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 with respect to your health information. The federal government has privacy rules which require that we provide you with information on how we might use or disclose your identifiable health information. We have also established federal government to give you our Notice of Privacy Practices.

OUR COMMITMENT TO YOUR PRIVACY

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HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following categories of uses and disclosures do not require your authorization. Although we cannot list every use or disclosure within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of these categories. If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV), we may make such an exception only if we notify you of the exception to the extent required by law.

CATEGORIES FOR USES AND DISCLOSURES

Treatment – We may use health information about you to provide medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, or other health care personnel who are involved in taking care of you at Emory Healthcare or a joint effort that makes decisions about your health care treatment and services. For example, we may disclose health information about you to a broken hip which can slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments within Emory Healthcare also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

Payment – We may use or disclose health information about you in order to bill and collect payment for the services and items you may receive from us. For example, we may need to give your health insurance plan information about your surgery so that your health insurance plan will pay us or reimburse you for the surgery. We may also tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health insurance plan will cover the treatment. We may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, or other health care personnel who are involved in taking care of you at Emory Healthcare or a joint effort that makes decisions about your health care treatment and services. For example, we may disclose health information about you to a broken hip which can slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments within Emory Healthcare also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

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Health Care Operations – We use or disclose health information about you to Emory Healthcare operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may disclose your health information to doctors, nurses, technicians, medical students, residents, nursing staff and other personnel for review and learning purposes. We may combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we provide.

Medical Staff Members – Emory Healthcare and the independent physicians and other health care providers who are members of an Emory Healthcare facility’s medical staff are considered to be an organized health care arrangement under federal law for the specific purpose of sharing patient information. As such, we are allowed to use or disclose your health information for our treatment, payment and health care operations. Although all independent medical staff members who provide care at Emory Healthcare follow the privacy practices described in this Notice, they exercise their own independent medical judgment in caring for patients and they are solely responsible for their own compliance with the privacy laws. Emory Healthcare and independent medical staff members will share health information necessary to coordinate care and receive reimbursement to the extent that the Information 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.

Appointment Reminders, Follow-up Calls and Treatment Alternatives – We may use or disclose health information to remind you that you have an appointment for a treatment or service (such as a test or procedure). For example, we may be answering a phone call from a patient who wants to reschedule an appointment. We may also send appointment reminders via text message or email. We also may send you a post card appointment reminder. We may contact you about possible treatment options or alternatives or other health related benefits or services that may be of interest to you.

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. 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 information will only be included in the health information exchange if you did not opt out of the HIE. Additional information on Emory Healthcare’s HIE can be found at our website, www.emoryhealthcare.org/ehealthexchange.

Individuals Involved In Your Care or Payment For Your Care – Unless you object, we may disclose health information to a friend or family member who is involved in your medical care or who assists in taking care of you. We may also give information to someone who helps pay for your care. We may tell your family about your condition if we believe it might be harmful to you. In certain cases, we may disclose health information about you to a family member, a friend or someone else who is involved in your disaster relief effort, so that family can be notified about your condition, status and location.

Records Request – We may use or disclose health information under certain circumstances for medical research purposes. For example, a research project may receive your health information to determine if you might be a suitable candidate for a research study. We will obtain your written authorization to use or disclose your health information for research purposes except when (a) an Institutional Review Board (IRB) determines in advance that use or disclosure of your health information meets specific criteria required by law; or (b) the researcher signs a legally binding document certifying that he/she will only use your information for research. We will prepare to use or disclose only what is needed for each research study and we will maintain the confidentiality of the information and will not remove any of the health information from Emory Healthcare. Emory Healthcare also may disclose health information to a researcher if it involves health information of deceased patients and the researcher certifies the information is necessary for research purposes.

Communication – We use or disclose health information to help communicate with you. For example, we may use or disclose your health information to help you communicate with people who are not your family or friends, such as legal representatives and other health care providers involved in a case, or individuals who are a part of a public health agency, Emory University and you would notify us in writing.

To Avert a Serious Threat to Health or Safety – We may use or disclose health information when necessary to prevent a serious threat to your health and safety, or the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.
Military and Veterans – to military personnel as required, if you are a member of the armed forces. We may also disclose health information about you to foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation – to workers’ compensation or similar programs that provide benefits for work-related injuries or illness. If you are involved in an lawsuit or administrative process to report injuries or illnesses, we may disclose the health information you provided to us to those involved in your claim as required.

Health Care Operations – to other health care providers involved in your treatment. We can use or disclose this health information in the course of providing medical services. 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 other products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting a disease; to notify a law enforcement official if we believe a patient has the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

Health Oversight Activities – to a health oversight agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes – in response to a court or administrative order if you are involved in a lawsuit or a dispute. We may also disclose health information about you to other persons involved in the case to the extent any such disclosure is permitted by law; to notify the appropriate government authority if we believe a patient has the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

Right to Inspect and Copy – You have the right to inspect and copy a record of your health information. You may also request a list of the disclosures we made of your health information. We will provide you with a copy of our current Notice. If you request this list in writing, we may charge you a small fee for the cost of supplies used in making the copy or list. We may deny your request under certain limited circumstances, such as if we believe you cannot understand the health information.

To request the list of disclosures, you must submit your request in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. Your request must specify a time period for which you are seeking an accounting of disclosures and include your name, contact information, and identification of the record(s) or portion thereof you wish to access. We may rely on your signature as a personal representative, the name of the patient, your contact information, date of birth and dates of service if known. To the extent that your health information is maintained electronically and you request the information in an electronic format, to the extent possible we will provide you a machine-readable data file of your health information. If you request a paper copy of the list, we will provide you a copy of the list within 30 days of your request.

You have a right to request that we restrict how we use and disclose your health information. We are not required to agree to a request. If we agree to the request, we will comply with it, subject to certain exceptions.

To request restrictions, you must submit a request in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. In your request, you must tell us (1) the health information you want to restrict; (2) whether you want to limit its use or disclosure; and (3) to whom you want the limits to apply. Your request must be in writing and include your name, the name of the patient, your contact information, date of birth and dates of service if known. In general, we will comply with your request within 30 days of our receipt of it, unless it is not in writing or does not include a reason to support the request. In any event, we may deny your request if we believe it is not in your best interest. We will notify you of our decision in writing, including the reasons for any denial.

Your rights and responsibilities – You have the right to request that we restrict how we use and disclose your health information. We are not required to agree to a request. If we agree to the request, we will comply with it, subject to certain exceptions.

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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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. We will accommodate your request to the extent it is feasible. We may deny your request if we believe it is not in your best interest. If we deny your request, we will tell you of our decision in writing, including the reasons for the denial.

Right to Request Access – You have the right to request access to your health information. We will provide you with a copy of your health information within 30 days of our receipt of your request, unless we are required to deny the request under certain circumstances. If we deny your request, we will provide you with a written explanation of our denial. You may request a second review of our decision to deny your request by another authorized person.

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Right to Request a Copy of This Notice – We may change our Notice at any time, but any new Notice will apply only to information we create or receive in the future. You are entitled to receive a copy of our current Notice. 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, 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030.

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