

SUMMARY OF NOTICE OF PRIVACY PRACTICES

Our Legal Duty: We have a duty to protect the confidentiality of medical information about you. We are required to provide you with a Notice of Privacy Practices explaining ways we may use and disclose your medical information. The Notice also describes your legal rights and our obligations regarding the use and disclosure of your medical information.

Parties Following The Notice: The Notice will be followed by the Hospital and its affiliates, together with their health care professionals, staff and volunteers; members of the Hospital Medical Staff and those participating in managed care networks with the Hospital; and other legal entities that provide services to the Hospital.

How We May Use and Disclose Medical Information About You: We may use or disclose identifiable health information about you for many reasons, including:

- Treatment
- Payment
- Health care operations
- Health oversight activities
- Public health purposes
- Auditing
- National security and protective services
- Research
- Workers' compensation
- Lawsuits and disputes
- Law enforcement purposes
- Activities of managed care networks in which we participate
- Activities of our affiliates
- Appointment reminders
- Fundraising activities
- Organ donation
- To avert a serious threat to health or safety
- To coroners, medical examiners and funeral directors
- To military command authorities
- As required by law

In general, other uses and disclosures of your medical information will require your written authorization. We may use or disclose certain limited information about you, unless you object or request a limitation of the disclosure, for:

- Hospital directories
- Individuals involved in your care or payment

Your Privacy Rights:

You have the following rights with respect to your health information:

- The right to request confidential communications and alternative means of communication with you.
- The right to request restrictions on certain uses of your health information.
- The right to inspect and copy certain medical information that we maintain about you.
- The right to request an amendment of your health information.
- The right to an accounting of certain disclosures of your health information.

Changes to the Notice: We reserve the right to change the Notice. We will post any revised Notice in the Hospital.

Complaints: If you believe your rights have been violated, you may file a complaint with the Grady Health System Privacy Office at (404) 616-2118, or you may file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

ACKNOWLEDGMENT

Patient Name (Please print): _____

Patient Acknowledgment: I acknowledge that I have received a copy of the Notice of Privacy Practices for the Grady Health System. In receiving the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Signature of Patient: _____

Date: _____

For Use by Hospital Personnel Only: [Complete if patient acknowledgment is not obtained]

The patient was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An acknowledgment was not obtained because _____.

Signature of Hospital Representative: _____

Date: _____