EMORY UNIVERSITY
NOTICE OF PRIVACY PRACTICES
Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to 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, which require that we provide you with information on how we might use or disclose your identifiable health information. The units of Emory University that provide health care services and health care related services are required by the federal government to give you this Notice of Privacy Practices. The following units of Emory University are covered by this Notice of Privacy Practices: School of Medicine, School of Nursing, School of Public Health, Yerkes Primate Research Center, Emory Medical Care Foundation, Inc., eStudent Health Service, and University Counseling Center. This Notice covers not only the Emory University units listed above, but also various departments that these units may operate. For instance, this Notice covers the School of Medicine’s Emory Genetics Laboratory and Yerkes’ Hope Clinic. Throughout this Notice, all of these University units and their various departments will be collectively referred to as “Emory University.”

OUR COMMITMENT TO YOUR PRIVACY

As a healthcare provider, Emory University uses your confidential health information and creates 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 under federal and state laws.

We are required by law to: (1) make sure that your health information is kept private; (2) give you this Notice of our legal duties and privacy practices with respect to your health information; and (3) follow the terms of the Notice that are currently in effect.

WHO WILL FOLLOW THIS NOTICE

All of the Emory University units listed will abide by this Notice at their respective facilities. These Emory University units also are part of an organized health care arrangement with the following components of Emory Healthcare, Inc.: Emory University Hospital, Emory Crawford Long Hospital; The Emory Clinic, Inc.; Emory Children’s Center, Inc.; Wesley Woods Geriatric Hospital (including the Wesley Woods Outpatient Clinic and the Long Term Hospital; Budd Terrace and the Dialysis Access Center of Atlanta). All of these units of Emory Healthcare are collectively referred to in this Notice as “Emory Healthcare.” We also participate in an OHCA with Children’s Healthcare of Atlanta (“CHOA”) and Grady Memorial Hospital (“Grady”). On occasion, we may disclose health information to Emory Healthcare or to CHOA or Grady, if the disclosure is necessary to carry out treatment, payment or healthcare operations related to one of the organized health care arrangements. All components of each organized health care arrangement are required to abide by the confidentiality obligations in this Notice.

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. For each category of use or disclosure, we will explain what we mean and give examples to help you better understand each category. Although we cannot list every use or disclosure within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of these categories.
If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of such information. Once we have obtained your consent on the appropriate form used by the Emory University or organized health care arrangement facility involved in your treatment, we will treat the disclosure of such information in accordance with our privacy practices outlined in this Notice.

CATEGORIES FOR USES AND DISCLOSURES

Treatment. We may use 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 healthcare personnel or healthcare trainees who are involved in taking care of you at Emory University or at an organized health care arrangement facility or at another healthcare 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. Different departments within Emory University and within an organized health care arrangement also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

Payment. 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 treatment so your health insurance plan will pay us or reimburse you for the treatment, or in order to determine whether your health insurance plan will cover the treatment. We may disclose to other healthcare providers health information about you for their payment activities.

Health Care Operations. We may use and disclose health information about you for Emory University health care operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may disclose your health information to doctors, nurses, technicians, medical students, other health care provider students, residents, nursing staff and other personnel for review and learning purposes. We may combine the health information we have with health information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer.

Medical Staff Members. Emory University and the physicians and other health care providers who are members of the medical staff at a facility at which Emory University and other entities provide health care services work together in an organized health care arrangement. In this situation, Emory University will share health information about patients as necessary to carry out treatment, payment and healthcare operations of the organized healthcare arrangement.

Appointment Reminders, Follow-up Calls and Treatment Alternatives. We may use or disclose health information to remind you that you have an appointment or to check on you after you have received treatment. If you have an answering machine we may leave a message. We also may send you a post card appointment reminder. We may contact you about possible treatment options or alternatives or other health related benefits or services that may be of interest to you.

Fundraising Activities. We may use health information to contact you for fundraising needs. We would only use contact information, such as your name, address and phone number and the dates you received treatment or services. Beginning April 14, 2003, if you do not want Emory University to contact you for fundraising efforts, you must put the request in writing and send it to The Woodruff Health Sciences Center, 1440 Clifton Road, Suite 116, Atlanta, Georgia 30322.

Patient Directory. If the facility at which you receive your care maintains a patient directory, then Emory University personnel will follow all of the facility's rules regarding the use and disclosure of the information in this directory.

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.
or your child. We may also give information to someone who helps pay for your care. We may tell your family or friends your general condition and that you are in the 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.

**Records Research.** We may use or disclose health information under certain circumstances for medical research purposes. For example, a research project may compare the health of patients who received one medication to those who received another for the same condition. We will obtain your written authorization to use or disclose your health information for research purposes except when (a) an Institutional Review Board (IRB) determines in advance that use or disclosure of your health information meets specific criteria required by law; or (b) the researcher signs a legally binding document certifying that he/she will only use the health information to prepare a research protocol, or for similar purposes to prepare for a research project and that he/she will maintain the confidentiality of the information and will not remove any of the health information from the Emory University facility or the facility of another member of an organized healthcare arrangement of which Emory University is a member. Emory University may also disclose health information to a researcher if it involves health information of deceased patients and the researcher certifies the information is necessary for research purposes.

**Clinical Research.** If you are enrolled in a clinical research trial through a School or Department of Emory University and you would like information on the Emory University privacy policies regarding use and disclosure of your health information related to the clinical trial, you may request information from the Emory University Privacy Officer, Office of Research Compliance, 1784 N. Decatur Rd., Suite 510, Atlanta, Georgia 30322.

**As Required By Law.** We will use or disclose health information when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose health information when necessary to prevent a serious threat to your health and safety, another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

**Uses and Disclosures Subject to State and Other Laws.** In addition to the federal privacy regulations that require this notice (called the "HIPAA" regulations), there are Georgia and other federal health information privacy laws. These laws on occasion may require your specific written permission prior to disclosures of certain particularly sensitive information (such as mental health, drug/alcohol abuse, or HIV/AIDS information) in circumstances that the HIPAA regulations would permit disclosure without your permission. Emory University is required to comply not only with the HIPAA regulations but also with any other applicable laws that impose more strict nondisclosure requirements.

**SPECIAL SITUATIONS**

We may also use or disclose your health information without your authorization in the following situations:

**Organ and Tissue Donations.** To organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** To military command authorities as required, if you are a member of the armed forces. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** To workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Public Health Activities.** To public health agencies or other governmental authorities to report public health activities or risks. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products that they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading 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 we are required or authorized by law).

**Health Oversight Activities.** To a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** In response to a court or administrative order, if you are involved in a lawsuit or a dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or in some instances, to obtain an order protecting the health information requested.

**Law Enforcement.** In response to a court order, subpoena, warrant, summons or similar process; or upon request by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person or to obtain information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's authorization. We may report a death we believe may be the result of criminal conduct or report suspected criminal conduct occurring on the premises. We may also report information related to a suspected crime discovered in the course of providing emergency medical services.

**Coroners, Medical Examiners and Funeral Directors.** To a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients treated by Emory University to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** To authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.

**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 or the health and safety of others; or (3) for the safety and security of the correctional institution.

**USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Other types of uses and disclosures of your health information not described in this Notice will be made only with your written authorization. You may revoke your authorization by giving written notice to the Medical Records Department at the facility where you received your care. Please see the list of addresses at the end of this Notice. If you revoke your authorization we will no longer use or disclose your health information as permitted by your initial authorization, except as required by law or as stated in any exceptions listed in the 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 EFFECTIVE--APRIL 14, 2003**

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your medical record and billing records.

To inspect and copy your medical or billing record, you must submit your request in writing to the Medical Records Department at the facility where you received your care. Please see the list of addresses at the end of this Notice. You need to include in your request your name, social security number, date of birth and dates of service, if known. If you are acting as a personal representative, please provide the foregoing information for the patient along with your own name. 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 reviewed. A licensed health care professional chosen by Emory University will review your request and the denial. The licensed professional conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request an Amendment.** If you feel that health information we have about you is incorrect, you may ask us to amend it. You have the right to request an amendment for as long as the health information is kept by or for Emory University.

To request an amendment, your request must be made in writing and submitted to The Medical Record Department of the facility where you received your care. Your request may not include dates before April 14, 2003. In addition, you must provide a reason that supports your request. You need to include in your request your name, social security number, date of birth and dates of service if known. If you are making the request as a personal representative of a patient, you should provide the foregoing information for the patient, as well as your name.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend health information that:

- 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 University;
- Is not part of the health information which you would be permitted to inspect and copy; or
- 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 healthcare operations,
- pursuant to an authorization,
- incident to a permitted use or disclosure, or
- certain other limited disclosures defined by law.

To request this list of disclosures, you must submit your request in writing to: Emory University Privacy Officer, Office of Research Compliance, 1784 N. Decatur Rd., Suite 510, Atlanta, GA 30322. Your request must specify a time period for which you are seeking an accounting of disclosures and include your name, social security number, date of birth and dates of service if known. If you are acting as a personal representative, you should include the foregoing information for the patient, as well as your own name.

You may not request disclosures that are more than six years from the date of your request or that were before April 14, 2003. Your request should indicate in what form you want the list, for example, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**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 limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We have the right to revoke our agreement at any
time, and once we notify you of this revocation, we may use or disclose your health information without regard to any restriction or limitation you may have requested.

To request restrictions, you must make your request in writing to: Emory University Privacy Officer, Office of Research Compliance, 1784 N. Decatur Rd., Suite 510, Atlanta, GA 30322. 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 spouse.

Right to Request Confidential Communications. 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, 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: Emory University Privacy Officer, Office of Research Compliance, 1784 N. Decatur Rd., Suite 510, Atlanta, GA 30322. You will need to include your name, social security number, date of birth and dates of service, if known. If you are acting as a personal representative, include the foregoing information for the patient, as well as your own name.

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, which you may ask for at any time.

You may obtain a copy of this Notice at our website www.orc@emory.edu

To obtain a paper copy of this Notice, write to Emory University Privacy Officer, Office of Research Compliance, 1784 N. Decatur Rd., Suite 510, Atlanta, GA 30322.

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 health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Emory University facilities and you may request a copy of the current Notice. In addition, the current Notice will be posted at www.orc@emory.edu

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint by writing to: Director of Risk Management, Emory University, 101 W. Ponce de Leon Avenue, Suite 600, Decatur, GA 30030. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

For further information you may send written inquiries to the Emory University Privacy Officer, Office of Research Compliance, 1784 N. Decatur Rd., Suite 510, Atlanta, GA 30322.

Additional Important Addresses:

Grady Memorial Hospital, Medical Records Department, 80 Jesse Hill Jr., Drive, SE, Atlanta, GA 30303

Hope Clinic Vaccine Research Center of Emory University, Medical Records Dept. 603 Church St, Decatur, GA 30030

Student Health Services, Medical Records Department, 1525 Clifton Road, Atlanta, GA 30322

Emory Genetics Laboratory, Medical Records Department, 2711 Irwin Way, Suite 111, Decatur, GA 30030

Counseling Center, Medical Records Department, 217 Cox Hall, Atlanta, GA 30322