

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. REVIEW CAREFULLY.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU: The following describes different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

For Treatment: We may use medical information about you for the purpose of providing medical treatment or services to doctors, nurses, technicians, medical students, volunteers, or other personnel involved in your care at the System. We may also disclose your medical information to people outside of the System who may be involved in your care such as friends or family members, if you have indicated that you would like these people to be informed of your care, or employees or medical staff members of any hospital or nursing facility if you are transferred or admitted to the facility for care.

For Payment: We may disclose medical information about you so that the treatment and services at the System may be billed by the System and payment collected from you, an insurance company or a third party. We may also disclose your medical information to another health care provider for payment of services you may have received at another medical facility. However, you may request that we not disclose your medical information to any persons or entities responsible for paying any portion of the charges you incur as a patient of the System provided that you pay all charges *in full* at the time of the request.

For Health Care Operations: We and our business associates may use and disclose medical information about you for health operations. These disclosures are necessary to run the System and ensure that all patients receive quality care. This includes disclosure of your medical information to doctors, nurses, medical students, and other personnel at the System for review and learning purposes. We may also disclose your information to researchers collecting medical information to study health care and health care delivery—we will remove information that personally identifies you before providing researchers with your information. Disclosures may also include other providers for use in their healthcare operations.

Health-Related Benefits and Services: You will not receive any marketing or advertising communications from us unless you indicate in your signed (or acknowledged) Notice of Privacy Practices that you wish to receive such communications. If you indicate that you would like to receive such communications, we may use or disclose your medical information to inform you of benefits or services that may interest you. If at any time you decide that you no longer wish to receive such communications, you may elect not to receive further marketing or advertising communications by contacting the number provided or by notifying the System's Privacy Office in writing.

Sale of Health Information: We will not sell your health information unless you have authorized us to do so in your signed Notice of Privacy Practices.

Fundraising Activities: We may use your medical information to contact you about our efforts to raise money. You may opt out by providing your written request to the System's Privacy Office or by informing the individual who contacts you of your desire to opt out of fundraising communications. Each time we contact you regarding fundraising efforts, we must ask you if you wish to opt out of all future fundraising communications.

Hospital Directory: We may include limited information about you in the hospital directory while you are a patient at the System. If you do not want anyone to know this information or to limit the amount of information that is disclosed and to whom, you may request limitations at the time of registration or during your stay.

Special Situations: In the following special situations we may release your medical information: organ and tissue donation, active duty military personnel and veterans, workers compensation, public health activities, health oversight activities, lawsuits and disputes, law enforcement, coroners and medical examiners, national security and intelligence activities, protective services for the President and others, inmates, and research, public health threat and safety of others, disaster relief efforts.

Psychotherapy Notes: Psychotherapy notes will not be disclosed outside of the System except as authorized by you in writing, pursuant to court, or as required by law. Notes will only be disclosed to personnel at the System who wrote the notes (except for training purposes and to defend against a legal action brought against the entity) unless you properly authorized such disclosure in writing.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

OUR OBLIGATION TO YOU: (1) To make sure that medical information that identifies you is kept private; (2) To notify you regarding our legal duties, your legal rights, and our privacy practices at the System; (3) To abide by these terms of notice. You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have a right to inspect and receive a copy of your medical record. If your request is denied you may request that the denial be reviewed, and that decision will be final. You may be charged a fee for the costs associated with copying, mailing, or other supplies associated with the request. If all or any portion of your health information is in an electronic format, you may request an electronic copy.

Right to Amend: If you feel that the medical information about you in your record is incorrect or incomplete, you may ask us to amend it. To request an amendment, your request must be made in writing and submitted to the System's Health Information Management department. If your request is denied, you may submit in writing a statement of disagreement and ask that it be included in your medical record.

Right to an Accounting of Disclosures: You have a right to request a list of certain disclosures that we have made regarding your medical information. To request this you must submit your request in writing to the System's Privacy Office.

Right to Request Restrictions: You have a right to request a restriction or limitation on the medical information we use or disclose about you, except where disclosure of the information is required by law. To request restrictions, you must make your request in writing to the System's Privacy Office. **We are not required to agree to your request.** If we do agree, we will comply with your request except where the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have a right to request that we communicate with you about medical matters in a certain way and at a certain location. To request confidential communications, make your request at the time of registration or during your visit.

Right to this Notice: You have a right to a paper copy and may request it at the time of service or by contacting the System's Privacy Office.

Changes to this Notice: We reserve the right to change this notice. We will post a copy of the current notice. The notice will contain the effective date in the top right corner. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACH: If we determine that the disclosure of your medical information constitutes a breach of the federal privacy or security regulations governing unsecured protected health information, we will (1) Provide a notice of the breach (2) Advise you of what we plan to do to mitigate the damage (if any) caused by the breach and (3) Advise on steps you should take to protect yourself from potential harm from the breach.

ADDITIONAL INFORMATION: If you would like more information, contact the System's Privacy Office at 1-844-917-1115.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the System or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the System, contact the System's Privacy Office by mail at 743 Spring Street, Gainesville, Georgia 30501, or call 1-844-917-1115. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosure of medical information not covered by this notice may be made in accordance with your written permission or as required by law. If you provide us with permission to use or disclose your medical information, you may revoke that permission at any time. To revoke your permission, you must provide your request in writing to the System's Privacy Office.