



COFFEE REGIONAL MEDICAL CENTER

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.

As a health care provider, Coffee Regional Medical Center, Inc. uses confidential personal health information about patients, referred to below as protected health information (“PHI”). PHI is any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for your health care. In certain circumstances, pursuant to this Notice of Privacy Practices (“Notice”), Coffee Regional Medical Center protects the privacy of this information and it is also protected from disclosure by state and federal laws. PHI can be used by Coffee Regional Medical Center or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

I. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior authorization. Below, we describe the different categories of our uses and disclosures.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Authorization.

We may use and disclose your PHI for the following reasons:

1. **For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you are being treated for a knee injury, we may disclose your PHI to the rehabilitation department in order to coordinate your care.
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
3. **For health care operations.** We may disclose your PHI in order to operate the hospital. For example, we may use your PHI in order to evaluate the quality of the performance of the health care professional who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.
4. **For Sharing PHI with our Medical Staff.** Coffee Regional Medical Center, the physicians and other healthcare providers who are members of the hospital medical staff work together in an organized health care arrangement to provide medical services to you when you are a patient at Coffee Regional Medical Center. The hospital and the members of our medical staff will share with each other PHI that we collect from you to carry out treatment, payment, and healthcare operations relating to the provision of care at Coffee Regional Medical Center.

B. Certain Uses and Disclosures Do Not Require Your Authorization. We may use and disclose your PHI without your authorization for the following reasons:

1. **When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in judicial or administrative proceedings.
2. **For public health activities.** For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual’s death.
3. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **For the purpose of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
5. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
6. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
7. **For specific government functions.** We may disclose PHI of military personnel and veterans as required by military command authorities. Also, we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations as authorized by federal officials.
8. **For workers’ compensation purposes.** We may provide PHI in order to comply with workers’ compensation laws.
9. **For appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
10. **For fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. The disclosure would be limited to contact information, such as your name, address and phone number and date you required services at our facility. If you do not wish to be contacted as part of our fundraising efforts, please contact our Privacy Officer at (912) 383-5619.
11. **For lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 to obtain an order protecting the information requested.

C. Two Uses and Disclosures Require You to Have the Opportunity to Object.

You will have the opportunity to object to these categories of uses and disclosures of PHI that we make:

1. **Patient directories.** We may include your name, location in this facility, general condition (for example, good, fair, poor, etc.), and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part. The opportunity to object may be obtained retroactively in emergency situations.
2. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or in part. The opportunity to object may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections I A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).

II. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. **To request restrictions, you must make your request in writing to the Health Information Management department.**
- B. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address or by alternate means. We must agree to your request so long as we can easily provide it in the format you requested. To request other means of communications, submit your request in writing to the Health Information Management department.
- C. **The Right to Inspect and Get Copies of Your PHI.** In most cases, you have the right to inspect or get copies of your PHI that we have, but you must make the request in writing to the Health Information Services department. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. There may be charges for copies made.
- D. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or healthcare operations, directly to you, to your family, or in our facility directory. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel. A request must be submitted in writing to the Health Information Services department. Your request must state the time period that you are requesting and indicate the form of communication that you prefer (for example, on paper, email).
- E. **The Right to Correct or Update Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Health Information Services department. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don’t file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have completed the change, and tell others that need to know about the change to your PHI.
- F. **The Right to Receive a Copy of this Notice.** You have the right to receive a paper copy of this notice upon request, even if you agreed to receive this notice electronically. You can obtain a copy of this notice at our Web Site, www.coffeeregional.org or by contacting our Patient Access department at (912) 384-1900 Ext. 4549.

III. CHANGES TO THIS NOTICE. We are required by law to maintain the privacy of your PHI, to provide individuals with notice of its legal duties and privacy practices with respect to your PHI and to abide by the terms described in this Notice. We reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to the PHI that we already have on file. Before we make an important change to our privacy policies, we will promptly revise this Notice and post a revised Notice in our patient waiting areas. Revised notices can be obtained from the Admissions department upon request.

IV. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES. If you have any questions about this notice, any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Coffee Regional Medical Center’s Privacy Officer at (912) 383-5619. We will in no manner penalize you or retaliate against you for filing a complaint regarding our privacy practices.

EFFECTIVE DATE: 04/14/03