The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects health care providers, payers, and health care entities that develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information and to safeguard access to and disclosure of health information. The federal government has privacy rules that require that we provide you with information on how we might use or disclose your identifiable health information. We are required by the federal government to give you our Notice of Privacy Practices.

ONLINE CONSENT AND OPT-OUT

As a health care provider, we use your confidential health information and create records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights and protecting your health information. Certain health information created or maintained by Emory University and its units that are subject to HIPAA. For convenience, in this Notice, we collectively refer to Emory Healthcare and those Emory University units covered by HIPAA as “Emory Healthcare.” We are required by law to: (1) make sure we have reasonable processes in place to keep your health information private; (2) give you this Notice of our privacy practices; (3) follow the terms of this Notice; and (3) follow the terms of any special HIPAA Notice that are currently in effect.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following information describes different ways that we may use or disclose your health information without your authorization. Although we cannot list every use or disclosure, the following describes the general categories of uses and disclosures for which we will use or disclose your health information without your authorization.

Healthcare Operations — We may use and disclose health information about you for our healthcare operations. For example, we may use your health information to review the effectiveness of the care you received or to make improvements in the care and services we offer.

Health Information Exchanges — Health information exchanges allow health care providers, including Emory Healthcare, to share and receive information. Once we have obtained your consent through your signing of the Admission/Registration Agreement, we will treat the disclosure of such information in accordance with our privacy practices outlined in this Notice.

CATEGORIES FOR USES AND DISCLOSURES:

Individuals Involved in Your Care or Payment for Your Care

We may use or disclose health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, residents, student nurses, or other health care personnel who are involved in taking care of you at Emory Healthcare or at another health care provider. 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 that we can arrange for appropriate meals. Emory Healthcare departments may also share health information about you in order to coordinate healthcare services or item services that you need, such as prescriptions, lab work and x-rays.

Appointment Reminders, Follow-Up Calls and Treatment Alternatives — We may use or disclose health information about you in order to bill and collect payment for the services and items you may receive from us.

For example, we may need to give your health insurance plan information about your surgery so that your health insurance plan will pay us or reimburse you for the surgery. We may also tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health insurance plan will cover the treatment. If your health insurance plan does not cover a treatment, we may need to give your health insurance plan information about the treatment so that your insurance plan can determine whether your health insurance will cover the treatment.

Healthcare Operations — We may use and disclose health information about you for our healthcare operations. For example, we may use health information to review the treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about you from different sources in order to see how your treatment is progressing and to help your health care provider provide you with adequate care.

Payment — We may use or disclose health information about you for our payment activities.

For example, we may need to give your health insurance plan information about your surgery so that your health insurance plan will pay us or reimburse you for the surgery. We may also tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health insurance plan will cover the treatment. If your health insurance plan does not cover a treatment, we may need to give your health insurance plan information about the treatment so that your insurance plan can determine whether your health insurance will cover the treatment.

Health Information Exchanges (HIE) — We may use or disclose health information about you for the purpose of health exchange services that request your information for coordination of care and/or payment for services rendered to you. Participation in the HIE is voluntary, and you have the right to opt out. Please see the “Right to Request Restrictions” section to learn about opting out of the HIE. Additional information on Emory Healthcare’s HIE can be found at our website, www.emoryhieexchange.org.

Individuals Involved in Your Care or Payment for Your Care — Unless you object, we may disclose health information to a friend or family member who is involved in your medical care or who assists in taking care of you.

We may also disclose health information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research — Researchers may conduct Research Records or Clinical Research that uses or discloses health information. Records Research is research that looks at health information in medical records. For example, a research project may compare the medical records of patients who received one medication to medical records of patients who received another medication in order to find differences in how the medications work. Clinical Research is research that involves humans in order to create new knowledge about the treatment, management, or prevention of disease. In other words, clinical research involves studies that test interventions in humans. Clinical Research is usually conducted under the direction of a study investigator (e.g., a physician or other licensed professional) to make improvements in the care and services we offer.

Right to Request — You have the right to request restrictions on uses and disclosures of your health information for treatment, payment and healthcare operations. For example, you may request restrictions on uses and disclosures of your health information for treatment, payment and healthcare operations. For example, you may request restrictions on uses and disclosures of your health information for treatment, payment and healthcare operations.

We will consider your request, but we are not required to agree to it. If we do agree, we will abide by your request. You also have the right to request restrictions on uses and disclosures of your health information for treatment, payment and healthcare operations. For example, you may request restrictions on uses and disclosures of your health information for treatment, payment and healthcare operations. For example, you may request restrictions on uses and disclosures of your health information for treatment, payment and healthcare operations.
problems to 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 condition as authorized by law; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

Health Care Operations: To the extent necessary for the proper operations of our healthcare provider, to another healthcare provider (if you are a patient of Emory Healthcare, to the Emory Healthcare Privacy Office, the Secretary of the Department of Health and Human Services.

Examples of oversight activities include: audits, investigations, inspections, and licensure. Oversight activities are necessary for the government to monitor the health care system and government programs to ensure compliance with civil laws and to enforce privacy regulations.

Lawsuits and Disputes: To notify the appropriate government authority if you are a patient of Emory Healthcare, to the Emory Healthcare Privacy Office, the Secretary of the Department of Health and Human Services.

Inmates – to the correctional institution or law enforcement official, if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety and the health and safety of others; or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES WHICH REQUIRE YOUR AUTHORIZATION

Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, disclosures that constitute a sale of health information, and other disclosures as described in this Notice are not described in this Notice require an authorization and will be made only with your written authorization. You may revoke your authorization by giving written notice to the medical records department where you received your care. If you revoke your authorization, we will no longer use or disclose your health information as permitted by your initial authorization. Please understand that we will not be able to take back any disclosures we have already made and that we are still required to retain our records containing your health information that documents the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to View or Copy – You have the right to obtain and inspect a copy of your medical record or billing record. To inspect and copy your medical or billing record, you must submit your request in writing to the Medical Records Department or Billing Department of the facility where you received your care. You need to include in your request your name, if acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. To the extent that your health information is maintained electronically and you request the information in an electronic format, to the extent possible we will provide you a machine readable copy. If you request a copy, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy records in certain limited circumstances; however, you may request that the denial be overridden if you show that access would serve the legitimate purpose of the request.

Right to Request an Amendment – If you feel that health information we have about you is incorrect, you may ask us to amend it. If we agree, we will amend the information as requested. If we do not agree, we will provide you with a notice of our denial and explain our reason for the denial to you. You then have the right to request that we refer to the corrected portion of your record. We may also comply with your request for an amendment to your record or designated record set if we receive your request in writing and you provide a reason that supports your request. Your request must be made in writing and must be submitted to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. You will need to include your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. We will not be the person who denied your request. We will comply with the outcome of the review. Emory Healthcare might not retain records from other facilities for inclusion in your medical record or designated record set. These could include radiology films, scans or compact discs that were or might be provided to your Emory provider for use in your care. In addition, you must provide a reason that supports your request. You need to include in your request your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. We may deny your request for an amendment if it is not in writing or if you do not provide a reason that supports your request. If we deny your request if you ask us to amend health information that is accurate and complete.

Right to an Accounting of Disclosures – You have the right to request a list of the disclosures we made of your health information except for disclosures:

- for treatment, payment or health care operations, or
- pursuant to an incident to a permitted use or disclosure, or
- for certain other limited disclosures defined by law.

To request this list, you must submit your request in writing to the Emory Healthcare Privacy Office at 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. Your request must specify a time period for which you are seeking an accounting of disclosures and include your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. You may request an accounting for any disclose after the date of your request is four years. To obtain a paper copy of this Notice, write to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030. You will need to include your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. We will not be the person who denied your request. We will comply with the outcome of the review. Emory Healthcare might not retain records from other facilities for inclusion in your medical record or designated record set. These could include radiology films, scans or compact discs that were or might be provided to your Emory provider for use in your care. In addition, you must provide a reason that supports your request. You need to include in your request your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. We may deny your request for an amendment if it is not in writing or if you do not provide a reason that supports your request. If we deny your request if you ask us to amend health information that is accurate and complete.

- Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- Is not part of the health information kept by or for Emory Healthcare;
- Is not part of the health information which you would be permitted to inspect and copy; or
- Is not accurate and complete.

Right to Request Restrictions – You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a restriction on the use or disclosure of protected health information for treatment, payment or health care operations if you have a physician or other clinician involved in your care. To the extent that your health information is maintained electronically and you request the information in an electronic format, to the extent possible we will provide you a machine readable copy. If you request a copy, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy records in certain limited circumstances; however, you may request that the denial be overridden if you show that access would serve the legitimate purpose of the request.

Right to Request an Accounting of Disclosures – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, for example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030. You will need to include your name, contact information, date of birth and dates of service if known. If you are acting as a personal representative, include the name of the patient, your contact information, date of birth and dates of service if known. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive a Paper Copy of This Notice – Even if you have agreed to receive this Notice electronically, you have the right to receive a paper copy of this Notice. You may request a paper copy of this Notice in writing to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030. To obtain a paper copy of this Notice, write to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, Georgia 30030.

Right to Receive Notification of a Breach of Your Health Information – We have put in place reasonable processes and procedures to protect the privacy of your health information. We will use reasonable steps to adopt appropriate safeguards to protect against uses or disclosures of your protected health information which we will notify you as required by law. The law does not require notice to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by writing to the Chief Privacy Officer, Emory Healthcare, 101 W. Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, GA 30030.

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, http://www.hhs.gov/ocr/privacy/hipaa/complaints. You will not be penalized for filing a complaint. For further information, you may send written inquiries to the Emory Healthcare Privacy Office, 101 West Ponce de Leon Avenue, 2nd Floor, Suite 242, Decatur, GA 30030 or call 404-778-2757.

This Notice of Privacy Practices applies to the following organizations: Emory Healthcare facilities that will abide by this notice include: Emory University Hospital, Emory University Orthopaedics and Spine Hospital, Emory University Hospital Midtown, Emory Johns Creek Hospital, Emory Saint Joseph’s Hospital, Emory Ambulatory Surgery Center, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Centers, Emory Clinic, Emory Children’s Center, Emory Specialty Associates, Emory Wesley Woods Center, Emory Dialysis Center, LLC, Emory Rehabilitation Hospital in Partnership with Select Medical, Emory Rehabilitation Outpatient Center in Partnership with Select Medical, Emory Physical Therapy. This list of facilities may change from time to time; you may obtain an updated list of facilities by calling 404-778-2757.
Emory University is called a “Hybrid Covered Entity” under the HIPAA regulations. This is because the University has some components that are covered by HIPAA (hereafter referred to as, “Covered Component”) and others that are not. The following Emory University facilities have a Covered Component: the School of Medicine, School of Nursing, School of Public Health, Emory College and Emory University Graduate School Departments of Psychology, Student Health Services, Oxford College Student Health Service, Autism Center, Psychoanalytic Institute, and the Clinical and Translational Research Lab. These facilities may change from time to time; you may obtain an updated list of facilities by calling 404-727-2398.

Emory Healthcare facilities are clinically integrated and part of an organized health care arrangement (OCHA) with its components and other components of Emory University. Your health information may be disclosed between the University’s Covered Components and the University may disclose your health information to Emory Healthcare if necessary to carry out treatment, payment or health care operations related to the OCHA. All components of the OCHA arrangement are required to abide by this Notice.

Individuals who work in a Covered Component must follow HIPAA and this NPP. Individuals in a facility work as a part of the facility’s Covered Component when they perform one of the following activities:
(a) Treat patients and bill insurance or government programs for that treatment. (Note: Student patients are covered by the Family Educational Rights and Privacy Act instead of HIPAA),
(b) Take or process payment for health care services that are billed to insurance or a government program, and/or
(c) Perform health care operations.

NOTE: The Emory University Group Health Plan operates under a separate Notice of Privacy Practices and therefore does not follow this Notice.

Emory Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Emory Healthcare cumple con las leyes federales de derechos viviles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Emory Healthcare tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

ATTENTION: If you are an individual with limited English language proficiency assistance services, free of charge, are available to you.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Non-Discrimination Policy

emoryhealthcare.org/uj/pdfs/ehc-sec1557nondiscrimination-policy.pdf