

## 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.

This Joint Notice of Privacy Practices describes the privacy practices of Piedmont Healthcare, Inc., including its Hospitals, Clinics, Employed Physician workforce members, students, volunteers, foundations and other facilities (“Piedmont Providers”). This notice also describes the privacy practices of affiliated providers – who are not employees of Piedmont – while they are treating you in a Piedmont facility unless they provide you with their own Notice of Privacy Practices. We are required by law to protect your medical information and to provide you with this notice, which describes how we may use and disclose information about you. This notice also explains your rights regarding your health information.

### How We Use and Disclose Information

**Piedmont Providers are required** to disclose your health information:

**To you** or someone who has the legal right to act for you to administer your rights as described in this notice; and

**To the Secretary of the Department of Health and Human Services**, if necessary to make sure your privacy is protected.

### Uses and Disclosures for Treatment, Payment and Health Care Operations

Piedmont Providers may use or disclose your health information for your treatment, to obtain payment for your treatment and to operate our business.

**Treatment.** We may use or disclose your health information to provide, coordinate or manage your treatment. For example, your primary care physician may need to disclose your health information to consult with a specialist physician regarding your condition.

**Payment.** We may use and disclose your health information to bill and collect payment for the health care services provided to you. For example, a Piedmont Provider may provide your health information to your health plan to be reimbursed for the services provided to you. We may also disclose your health information to our business associates, such as billing companies and claims processing companies.

**Health Care Operations.** We may use and disclose health information as necessary to operate and manage our business activities related to providing and managing your health care. These activities include but are not limited to quality assessment and improvement, training, compliance and risk management activities, planning, development and administration.

### Special Legal Protections for Health Information related to Substance and Alcohol Use Disorders

Health information related to substance use disorder (SUD) is protected by federal law under 42 CFR Part 2. This law provides extra confidentiality protections and requires separate consent for the use and disclosure of SUD information or counseling notes. 42 CFR Part 2 allows patients to sign a single consent form for all future uses and disclosures for SUD treatment, payment and other health care operations. Disclosure of these records requires your explicit written consent, except in limited circumstances. You may revoke this consent at any time. Exceptions include:

- Medical Emergencies: Only to the extent needed to treat your emergency.
- Reporting that a crime occurred on the premises.
- Child Abuse Reporting.
- The new rule expands prohibitions on the use of Part 2 records in civil, criminal, administrative or legislative proceedings conducted against a patient unless the patient provides consent, or a court order is issued.
- A separate consent is required and must specifically address the use and disclosure of SUD counseling notes. Consent cannot be combined.

### Permitted Uses and Disclosures

Piedmont Providers are permitted to use or disclose your health information for the following purposes, under limited circumstances:

**Persons Involved in Your Care.** We may disclose your health information to a person involved in your care or who helps pay for your care, if you agree to the disclosure or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interest.

**Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.

**Required by Law.** We may use or disclose your health information without your authorization when required to do so by law.

**Judicial or Administrative Proceedings** such as in response to a court order, subpoena or search warrant.

**Law Enforcement Purposes.** We may disclose health information to a law enforcement official for purposes such as locating a missing person, suspect or fugitive, or reporting a crime.

**Correctional Institutions.** We may disclose information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or in custody of a law enforcement official to ensure the safety of the correctional institution and law enforcement officials.

**For Reporting Victims of Abuse, Neglect or Domestic Violence.** We may disclose health information to government authorities authorized by law to receive such information, including law enforcement, social services or protective services agencies.

**Public Health Activities** such as reporting or preventing disease outbreaks.

**Health Oversight Activities.** We may use or disclose certain information to the government for authorized health oversight activities including inspections, audits, licensure or investigations of our providers, or other related matters.

**Organ, Eye and Tissue Donation.** We disclose information to organ procurement organizations to facilitate organ, eye and tissue donation and transplantation, as permitted by law.

**Decedents.** We may disclose health information to coroners, medical examiners and funeral home directors for the purposes of identifying a decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**To Avoid a Serious Threat to Health or Safety or in Disaster Relief Efforts.** We may disclose health information to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public. We may also disclose information about you to an organization assisting in disaster relief efforts so that your family can be notified about your location, condition or status.

**Specialized Government Functions.** We may use and disclose certain information if you are military personnel or a veteran. We may also disclose information to authorized federal officials for intelligence and other national security activities and for the provision of protective services to the President or other authorized persons or foreign heads of state.

**Workers’ Compensation.** We may use and disclose information to comply with workers’ compensation laws that govern job related injuries and illnesses.

**Fundraising Efforts.** We may contact you to request your support through contributions to Piedmont’s charitable foundation. You have the right to opt out of receiving such fundraising communications. In the event you are contacted for fundraising, you will be given the opportunity to opt out.

**Appointment Reminders, Follow-Up Care and Treatment Alternatives.** We may use or disclose your information to remind you about appointments or treatment alternatives that may be useful to you. We may contact you by email when your email address has been provided to us. Email communications are not necessarily secure when they are not encrypted, therefore if you do not want us to communicate with you by email, you must contact us to opt out.

**Patient Directories.** Unless you object, we may use some of your information to maintain our facility directories. This information may include your name, your location in the facility, your general condition (e.g. fair, good, etc.) and your religious affiliation. The information may be disclosed to clergy members. Except for religious affiliation, the facility directory information may be disclosed to other persons who ask for you by name.

**Business Associates.** We may disclose information to business associates that perform specialized services on our behalf. Our business associates are required to protect the privacy of your information and are not allowed to disclose any information other than as specified in our contract.

**Data Breach Notification Purposes.** We may use your contact information to provide you with legally required notices of unauthorized acquisition, access, or disclosure of your health information.

**Health Information Exchanges.** We may make your health information available electronically through our electronic health record and state, regional or national information exchange services. Health information exchange services help make health information available to other health care providers who may need access to it for treatment purposes.

**Uses and Disclosures for Which Authorization is Required.** Other types of uses and disclosures of health information not described in this Notice will be made only with your written authorization. You may revoke your authorization at any time; however, the revocation will not be applicable to disclosures that have already occurred. We may not use and disclose your health information for marketing purposes except in limited circumstances as permitted by law or unless you have given us written authorization. We will not disclose psychotherapy notes except in limited circumstances either with your written authorization, or as permitted or required by law. We will not sell your health information unless we have your written authorization or as permitted by law.

### Your Privacy Rights

**Confidential Communications.** You may request that we communicate with you in a specific, confidential manner. For instance, you may request that we send follow-up information to your home address instead of using your work address. We will accommodate reasonable requests regarding confidential communications.

**Accounting of Disclosures.** You have the right to receive an accounting of certain circumstances when your information has been disclosed without your authorization, as specified by law.

**Amendment Request.** You have the right to request an amendment or correction to the information we maintain about you if you believe the information is wrong or incomplete. You must request the amendment in writing and provide the reasons for the requested amendment. We may deny your request if we believe the information to be accurate and complete. If we deny your request, you may have a statement of disagreement added to your health information.

**Right to Access Records.** Generally, you have the right to review and obtain a copy of the medical records and billing information that Piedmont creates and maintains about you. Your request to review or obtain a copy must be in writing. We will provide the copy in the format requested if we can readily do so. If we cannot provide the records in the requested format, we will contact you to discuss another reasonable method. We may charge a reasonable fee to cover expenses incurred when preparing a paper or electronic copy, or a summary for you. We may deny your request in very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed by a licensed health care professional who was not involved in the initial decision. If Piedmont does not maintain the medical information you request and we know where that information is located, we will let you know where to redirect your request for access.

**Restriction Request.** You have the right to request that we restrict our uses and disclosures of your health information except when authorized by you, when required by law, or in an emergency. **We are not legally required to agree to your request.** You may request that we not share certain information with your health plan if you pay for the services in full and notify us of the request prior to receiving the services. Restriction requests must be submitted in writing. We will inform you of our decision.

**You have the right to receive a paper copy of this notice.** You may request a paper copy of this notice even if you have agreed to receive it electronically by contacting the Piedmont Healthcare Privacy Officer at [privacy.officer@piedmont.org](mailto:privacy.officer@piedmont.org). The notice is available for viewing and printing at [www.piedmont.org](http://www.piedmont.org). Piedmont may revise this Notice as necessary to remain in compliance with the law. If you believe your privacy rights have been violated, you may submit a written complaint to the Privacy Officer. Piedmont Providers will not penalize you or retaliate against you for filing a complaint. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

Please contact the Piedmont Healthcare Privacy Officer if you have any questions about this notice:

Privacy Officer  
271 17<sup>th</sup> Street, Suite 2400, Atlanta, GA 30363  
(470) 271-3440

[privacy.officer@piedmont.org](mailto:privacy.officer@piedmont.org)