Joint Notice of Privacy Practices

Coffee Regional Medical Center, Inc. and its Affiliates have developed this Notice of Privacy Practices to describe how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Information.
Your Rights.
Our Responsibilities.

This notice describes the practices of Coffee Regional Medical Center, Inc., including its affiliated entities, clinics, and facilities (collectively "CRMC"), and (unless they provide you with a notice of their own privacy practices) that of physicians and other healthcare practitioners who have clinical privileges at CRMC; healthcare practitioners authorized to enter information into your medical record; all departments, units, or clinics of CRMC, whether located on the campus of CRMC or at other locations; any member of a volunteer group we allow to help you while you are in our facilities; and all employees, staff and other facility personnel. All these individuals, entities, and locations work together in an organized health care arrangement to provide medical services to you when you are a patient and may share medical information with each other for treatment, payment, or healthcare operations.

Your Rights.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
    - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
    - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our HIPAA Privacy Officer at (912) 383-5621 or Kaycee.Hopwood@Coffeeregional.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures.

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
- ***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- ***Example:*** *We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- ***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Health Information Exchange

- We may participate in one or more health information exchanges ("HIEs") that allow health care providers, health plans, and health care clearinghouses to securely share your information electronically to promote coordination of care.

Substance use disorder records

- Records created by a program that provides diagnosis, treatment, or referral for treatment related to substance use disorders ("SUD") are subject to additional protections under 42 C.F.R. Part 2 ("Part 2"). We may receive records subject to Part 2 from Part 2 Programs. Some information, including SUD records protected by Part 2, may have extra privacy protections that extend beyond what HIPAA requires.
- If we receive or maintain any information about you from a SUD treatment program that is protected by Part 2 through a general consent that you provide to the Part 2 Program to use and disclose the Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose your Part 2 Program records for treatment, payment, and health care operations purposes as described in this Notice.
- If we receive or maintain your Part 2 Program records through specific consent that you provide to us or another third party, we will use and disclose your Part 2 Program records only as permitted by you in your consent as provided to us.
- Records subject to Part 2 will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written authorization or a court order after notice and an opportunity to be heard. You can file a complaint with the U.S. Department of Health and Human Services if you believe your Part 2 records have been improperly used or disclosed.
- If we ever intend to use or disclose your Part 2 Program records for fundraising for our benefit, we will provide you with a clear and conspicuous opportunity to elect not to receive any such fundraising communications.

Redisclosure

- There is a potential for information disclosed pursuant to the HIPAA Privacy Rule to be subject to redisclosure by the recipient and no longer protected by the Privacy Rule.

Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

Coffee Regional Medical Center
1101 Ocilla Road
Douglas, GA 31533
www.coffeeregional.org
912-384-1900

CRH Physician Practices, LLC
1100 West Ward Street Extension
Douglas, GA 31533

Orthopedic Surgeons of Georgia, LLC
1100 West Ward Street Extension
Douglas, GA 31533

Emergency Physicians of Coffee County, LLC
P.O. Box 1287
Douglas, Georgia 31533

Kaycee Hopwood, HIPAA Privacy Officer
912-383-5621
Kaycee.Hopwood@Coffeeregional.org