

## Memorial Hospital and Manor

# 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.**

Hospitals make and keep records of medical information. While you are a patient here, we will use and disclose your medical information

- To provide treatment to you and to keep a record describing your care
- To receive payment for the care we provide
- To administer the hospital properly
- To comply with law

**This Notice summarizes the ways we may use and disclose medical information about you. It also describes your rights and our duties regarding the use and disclosure of your medical information. This Notice applies to all records of your care at the Hospital, whether made by Hospital personnel or by your personal doctor. Your doctor and other health care providers may use a different Notice and policy regarding the use and disclosure of your medical information in their offices.**

**When we use the word “we” or “Hospital” we mean the Memorial Hospital and Manor, its affiliates, medical professionals and other parties who assist us in our business.**

We are required by law

- To keep your medical information confidential in accordance with legal requirements
- To give you this Notice of our legal duties and privacy practices with respect to your medical information
- To follow the terms of the Notice that is currently in effect

### **PERSONS COVERED BY THIS NOTICE**

- All employees, staff and other Hospital personnel
- The following entities, sites and locations: Memorial Hospital and Manor; Bainbridge Obstetrics and Gynecology; Bainbridge Ophthalmology; Memorial Pediatrics, Willow Ridge Assisted Living Facility, J. Alajaji, M.D.; P. Bennett, M.D.; D. Surratt, M.D.; C. A. Walker, M.D.; A. Wilson, M.D. School Medicine, Memorial Medical Center-Satellite Laboratory, Satellite Radiology, Women’s Health and Outpatient Physical Therapy. In addition, these entities, sites and locations may share medical information with each other for the treatment, payment and administrative purposes described in this Notice
- Persons or entities performing services for the Hospital under agreements containing privacy protections or to which disclosure of medical information is permitted by law

- Persons or entities with whom the Hospital participates in managed care arrangements
- Our volunteers and medical, nursing and other health care students
- Members of the Hospital Medical Staff and other medical professionals involved in your care or performing peer review, quality improvement, medical education and other services for the Hospital

## **USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

We use and disclose medical information in the ways described below.

**Treatment.** We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, medical, nursing or other health care students, or other personnel taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so you can have appropriate meals. Departments of the Hospital may share your medical information to schedule the tests and procedures you need, such as prescriptions, laboratory tests and x-rays. We also may disclose your medical information to health care facilities if you need to be transferred from the Hospital to another hospital, a nursing home, a home health provider or a rehabilitation center. We also may disclose your medical information to people outside the Hospital who are involved in your care after you leave the Hospital such as family members or pharmacists.

**Payment.** We may use and disclose your medical information so that the treatment and services you receive can be billed and collected from you, an insurance company or another third party. For example, we may give your health plan information about surgery you received so your health plan will pay us for the surgery. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval from your plan to cover payment for the treatment.

**Health Care Operations.** We may use and disclose your medical information for Hospital operations, such as for peer review, performance improvement, risk management, and our compliance with licensure, accreditation or certification requirements. For example, we may disclose your medical information to physicians on our Medical Staff who review treatment of patients. We may disclose information to doctors, nurses, technicians, medical, nursing or other health care students, and Hospital personnel for teaching. We may combine medical information about many patients to decide what services the Hospital should offer, and whether new services are cost-effective and how we compare with other hospitals. Sometimes, we may remove identifying information from this medical information so others may use it to study health care and health care delivery without learning who you are. We may disclose information to other health care providers involved in your treatment to permit them to carry out the work of their facility or to get paid. For example, we may provide information about your treatment to an ambulance company that brought you to the Hospital so that the ambulance company can get paid for their services.

**Activities of Our Affiliates.** We may disclose your medical information to our affiliates in connection with your treatment or other hospital activities.

**Activities of Organized Health Care Arrangements in Which We Participate.** For certain activities, the Hospital, members of its Medical Staff and other independent professionals are called an Organized Health Care Arrangement. We may disclose information about you to health care providers participating in our Organized Health Care Arrangements, such as a managed care or physician-hospital organization. Such disclosures would be made in connection with our services, your treatment under a health plan arrangement, and other activities of the Organized Health Care Arrangement.

## IMPORTANT NOTICE

**The Hospital may share your medical information with members of the Hospital Medical Staff and other independent medical professionals in order to provide treatment and perform other activities such as peer review, quality improvement, medical education and other services for the Hospital. While those professionals may follow this Notice and otherwise participate in the privacy program of the Hospital, they are independent professionals and the Hospital expressly disclaims any responsibility or liability for their acts or omissions.**

**Health Services, Treatment Alternatives and Health-Related Benefits.** We may use and disclose your medical information to tell you about (i) health-related products or services that we offer, (ii) other providers participating in a health care network that we participate in, (iii) possible treatment options or alternatives, or (iv) health-related benefits or services that may be of interest to you. We also may use that information to communicate with you to coordinate your care. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care.

**Fundraising.** We may use your medical information to raise money for the Hospital. We may disclose information such as your name, address, telephone number, gender, age and the dates you received treatment at the Hospital to a Hospital foundation so it can contact you. If you do not want the Hospital to contact you for fundraising, please notify the Contact Person listed below in writing.

**Hospital Directory.** We may include certain information about you in the Hospital Directory while you are a patient in the Hospital. This information may include your name, your room number, your general condition (fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. Disclosure of your room will not reveal that you are in a specific unit or area of the Hospital, if such information would reveal that you are at the Hospital for treatment of rape or attempted rape, HIV/AIDS, or alcohol/drug abuse. Directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. If you do not want this information given out, please tell the Admissions Clerk.

**Individuals Involved in Your Care or Payment for Your Care.** We may release your medical information to the person you named in your Durable Power of Attorney for Health Care (if you have one), or to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you). We may give information to someone who helps pay for your care. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

**Research.** We may use and disclose your medical information for research purposes. Most research projects, however, are subject to a special approval process. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your authorization.

**Required By Law.** We will disclose your medical information when federal, state or local law requires it. For example, the Hospital must comply with child abuse reporting laws and laws requiring us to report certain diseases or injuries to state or federal agencies.

**Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Note:** *Georgia and Federal Law provide protection for certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others.*

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to aid in its organ or tissue donation and transplantation process.

**Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by military command authorities.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Minors.** If you are a minor (under 18 years old), the Hospital will comply with Georgia law regarding minors. We may release certain types of your medical information to your parent or guardian, if such release is required or permitted by law.

**Public Health Risks.** We may disclose your medical information for public health purposes

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child or adult abuse, neglect or violence
- To report reactions to medications or problems with 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 getting or spreading a disease or condition

**Health Oversight Activities.** We may disclose your medical information to a federal or state agency for health oversight activities such as audits, investigations, inspections, and licensure of the Hospital and of the providers who treated you at the Hospital. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

**Lawsuits and Disputes.** We may disclose your medical information to respond to a court or administrative order or a search warrant. We also may disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.

**Law Enforcement.** Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official.

**Medical Examiners and Funeral Directors.** We may disclose your medical information to a medical examiner or funeral director so they may carry out their duties.

**National Security.** We may disclose your medical information to authorized federal officials for national security activities authorized by law.

**Protective Services.** We may disclose your medical information to authorized federal officials so they may provide protection to the President and other persons.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for the Hospital to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

## **YOUR PRIVACY RIGHTS**

**Right to Review and Right to Request a Copy.** You have the right to review and copy medical information in your medical and billing records. The Health Information Management Department has a form you can fill out to request to review or copy your medical information, and to tell you how much will it cost. The Hospital will tell you if it cannot fulfill your request. If you are denied the right to see or copy your medical information, you may ask us to reconsider our decision. Depending on the reason for the decision, we may ask a licensed health care professional to review your request and its denial. We will comply with this person's decision.

**Right to Amend.** If you feel your medical information in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request. The Contact Person listed below can help you with your request.

**Right to an Accounting of Disclosures.** You have the right to make a written request for a list of certain disclosures the Hospital has made of your medical information. This list is not required to include all disclosures we make. Disclosure for treatment, payment, or Hospital administrative purposes, disclosures made before April 14, 2003, disclosures made to you or which you authorized, and other disclosures are not required to be listed. The Contact Person listed below can help you with this process, if needed, and can tell you how much it will cost.

**Right to Request Restrictions on Disclosures.** You have the right to make a written request to restrict or put a limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend.

***We are not required to agree to your request.*** However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your adult children.

**Right to Request Confidential Communications.** You have the right to make a written 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 contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. The Contact Person listed below can help you with these requests if needed.

**Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website, [www.mh-m.org](http://www.mh-m.org) or a paper copy from the Contact Person listed below.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as for any information we receive in the future. We will post the current Notice in the Hospital and on the Hospital website.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with the Hospital or with the Secretary of the Department of Health and Human Services or HHS. Generally, a complaint must be filed with HHS within 180 days after the act or omission occurred, or within 180 days of when you knew or should have known of the action or omission. To file a complaint with the Hospital, contact the Privacy Officer at 229-243-6100, ext. 493. You will not be denied care or discriminated against by the Hospital for filing a complaint.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of your medical information not covered by this Notice or the laws and regulations that apply to the Hospital will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization, but the revocation will not affect actions we have taken in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, we still must continue to comply with laws that require certain disclosures, and we are required to retain our records of the care that we provided to you.

**If you have any questions about this Notice, please contact the Privacy Officer, at 229-243-6100, ext. 493, or by mail at 1500E. Shotwell Street, Bainbridge, GA 39819.**

**Effective Date: 4/14/03**

Revised: 04/11/2007

