



Mountain Lakes Medical Center 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

The Health Insurance Portability and Accountability Act (HIPAA) federal privacy law requires Mountain Lakes Medical Center to provide this notice to you.

As a parent/legal guardian of a patient at the hospital, you are the patient's "personal representative". Please read this notice with the understanding that we are discussing "you" to mean the patient.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal and sensitive in nature. We are committed to protecting the privacy of this information. Each time you visit the hospital we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by any of the hospital facilities.

This notice will tell you about the ways in which we may use and share your health information about you. We also describe your rights and certain obligations we have regarding the use and sharing of health information.

OUR RESPONSIBILITIES

Our primary responsibility for your personal health information is to keep it safe. We must also give you this notice of privacy practices, and we must follow the terms of the notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways in which we use your health information within the hospital and release your health information to persons outside of the hospital. We have not listed every use or release of information within the categories, but all permitted uses will fall within one of the following categories:

Treatment: We may use or disclose your health information to provide you with medical treatment and healthcare services. We may share your health information with or request it from doctors, nurses, technicians, medical students, interns, health information exchanges, or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care.

Payment: We may use or disclose your health information so the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. This may also include the release of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: These uses or disclosures are necessary to operate our healthcare facility and make sure all of our patients receive quality care. Some of these uses include quality assurance activities; granting medical staff credentials to physicians; administrative activities, including the hospital financial and business planning and development; customer service activities, including investigation of complaints; and educational and training activities.

Business Associates: There are some services provided in our organization through contracts with third parties who are business associates of the hospital. We may share your health information with our business associates so that they can perform the job we've asked them to do. We require our business associates to sign a contract that states they will appropriately protect your information. Examples of business associates include transcription and information storage services, management consultants, quality assurance reviewers and auditors.

Appointment Reminders: We may use health information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility.

Fundraising: We may contact you as part of a fundraising effort for the hospital. If you receive a communication from us for fundraising purposes, you will be informed on how to clearly opt out of any further fundraising communications.

Research That Doesn't Involve Your Treatment: When a research study does not involve any treatment, we may share your health information with researchers when the Institutional Review Board (IRB) determines the request for your PHI has met federal guidelines for release of your PHI for research purposes.

SITUATIONS THAT REQUIRE YOUR VERBAL AGREEMENT

Directory Information – The hospital has a "facility directory" of information about patients hospitalized or otherwise receiving services at our facilities. This directory is available to anyone who asks for a patient by name. The law permits us to give out the following information:

1. the patient's name,
2. general location within the hospital,
3. general condition ("good, fair, serious, critical, deceased"), and
4. Religious affiliation (available to clergy persons only).

This directory information allows visitors to find your room. If you refuse to have your information released, we will not be able to tell your family or friends your room number or that you are in the hospital. You will be asked to agree to have this information shared at your first visit. In the future, we will rely on that decision until you inform us differently. You have the right to refuse to have your information shared for such purposes.

Individuals Involved in Your Care or Payment for Your Care: We may share your health information with a friend or family member who is involved in your medical care, unless you tell us in

advance not to do so. In addition, we may share your health information with an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

SITUATIONS THAT REQUIRE YOUR SPECIFIC WRITTEN "AUTHORIZATION"

Other uses of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or share your health information, you may cancel that authorization in writing at any time. If you cancel your authorization, we will no longer use or share health information about you for the reasons covered by your written authorization. We are unable to take back any information we have already made with your permission, and we are required to retain our records of the care that we provided to you. Some typical situations that require your authorization are as follows:

Research Involving Your Treatment: When a research study involves your treatment, we may share your health information with researchers after you have signed a consent and authorization form, or in rare circumstances, when the Institutional Review Board (IRB) issues a waiver. Waivers are granted when the IRB determines appropriate safeguards are in place to protect the privacy of your personal health information. In addition, research studies require an IRB to review and approve research protocols for protection of the individuals that participate. You do not have to sign the consent and authorization form in order to get treatment from the hospital, but if you do refuse to sign the consent and authorization form, you cannot be part of the research study.

Substance Abuse Treatment Disclosures: We will only share your substance abuse treatment information in accordance with HIPAA and 42 CFR Part 2, Federal Substance Abuse Confidentiality Regulations. In general, your written authorization is needed to share this information.

Disclosure of Mental Health Treatment Information: We will share your mental health treatment information only in accordance with state law. In most cases, Georgia law requires your written authorization or the written authorization of your representative.

Disclosures Requested by Mountain Lakes Medical Center: We may ask you to sign an authorization allowing us to use or share your health information with others for specific purposes such as notifying you of future educational or social events that you might enjoy.

Marketing: We may ask you to sign an authorization to use or disclose protected health information as part of a marketing effort. The authorization will state if the hospital received any direct or indirect compensation for the marketing. Your authorization is needed except for face-to-face communications made by the hospital to you or for promotional gifts of nominal value. Marketing is defined as a communication about a product or service that encourages the purchase or use of the product or service, except for communications made:

1. to describe a health-related product or service that is provided by the covered entity making the communication;
2. for the treatment of the individual; or
3. for case management or care coordination of the individual, or to direct or recommend alternative treatments, therapies, providers, or settings of care to the individual. The communications described in those three exceptions often are considered to be within the definition of "health care operations" under HIPAA, and thus permissible without the individual's authorization.

Sale of Electronic Health Records or PHI: The hospital may not sell protected health information unless authorized by you. An authorization is not needed if the purpose of the exchange is for:

1. treatment of the individual;
2. public health activities;
3. research purposes where the price charged reflects the cost of preparation and transmittal of the information;
4. health care operations related to the sale, merger or consolidation of a covered entity;
5. performance of services by a business associate on behalf of a covered entity;
6. providing the individual with a copy of the PHI maintained about him/her; or
7. other reasons determined necessary and appropriate by the Secretary.

SITUATIONS THAT DO NOT REQUIRE YOUR VERBAL AGREEMENT OR WRITTEN AUTHORIZATION

The following uses of your health information are permitted by law without any oral or written permission from you:

Organ and Tissue Donation: If you are an organ donor, we may share your health information with organizations that handle organ procurement or organ, eye or tissue transplantation, or with an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may share your health information as required by military command authorities.

Worker's Compensation: We may share your health information for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

Averting a Serious Threat to Health or Safety: We may use and share your health information when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. This information would only be shared with someone able to help prevent the threat.

Public Health Activities: We may share your health information for public health activities. These generally include the following:

1. to prevent or control disease, injury or disability;
2. to report births and deaths;
3. to report child abuse or neglect;
4. to report reactions to medications, problems with products or other adverse events;
5. to notify people of recalls of products they may be using;
6. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
7. to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only share this information if you agree or when required or authorized by law.

Health Oversight Activities: We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include 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: If you are involved in a lawsuit or dispute, we may share your health information in response to a court or administrative order. We may share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: We may share your health information if asked to do so by law enforcement officials in the following circumstances:

1. when we receive a court order, subpoena, warrant, summons or similar process;
2. to identify or locate a suspect, fugitive, material witness or missing person;
3. when the patient is the victim of a crime if we are unable to obtain the person's agreement;
4. when we believe the patient's death may be the result of criminal conduct;
5. criminal conduct at our facility;
6. 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.

Coroners, Medical Examiners and Funeral Home Directors: We may share your health information with a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also share health information about patients at our facility with funeral home directors as necessary to carry out their duties.

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

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may share your health information with the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution.

Legal Requirements: We will share your health information without your permission when required to do so by federal, state or local law.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the hospital because the hospital created it, the information in the health record belongs to you.

You have the right to:

Request a restriction on certain uses of your protected health information. We are not required by law to agree to your request unless it is a restriction on health information to your health plan for payment or health care operations where you have paid the full cost of the service to which the information relates.

Obtain a copy of this Notice of Privacy Practices upon request.

Be notified following a breach of unsecured Protected Health Information.

Inspect and request a copy of your protected health information for a fee. If you request a copy in electronic format, we must provide the information in an electronic format. We may deny your request under limited circumstances. If we deny you access to health information, you may request that the denial be reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that review. The hospital can deny access to psychotherapy notes.

Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if:

1. it is not in writing,
2. does not include a reason to support the request,
3. the information was not created by our healthcare team,
4. it is not part of the information kept by our facility,
5. it is not part of the information which you would be permitted to inspect and copy,
6. the information already in the record is accurate and complete.

Please note that even if we accept your request, we are not required to delete any information from your health record. If we disagree with your request you have the right to submit a statement of disagreement to be enclosed with future releases of the information in question.

Obtain a record of the sharing/disclosures of your health information. The accounting will only list information shared for purposes other than treatment, payment or healthcare operations and will exclude information that was shared because of a valid authorization.

Request communication of your health information by alternative means or to alternative locations. We will honor reasonable requests when you provide the alternative address/contact information and information on how payment will be handled.

Revoke your authorization to use or share health information. This will apply to any prior actions taken.

Complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States. If you believe your privacy rights have been violated, or if you are dissatisfied with any aspect of your care, you have the right to submit a verbal or written complaint. You may file a complaint with the hospital by contacting Administration at 706.782.0400. If you or a family member think that a complaint or grievance remains unresolved through the hospital process, you may contact the Department of Community Health, Healthcare Facility Regulation Division, Complaint Intake Unit, at Two Peachtree Street, N.W. Suite 31-447, Atlanta, GA 30303-3142; or, phone 404.657.5728 or 800.878.6442; or, send Fax to 404.657.5731.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities.