



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 THIS INFORMATION CAREFULLY.

Hamilton Health Care System and its Affiliates (“Hamilton”) are dedicated to remaining a leading regional provider of health care services by continuing its tradition of outstanding customer service and clinical excellence. This dedication means putting the safety of you, our patient, first. Please let us know if we can assist with any questions you may have regarding this information.

In an effort to educate you on your rights as a patient and to protect the privacy of your medical information, Hamilton is providing you with this “Notice of Privacy Practices” to explain:

- How your medical information is used,
- Your rights as a patient, and
- Our duties as a health care provider to protect your medical information.

While you are a patient here, we will use and disclose your medical information:

- To provide treatment to you and to keep a record describing your care,
- To receive payment for the care we provide,
- To administer the health care facilities properly, and
- To comply with law.

This Notice applies to all records of your care at Hamilton, whether made by Hamilton personnel or by your personal doctor. Your doctor and other health care providers may use a different Notice and policy regarding the use and disclosure of your medical information in their offices.

When we use the word "we," we mean Hamilton Health Care System and its Affiliates, including but not limited to, Hamilton Medical Center, Hamilton Physician Group, Hamilton Ambulatory Surgery Center, Hamilton Orthopedic Surgery Center d/b/a Hamilton - Associates in Orthopedics and Sports Medicine Orthopedic Surgery Center, Hamilton Long Term Care, Hamilton Home Health and Hospice, Hamilton Emergency Medical Services, and Hamilton Children’s Institute d/b/a Anna Shaw Children’s Institute along with Hamilton’s health care professionals, staff, volunteers, members of the Medical Staff, those participating in managed care networks with us, and other legal entities that assist us in providing services to you, as well as persons and entities which are part of an Affiliated Covered Entity arrangement or an Organized Health Care arrangement with Hamilton. Please note that references to “Affiliates” are for purposes of HIPAA only.

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 with respect to your medical information, and
- To follow the terms of the Notice that is currently in effect.

PERSONS COVERED BY THIS NOTICE

- All employees, staff and other Hamilton personnel.
- The following entities, sites and locations including but not limited to: Hamilton Medical Center, Hamilton Physician Group, Hamilton Diagnostics, Hamilton Ambulatory Surgery Center, Hamilton Orthopedic Surgery Center d/b/a Hamilton - Associates in Orthopedics and Sports Medicine Orthopedic Surgery Center, Hamilton Convenient Care, Hamilton Long Term Care, Hamilton Home Health and Hospice, and Hamilton Children's Institute d/b/a Anna Shaw Children's Institute. These entities, sites and locations may share medical information with each other for the treatment, payment and administrative purposes described in this Notice.
- Persons or entities which comprise an Organization Health Care Arrangement.
- Separate legal entities which have designated Affiliated Covered Entity status with Hamilton, for purposes of HIPAA.
- Persons or entities performing services for Hamilton under agreements containing privacy protections or to which disclosure of medical information is permitted by law.
- Persons or entities with whom Hamilton participates in managed care arrangements.
- Our volunteers and medical, nursing and other health care students providing services to you at Hamilton.
- Members of Hamilton Medical Staff and other medical professionals involved in your care or performing peer review, quality improvement, medical education and other services for Hamilton.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

We use and disclose medical information in the ways described below.

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. In addition, the doctor may need to tell the dietitian if you have diabetes so you can have appropriate meals. As another example, departments of Hamilton Medical Center may share your medical information to schedule the tests and procedures you need, such as prescriptions, laboratory tests and x-rays. We also may disclose your medical information to health care facilities if you need to be transferred to another facility such as a hospital, a nursing home, a home health provider or a rehabilitation center. We also may disclose your medical information to people outside Hamilton who are involved in your care after you leave Hamilton, such as family members or pharmacists.

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. For example, we may give your health plan information about surgery you received so your health plan will pay us for the surgery. We also may tell your health plan

about a treatment you are going to receive in order to obtain prior approval from your plan to cover payment for the treatment.

Health Care Operations. We may use and disclose your medical information for Hamilton health care operations, such as for peer review, performance improvement, risk management, and our compliance with licensure, accreditation or certification requirements. 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 Hamilton personnel for teaching. We may combine medical information about many patients to decide what services Hamilton should offer, and whether new services are cost-effective and how we compare with other hospitals. Sometimes, we may remove identifying information from this medical information so others may use it to study health care and health care delivery without learning who you are. We may disclose information to other health care providers involved in your treatment to permit them to carry out the work of their facility or to get paid. For example, we may provide information about your treatment to an ambulance company that brought you to Hamilton so that the ambulance company can get paid for their services.

Activities of Our Affiliates. We may disclose your medical information to our Affiliates in connection with your treatment or other Hamilton Affiliate activities.

Activities of an Organized Health Care Arrangements in Which We Participate. For certain activities, Hamilton, members of its Medical Staff and other independent professionals are called an Organized Health Care Arrangement (“OHCA”). We may disclose information about you to health care providers participating in our OHCA, 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 OHCA.

Activities of an Affiliated Covered Entity in Which We Participate. Separate legal entities may elect under HIPAA to designate themselves as an Affiliated Covered Entity (“ACE”) and are treated, for HIPAA purposes only, as comprising one Covered Entity. This means we may use one joint Notice of Privacy Practices and may disclose information about you to Covered Entities within the ACE, including for treatment, payment and other purposes.

Psychotherapy Notes. Most uses of Psychotherapy Notes require a signed authorization. Hamilton has an Authorization for Psychotherapy Notes form which can be obtained upon telephone or written request to the Director of Health Information Management, whose contact information is listed at the end of this Notice.

Marketing and/or Sale of PHI. Hamilton may use and disclose Protected Health Information (“PHI”) for marketing purposes as permitted by HIPAA. Hamilton currently does not engage in the sale of PHI to third parties. Most marketing and sale activities require a signed authorization. If Hamilton seeks to use PHI for either such activity and an authorization is required under HIPAA, then Hamilton will seek an authorization from you, and the authorization form will state whether Hamilton is receiving any remuneration (compensation).

Important Notice

Hamilton may share your medical information with members of the Hamilton Medical Staff and other independent medical professionals in order to provide treatment and perform other activities such as peer review, quality improvement, medical education and other services for Hamilton. While those professionals may follow this Notice and

otherwise participate in the privacy program of Hamilton, they are independent professionals, and Hamilton expressly disclaims any responsibility or liability for their acts or omissions. Some or all of the health care professionals performing services at Hamilton are independent contractors and are not Hamilton agents or employees. Independent contractors are responsible for their own actions and Hamilton is not liable for the acts or omissions of any such independent contractors.

Health Services, Treatment Alternatives and Health-Related Benefits. We may use and disclose your medical information to tell you about (i) health-related products or services that we offer, (ii) other providers participating in a health care network that we participate in, (iii) possible treatment options or alternatives, or (iv) health-related benefits or services that may be of interest to you. We also may use that information to communicate with you to coordinate your care. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care or refill reminders.

Fundraising. We may use your medical information to raise money for Hamilton as permitted by HIPAA. We may disclose information, including but not limited to your name, address, telephone number, gender, age and the dates you received treatment at Hamilton, to a Hamilton related foundation or a Business Associate so it can contact you. You have the right to opt out of receiving fundraising communications. If you do not want to be contacted for fundraising, please notify the Hamilton Privacy Officer listed at the end of this Notice in writing.

Facility Directory. We may include certain information about you in the facility directory while you are a patient in the facility. 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, even if they don't ask for you by name. Disclosure of your room will not reveal that you are in a specific unit or area of the facility, if such information would reveal that you are at Hamilton for treatment of rape or attempted rape, HIV/AIDS, mental health or alcohol/drug abuse. Directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing. If you do not want this information given out, please tell the Admissions Clerk.

Individuals Involved in Your Care or Payment for Your Care. We may release your medical information to the person you named in your advance directive or Durable Power of Attorney for Health Care (if you have one), or to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you). We may give information to someone who is involved in your care or someone who helps pay for your care. If you are incapacitated or in an emergency, we may use our professional judgment to decide whether a disclosure to someone involved in your health care is in your best interests. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

Research. We may use and disclose your medical information for research purposes. Most research projects, however, are subject to a special approval process. 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 disclose your medical information when federal, state or local law requires it. For example, Hamilton must comply with child abuse reporting laws and laws requiring us to report certain diseases or injuries to state or federal agencies.

Avert Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

Note: Georgia and Federal Law provide protection for certain types of health information, including information about alcohol or drug abuse, mental health, genetics and AIDS/HIV, and may limit how and whether we may disclose information about you to others.

SPECIAL SITUATIONS

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 deemed necessary by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs as authorized by state law. These programs provide benefits for work-related injuries or illness.

Minors. If you are a minor (under 18 years old), Hamilton 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 Activities We may disclose your medical information for public health purposes:

- To prevent or control disease, injury or disability,
- To report births and deaths,
- To report child or adult abuse, neglect or violence,
- 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,
- To employers, as permitted by HIPAA's public health provisions, regarding a workplace injury or illness, or
- To a school, in order to provide proof of a student's or prospective student's immunization, with agreement from the student's parent or legal guardian.

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 Hamilton health care facilities and of the providers who treated you there. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

Lawsuits and Administrative Disputes. 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 a law enforcement purpose upon the request of a law enforcement official. The specific conditions which apply depend on the law enforcement purpose involved, such as (a) identifying a suspect, fugitive, witness or missing person; (b) locating a suspected victim; (c) reporting a suspicious death; (d) reporting a crime on the premises; and (e) emergency reporting of a crime.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your medical information if we reasonably believe you are a victim of abuse, neglect or domestic violence, if required or authorized by law.

Coroners, Medical Examiners and Funeral Directors. We may disclose your medical information to a coroner, medical examiner or funeral director so they may carry out their duties.

Decedents. We may use or disclose a deceased patient's information as authorized by federal and state law, including based on the signed authorization of the estate's personal representative (executor or court appointed administrator).

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 or conduct related federal investigations.

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 Hamilton to provide you with health care, to protect your health and safety or the health and safety of others, or for the health and safety of the law enforcement officer or the correctional institution.

Limited Data Sets. We may create a subset of health information called a limited data set and use or disclose that information for public health, research or health care operations purposes, under a written data use agreement that contains specific assurances.

Business Associates. We may use or disclose health information to our Business Associates, which are persons or entities which assist us in providing services to you. Business Associates have written agreements with us which contain specific assurances.

Personal Representatives. We may use or disclose health information to persons who are authorized by law to make health care decisions for you. We may choose not to treat a person as your personal representative if we have a reasonable belief of abuse, neglect or endangerment.

Other Uses and Disclosures. Other uses and disclosures not described in the Notice will be made only with your written authorization.

YOUR PRIVACY RIGHTS

Right to Review and Right to Request a Copy. You have the right to review and copy medical information in your medical and billing records. The Medical Records Department has a form you can fill out to request to review or copy your medical information, and can tell you how much it will cost. Hamilton will tell you if it cannot fulfill your request. If you are denied the right to see or copy your medical information, you may ask us to reconsider

the 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.

Right to Amend. If you feel your medical information in our records is incorrect or incomplete, you may ask us 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 an Accounting of Disclosures. You have the right to make a written request for a list of certain disclosures Hamilton has made of your medical information. This list is not required to include all disclosures we make. Certain disclosures for treatment, payment, or health care operations/administrative purposes, disclosures made before April 14, 2003, disclosures made to you or which you authorized, and other disclosures are not required to be listed. The Contact Person listed below can help you with this process, if needed, and can tell you how much it will cost.

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. 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. 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.

You have the right to restrict disclosure of PHI to a health plan if the disclosure is for purposes of payment or health care operations, is not required by law, and the PHI pertains only to a health care item or service which Hamilton has been paid in full out of pocket.

We are required to agree to this request.

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 at the end of this Notice can help you with these requests if needed.

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.hamiltonhealth.com or a paper copy from the Admissions Office.

Right to Receive Notice of Breach of Unsecured PHI. Affected individuals have the right to receive written notice following a breach of their unsecured PHI.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and 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 at Hamilton health care delivery sites and at our website at www.hamiltonhealth.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with Hamilton and with the Secretary of the Department of Health and Human Services (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 Hamilton, inform the Health Information Management Department or the Hamilton Privacy Officer listed below. You will not be denied care or be discriminated against by Hamilton for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this Notice or the laws and regulations that apply to Hamilton will be made only with your written permission. 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.

Contact Persons

If you have any questions about uses of information addressed in this Notice, the contact person to notify is the Director of Health Information Management, who can be reached by telephone at (706) 272-6040 (telephone) or by postal service to Hamilton Medical Center, Attention: Health Information Management Department, P.O. Box 1168, Dalton, Georgia 30722. For any concerns or complaints regarding the use or disclosure of your information, you may contact our Privacy Officer by telephone at (706) 272-6625 or by email at Privacy@hhcs.org or by postal service to P.O. Box 1900, Dalton, Georgia 30722 and someone will contact you promptly.

Original Effective Date: April 14, 2003