Grady Health System
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 Notice describes the privacy practices of Grady Health System, including the covered parties listed below. It also describes your rights and Grady's duties regarding medical information. This Notice applies to all records of your care at Grady. This Notice also describes the privacy practices of affiliated providers, who are not employees of Grady, while they are treating you at a Grady facility unless they provide you with their own Notice of Privacy Practices.

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
- To follow the terms of the Notice that are currently in effect
- To notify affected individuals following a breach of unsecured protected health information when required by law
- To comply with additional federal confidentiality requirements that apply to substance use disorder records protected by 42 C.F.R. Part 2, when those records are maintained by the Hospital or received by the Hospital

WHO IS COVERED BY THIS NOTICE

- All Grady Health System employees, staff members, physicians, residents, students, volunteers and other personnel
- All Grady Health System entities, facilities, sites and locations
    - These entities, facilities, 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 or organized health care arrangements

While members of the Hospital Medical Staff and other independent medical professionals may follow this Notice and otherwise participate in Grady privacy program, they are independent professionals and Grady and those independent professionals each expressly disclaim any responsibility or liability for their acts or omissions of the other with regard to violations of your privacy rights as described in this Notice.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

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. Medical information may also be shared for care coordination, case management, referrals and consultation among providers involved in your care, as permitted by law. 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.

Grady is required by law to notify your primary care physician, post-acute provider or other designated provider when you are admitted and discharged from the emergency department and inpatient hospital setting. If I do not wish for my physician/provider to be notified, I will inform the Contact Person listed below of my request to withhold notification.

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. This may include prior authorization, eligibility review, utilization review and related payment activities. For example, we may give your health plan information about surgery you received so your health plan will pay us for the surgery.

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 activities. 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/educational purposes.

PERMITTED USES AND DISCLOSURES

Activities of Our Affiliates. We may disclose your medical information to our affiliates for their treatment, payment, and health care operations as permitted by law.

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.

Appointment Reminders, Follow-up Care, Treatment Alternatives and Health-Related Services and Benefits. We may use and disclose your medical information to tell you about (i) appointment reminders or follow-up care information, (ii) health-related products or services that we offer, (iii) possible treatment options or alternatives, or (iv) health-related benefits or services that may be of interest to you.

Fundraising. We may use or disclose your medical information to the Hospital's foundation so it can contact you regarding the Hospital's fundraising efforts. You have the right to opt out of receiving such fundraising communication. If you do not want the Hospital or the Hospital's Foundation to contact you for fundraising, **or if you would like to opt out of current fundraising communications,** please notify the Contact Person listed below.

Hospital Directory. Unless you object, 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. 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 specific condition or diagnosis (i.e., rape or attempted rape, HIV/AIDS, or alcohol/drug abuse), this information will not be shared. Directory information, except for your religious affiliation, may be released to people who ask for you by name. If you do not want this information given out, please tell the **Patient Access Employee (i.e. Registration Clerk, Financial Counselor)**.

Persons Involved in Your Care or Payment for Your Care. We may disclose your medical 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. We may disclose information to pharmaceutical companies and/or their agents to confirm your eligibility and support applications for manufacturer sponsored drug assistance programs.

Research. We may use and disclose your medical information for research purposes. Research projects are subject to a special approval process through an institutional review board. 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 use or 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.

SPECIAL SITUATIONS

Business Associates. Grady's Business Associate Agreements provide that all HIPAA security administrative, physical, and technical safeguards and security policies, procedures, and documentation requirements apply directly to business associates.

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, such as:

- To report births and deaths
- 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 Legal Actions. 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 certain law enforcement purposes upon the request of a law enforcement official.

Medical Examiners and Funeral Directors. We may disclose 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.

Special Treatment of Confidential Health Information. 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.

- ***Substance Use Disorder Records (42 C.F.R. Part 2)***: Some substance use disorder records are subject to special federal confidentiality protections. The Hospital may use and disclose Part 2 records for treatment, payment, and health care operations as permitted by law after obtaining a valid written consent, except where the law permits or requires disclosure without consent. Once Part 2 records are disclosed as permitted by federal law, the recipient may be able to redisclose those records in accordance with HIPAA and other applicable law, unless a specific law or restriction continues to apply. You may request an accounting of disclosures of your Part 2 records as required by law. The Hospital will not use or disclose Part 2 records in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, except as otherwise permitted by law

Health Information Exchanges. The Hospital participates in certain electronic Health Information Exchanges which allow your medical information to be shared electronically with other hospitals, doctors and/or other medical persons or facilities involved in your treatment. We provide your personal health information through these exchanges unless you request for us not do to so. You have the right to decline to participate in any or all of the Health Information Exchanges in which the Hospital participates. You will receive treatment even if you do not wish to participate in a Health Information Exchange. To exclude your personal health information from being shared with Health Information Exchanges, please contact the Contact Person listed below for opt-out instructions.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION

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, this includes uses and disclosures of your medical information for **marketing purposes, the sale of your medical information, and most uses and disclosures of psychotherapy notes**. 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.

YOUR PRIVACY RIGHTS

Right to Access and Request a Copy of Your Record. You have the right to review and request a copy of 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 it will cost (we may charge a reasonable, cost-based fee). The Patient Financial Services Department has a process for your to request a copy of your billing information. We work to respond to your request usually within 30 days of receipt. The Hospital will tell you if it cannot fulfill your request. If you are denied the right to see 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. You may request that electronic health records be given to you in electronic form or be transmitted in electronic form directly to a third party.

Right to Request Amendment. If you feel your medical information in our records is incorrect or incomplete, you may request, 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 Request an Accounting of Disclosures. You have the right to request an accounting (or a list) of certain disclosures the Hospital has made of your medical information, including records subject to 42 C.F.R. Part 2. You have the right to request an accounting of disclosures made through an electronic health record for the preceding three year period. The accounting will not include all disclosures, such as disclosures for treatment, payment and health care operations, or certain other disclosures excluded by law. Grady must either provide you with an accounting of disclosures that it and all of its business associates have made or provide an accounting of disclosures made by Grady and a list of business associates with their contact information, who will be responsible for providing an accounting of their disclosures upon request. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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.*** If we do not agree, we will tell you why in writing within 60 days. 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. If you pay in full for your services out of pocket, you can request that information regarding those services not be disclosed to third party payors. The Contact Person listed below can help restriction requests.

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.

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.gradyhealth.org or a paper copy from the Contact Person listed below.

Right to Choose Someone to Act For You. If someone has authority to act as your personal representative, such as if someone is your designated healthcare agent or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before taking any action.

BREACH NOTIFICATION

You have the right to be notified following a breach of your unsecured protected health information when notification is required by law.

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's 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 U.S. Department of Health and Human Services Office for Civil Rights, you can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit https://www.hhs.gov/hipaa/filing-a-complaint/index.html.with the Hospital, contact the Corporate Compliance Office at telephone number **404-616-1706** or by email at **privacy@gmh.edu.**

You will not be denied care or discriminated against by the Hospital for filing a complaint.

Contact Person: If you have any questions about this Notice, please contact Grady's Chief Compliance Officer/Privacy Officer (Corporate Compliance Department) at (404) 616-1706 or by email at privacy@gmh.edu.

This Notice of Privacy Practices became effective on April 14, 2003. Revisions effective September 23, 2013; April 15, 2022; May 1, 2024; July 15, 2026.