

**Inmates:** We may use and disclose your medical information to the correctional institution in which you are held or law enforcement officer if you are under custody.

**Hospital Directory:** We may include certain limited information about you in a Hospital directory while you are a patient at a WellStar Hospital. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. 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. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. If you do not want this information given out, please tell the Admissions staff.

**Marketing:** Occasionally, we may use information about you to contact you in an effort to raise funds for the WellStar Hospitals or other activities conducted by a WellStar ACE Member or we may disclose demographic information to the WellStar Foundation so that the WellStar Foundation may contact you in raising money. In such instances, we will limit any release only to contact information, such as your name, address, telephone number, gender, age and the dates you received treatment or services at a WellStar Hospital. If you do not want the WellStar Foundation to contact you for fundraising efforts, you must notify the WellStar Foundation in writing, addressed to WellStar Foundation, 805 Sandy Plains Road, Marietta, GA, 30066. In the event you contact us with this request, all reasonable efforts will be taken to ensure you will not receive fundraising communications, if any, from us in the future.

**Family or Friends:** We may use and disclose your medical information to family, friends or any other person you identify as directly involved in your health care or payment. Except in emergency situations, we will ask you if you object. We may use professional judgment when allowing someone other than yourself to pick up a prescription, medical supplies, or x-ray on your behalf. We may also disclose your medical information for disaster relief efforts so that your family or friends can be notified about your condition.

**Appointment Reminders:** We may use and disclose your medical information to contact, schedule or remind you of an appointment for medical treatment.

**Treatment Alternatives, Health-Related Benefits and Services:** We may use and disclose your medical information to inform you about alternate treatment therapies, providers or settings of care; to tell you about health-related products and services related to your medical treatment or care; and to send you newsletters about general health matters, local health fairs, wellness programs, and other similar events.

**Other:** Other uses and disclosures of your medical information not described in this Notice or permitted by law will be made only with your written permission or authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization, then we will no longer use or disclose your medical information for the reasons covered in your previous written authorization. We are unable to take back any disclosures we already have made based on your previous written authorization, and we are required to retain our records of care that we provided to you.

### YOUR RIGHTS

**Right to Inspect and Copy:** You have a right to inspect and receive a copy of the medical information we have about you. For copies of your medical information, you must make a written request to the facility that provided you services. We will respond to your request within 30 days of your request and we may charge you a fee to cover the copying, mailing or other related costs. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed or you may submit a written complaint. If you request a review, another licensed healthcare professional, chosen by WellStar, will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request Restriction:** You have a right to request certain restrictions on our uses or disclosures of your medical information for treatment, payment or health care operations except when authorized by you, when required by law, or in an emergency. You may also request a restriction on our disclosure of your medical information to someone who is involved in your care or payment, like a family member or friend. **We are not legally required to agree to your request.** All requests for restrictions must be made in writing. We will inform you of our decision.

**Right to Amend:** You have a right to amend the medical information we maintain about you if you believe it is incorrect or something is missing. You must submit a request for amendment in writing and describe what you believe is in error. We will respond to your request within 60 days. We may deny your request to amend your medical record if the information was not created by us, if it is not part of the medical information we maintain about you, or if we determine that your medical information is correct. If you do not agree with our denial, you may submit a statement of disagreement.

**Right to a List of Disclosures:** You have a right to request a list of disclosures we make of your medical information by WellStar ACE Members and their employees. We will provide you a list or summary that will exclude those disclosures made to carry out treatment, payment or health care operations; disclosures authorized by you or required to be made by law;

and those that occurred before April 14, 2003. **We are not required to and do not keep track of disclosures made outside of the WellStar Hospital setting for independent medical professionals who are not employed by a WellStar ACE Member.** To request a list of disclosures, you must submit your request in writing and specify the time period desired, which must be 6 years or less. The first list you request within a 12-month period will be free. You may be charged for additional lists, but we will notify you of the fees involved before you incur any costs.

**Right to Alternate Means of Communication:** You have a right to request that we communicate with you about your medical information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. We will accommodate all reasonable requests.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice even if you agreed to receive it electronically. To obtain a paper copy of this Notice, contact the Chief Privacy Officer at the information listed below.

**Right to Complain:** If you believe that your privacy rights have been violated, you may file a complaint with our Chief Privacy Officer or with a designated representative through our HIPAA Helpline. You may also file a complaint with the Secretary of the Department of Health and Human Services. Our Chief Privacy Officer can provide you with the address. **You will not be denied care, discriminated or retaliated against or otherwise penalized for filing a complaint.**

**We reserve the right to revise this Notice at any time and make the new Notice effective for all medical information that we maintain. The revised Notice will be posted in prominent places such as waiting areas, or exam rooms, and on our website at [www.wellstar.org](http://www.wellstar.org). You may request a copy of the current Notice in effect at any time. You will be asked to acknowledge in writing receipt of the first Notice and you may be asked to do the same for subsequent Notices that contain material changes to our privacy practices or your rights.**

**Chief Privacy Officer**  
531 Roselane Street, Suite 600  
Marietta, Georgia 30060

**Compliance Hotline**  
1-888-800-5094

**E-mail**  
Privacyofficer@wellstar.org

**HIPAA Helpline**  
Phone: 678-331-6880  
Fax: 678-331-6898

**Para obtener esta información en español, por favor comuníquese con su proveedor de cuidado.**

## **WELLSTAR HEALTH SYSTEM JOINT NOTICE OF PRIVACY PRACTICES Effective 9/15/05 – (Rev.1)**

**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.**

### **FEDERAL LAW REQUIRES US TO PROVIDE YOU THIS NOTICE**

***If you have any questions, contact the Chief Privacy Officer at the information listed below.***

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and subsequent Privacy Regulations, WellStar Health System, Inc. (“WellStar”), on behalf of itself and its Affiliates, as defined below (collectively, the “WellStar Health System”), is required to give you a copy of this Notice that describes our uses and disclosures of your medical information and your rights related to that information.

### **ACTIVITIES OF AFFILIATED COVERED ENTITIES**

The HIPAA Privacy Regulations allow multiple, legally separate health care providers, to elect to be treated as a single entity called an “Affiliated Covered Entity” or “ACE” if they are under common ownership or control. WellStar and its affiliates specified below (“Affiliates”) have elected ACE status (the “WellStar ACE”). We may disclose and share information about you to the Members participating in the WellStar ACE in connection with our services, your treatment and other activities of the WellStar ACE.

### **WellStar ACE Members**

Cobb Hospital, Inc.	Paulding Medical Center, Inc.
CHS Foundation, Inc.	WellStar Foundation, Inc.
Douglas Hospital, Inc.	WellStar Health System, Inc.
Kennestone Hospital, Inc.	Windy Hill Hospital, Inc.

Facilities, practice groups, and programs provided through or offered by WellStar ACE Members include, but are not limited to:

<b><u>Facilities and Practice Groups</u></b>	<b><u>Programs</u></b>
WellStar Cobb Hospital	Atherton Place
WellStar Douglas Hospital	Behavioral Health
WellStar Kennestone Hospital	Chemical Dependency
WellStar Windy Hill Hospital	Employee Assistance
WellStar Paulding Hospital	Good Life Club
WellStar Paulding Nursing Center	Health Place
WellStar Physicians Group	HomeCare
WellStar Urgent Care Centers	Hospice

(Item #71222)

## ACTIVITIES OF WELLSTAR ORGANIZED HEALTH CARE ARRANGEMENTS

The HIPAA Privacy Regulations also allow Covered Entities who participate in an organized health care arrangement or “OHCA” to comply with the HIPAA Notice requirements by the issuance of a joint notice. One type of an OHCA is a clinically integrated care setting where individuals receive health care from more than one health care provider, such as in a hospital. Each hospital operated by a WellStar ACE Member (the “WellStar Hospitals”) and the physicians on the Medical Staff of each respective WellStar Hospital are participants in an OHCA (individually, a “WellStar OHCA”; collectively, the “WellStar OHCA’s”). We may disclose and share protected health information with the WellStar Hospital Medical Staff Members and other individuals participating in a WellStar OHCA as necessary to carry out treatment, payment or other health care operations of the WellStar OHCA.

### WHO FOLLOWS THIS NOTICE

- WellStar ACE Members, their respective employees and workforce members, as well as that of the Facilities, Practice Groups and Programs provided through or offered by WellStar Hospitals
- Independent medical professionals who have membership on the Medical Staff of a WellStar Hospital (“WellStar Medical Staff Members”), but only when providing medical treatment or services at a WellStar Hospital, or for peer review, quality improvement, medical education and other health care operations conducted at a WellStar Hospital
- Students, trainees and volunteers of WellStar ACE Members

“We,” “us,” and “our” in this Notice refers to each WellStar Ace Member and WellStar Medical Staff Members to the extent of their participation in a WellStar OHCA. Other capitalized terms not defined in this Notice shall have the meanings provided in the Privacy Regulation.

We may share your medical information with WellStar Medical Staff Members who are independent medical professionals and who participate in a WellStar OHCA in order to provide treatment and perform other activities such as peer review, quality improvement, medical education and other services for a WellStar Hospital. While those professionals may follow this Notice and otherwise participate in the privacy program of the WellStar Health System, they are independent Covered Entities and professionals. Neither the WellStar ACE Members, nor any independent professional, assume any liability or other obligations incurred by the other.

**SERVICES PROVIDED BY AN INDEPENDENT MEDICAL PROFESSIONAL WITH STAFF PRIVILEGES AT A WELLSTAR HOSPITAL IN NO WAY CREATES, NOR SHALL BE CONSTRUED AS CREATING, ANY TYPE OF EMPLOYMENT, PARTNERSHIP, JOINT VENTURE, FRANCHISE**

**OR OTHER RELATIONSHIP WITH A WELLSTAR HOSPITAL OR OTHER WELLSTAR ACE MEMBER OTHER THAN AS AN INDEPENDENT CONTRACTOR. WELLSTAR AND EACH WELLSTAR ACE MEMBER HEREBY EXPRESSLY DISCLAIMS ANY RESPONSIBILITY OR LIABILITY FOR THE NEGLIGENT ACTS, ERRORS OR OMISSIONS AND INTENTIONAL MISCONDUCT OF SUCH INDEPENDENT MEDICAL PROFESSIONAL.**

### OUR PLEDGE

We understand that your medical information is personal and we are committed to protecting it. This Notice applies to all of the records of your care generated by the WellStar Hospitals and each WellStar ACE Member, whether made by WellStar Health System personnel or your personal doctor. Your personal doctor may, however, have different policies or notices regarding his or her use and disclosure of your medical information created in the doctor’s office or clinic. We are required by law to:

- Make sure that your medical information is kept private;
- Give you this Notice of our legal duties and privacy practices; and
- Follow the terms of this Notice.

### OUR USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

The following categories describe different ways we use and disclose medical information. Where possible, we try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We will use medical information about you to provide you with medical treatment or services. We will disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietitian that you have diabetes so that appropriate meals can be arranged. Different departments of a WellStar Hospital may need to share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays, and physical therapy. We also may disclose your medical information to health care providers outside the WellStar ACE who may provide you medical care after you leave a WellStar Hospital. For example, the physician or nursing home that provides you care following your WellStar Hospital stay will be provided information about your care and treatment.

**Payment:** We will use and disclose your protected health information to send bills and collect payment from you, your insurance company, or other payors, such as Medicare. We will do this for the care, treatment, and other related services you receive from a WellStar ACE Member. We may provide

your name, address and insurance information to other care providers involved in your care at a WellStar Facility so that they may bill you for the services they provided. We may also tell your health insurance company about the treatment recommended by the physician in order to determine whether or not your plan will cover the treatment.

**Health Care Operations:** We will use and disclose protected health information about you for WellStar ACE Member operations including, but not limited to, the operations of WellStar Hospitals. These uses and disclosures are necessary to run the WellStar Health System and make sure that all of patients treated by WellStar ACE Member Hospitals, facilities, practice groups and programs, receive quality care and cost effective services. For example, we may use your medical information to review the quality of our treatment and services, and to evaluate the performance of our staff in caring for you.

**Georgia and federal law provide additional protection for certain types of medical information, including alcohol or drug abuse, mental health and AIDS/HIV. These laws may limit whether and how we may disclose this medical information about you to others.**

**Business Associates:** Many services are provided to us through contracts with third-party “business associates.” Whenever a service provided by a business associate meets the regulatory requirements and involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain high standards of safeguarding your privacy.

**Public Health, Government Functions and Accreditation and Licensing Agencies:** We are required by law to disclose your medical information in certain circumstances to:

- Control or prevent a communicable disease, injury or disability; report births and deaths; and for public health oversight or interventions
- Report adverse events or product defects to The Food and Drug Administration; track products; enable product recalls; or conduct post-market surveillance
- Facilitate the functions of state or federal government agencies
- Meet the standards required by accreditation and/or licensing agencies such as the Joint Commission on Accreditation of Healthcare Organization, the Department of Human Resources, and the Centers for Medicare and Medicaid Services.

**Required by Law:** We will disclose medical information about you when required by federal, state or local law. Examples include:

- Law enforcement agencies responsible for investigating suspected child abuse or prosecuting actual child abuse
- A court upon a valid order; judicial or administrative proceedings; responses to subpoenas, discovery requests,

or other required legal proceedings (although we will try to notify you first or get a protective order)

- The Department of Health and Human Services; protection or advocacy agencies; law enforcement authorities investigating or preventing neglect, physical injury, death, and violent crimes
- A court-appointed guardian or agent if you have a medical or durable power of attorney for healthcare

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients’ need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hospital without your authorization.

**Organ, Eye and Tissue Donation:** If you are an organ donor, we may release medical information 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.

**Coroners and Medical Examiners:** We may also disclose your information to a coroner, medical examiner or funeral director in order for them to perform their authorized duties.

**Worker's Compensation:** We may release your medical information as it relates to a work-related injury or illness for workers' compensation.

**Military and Veterans:** We may use and disclose your medical information as required by military command if you are a member of the U.S. or foreign armed forces.

**Minors:** We may use and disclose certain types of your medical information to your parents or guardian, in accordance with applicable Georgia law, if you are under the age of 18.

**Protective Services for President, National Security and Intelligence Activities:** We may use and disclose your medical information to authorized federal officials in order for them to protect the President, foreign heads of state, or others, as well as to conduct special investigations for intelligence, counter intelligence and other national security activities.