders and to communicate necessary information about your appointment.

Contacting You: We may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

Facility Directory: When you are admitted as an inpatient, we may list certain information about you, such as your name, your location in the medical center, a general description of your condition that does not communicate specific health information, and your religious affiliation, in a facility directory. We can disclose this information, except for your religious affiliation, to people who ask for you by name. Your religious affiliation may be given to members of the clergy even if they do not ask for you by name. You may request that no information contained in the directory be disclosed. To restrict use of information listed in the directory, please inform the admitting staff or your nurse. They will assist you in this request. In situations, where you are incapacitated or under emergency treatment circumstances, we will use or disclose your health information only in accordance with a prior expressed preference (if known) or your best interest as determined by your health care provider, in the exercise of professional judgment.

Required or Permitted by Law: We may use or disclose your health information when required or permitted to do so by federal, state, or local law.

Public Health Activities: We may use or disclose your health information for public health activities that are permitted or required by law. For example, we may disclose your health information in certain circumstances to control or prevent a communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your health information to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to a state or federal government agency to facilitate their functions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law and to patient registries for conditions such as tumor, trauma and burn. These oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

Lawsuits and Other Legal Proceedings: We may disclose your health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process, but only where a good faith effort has been made by the requesting party to provide you with notice of the request and an opportunity to object to the request, or where the requesting party has made a reasonable effort to obtain a court or administrative order protecting the health information.

Abuse or Neglect: We may disclose your health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

Law Enforcement: We may disclose your health information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar legal process, but in some instances involving subpoenas and similar process in state criminal proceedings for which you will be entitled to notice and an opportunity to object; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result from criminal conduct; about suspected criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.

To Prevent a Serious Threat to Health or Safety: Consistent with applicable laws, we may disclose your health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Coroners, Medical Examiners and Funeral Directors: We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your health information to a funeral director, as necessary, to carry out his/her duties.

National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by federal officials.

Protective Services for the President and Others: We may disclose your health information to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state.

Inmates and Correctional Institutions: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to those authorities. This release would be necessary for the institution to provide you with health care; to protect the health and safety of you and others or for the safety and security of the correctional institution.

Organ, Eye and Tissue Donation: We will disclose health information to organizations that obtain, bank, or transplant organs or tissues.

Military and Veterans: If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Research: As an academic health center, research is one of our missions. Under certain circumstances we may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also use health information about you to people who are preparing to conduct a research project. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your health information without your approval.

Workers' Compensation: We will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

Other Uses and Disclosures

Fundraising Activities: We may use certain information, such as your name, address, telephone number, name of physician, department used, or dates of service, to contact you in the future to seek donations for our community

service programs, patient care, medical research and education. We may also share this information with an institutional-related charitable foundation that will contact you to raise money.

If you do not want to be contacted as part of these fundraising events, you have a right to opt-out of receiving fundraising communication by contacting:

Office for Advancement and Community Relations
Augusta University and AU Health System
1120 15th Street
Augusta, GA 30912
Phone: (706) 721-4001

Health Information Exchanges: We may make your health information available electronically through state, regional, or national information exchange services which help make your health information available to other health care providers who may need access to it in order to provide care or treatment to you. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make your health information available electronically to those who need it to treat you. We may also participate in various electronic health information exchanges that facilitate access to health information by other health care providers who provide you care.

A patient's participation in a health information exchange is voluntary and subject to a patient's right to opt-out. If you do not want to participate in a health information exchange, please notify our Privacy Officer.

Marketing or Sale of Health Information: Uses and disclosures of health information for marketing purposes (which encourage you to purchase or use a product or service) and disclosures that constitute the sale of health information require your written authorization.

We do not have to obtain your permission to use your health information when communicating face-to-face (including providing a product sample) or when providing a promotional gift of nominal value (including pens, calendars, or other merchandise that generally promotes our medical center and clinics).

Special Protections for HIV/AIDS, Alcohol and Substance Abuse, Mental Health and Genetic Information: Special privacy protections apply to HIV/AIDS-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this general Notice may not apply to these types of information. If your treatment involves this information, you may contact the Privacy Officer for more information about these protections.

Incidental Disclosures: While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur. For example, during the course of a treatment session, other patients in the treatment area may see or overhear a discussion of your health information.

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Changes to this Notice

We reserve the right to revise this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. The revised Notice will contain the effective date. We will post a copy of the current Notice and any revised Notice in prominent locations throughout our facility and also on our website: <http://www.augustahealth.org/legal-notice/privacy-statement>. You may request a copy of this Notice at any time.

Questions and Complaints

Questions: For more information regarding our privacy practices, please contact the Privacy Officer at the contact information listed below.

Complaints: You may submit any complaints with respect to violations of your privacy rights to our Privacy Officer at the contact information listed below.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated.

There will be no retaliation for making a complaint.

Contact Information

Requests for forms or inquiries regarding this Notice should be directed to:

Attention: Privacy Officer
Compliance and Enterprise Risk Management
Augusta University and AU Health System
1120 15th Street
Augusta, GA 30912
Office: 706.721.0900
Toll-Free Hotline: 800.576.6623
privacy@augusta.edu

Our web site:
www.augustahealth.org

We remain deeply committed to protecting your health information while still providing you with the best quality health care possible.