



## **JOINT 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.*

This notice is applicable to the Gwinnett Health System covered entities and providers listed below:

- Gwinnett Medical Center – Lawrenceville
- Gwinnett Medical Center – Duluth
- Gwinnett Medical Group
- Glancy Campus
- Gwinnett Extended Care Center
- Hamilton Mill Imaging Center
- Johns Creek Orthopedic Surgery Center

These covered entities and providers will be referred to as “GHS” in this Notice of Privacy Practices.

This notice will tell you about the ways in which we may use and disclose medical information about you, referred to below as protected health information (“PHI”). We also describe your rights and our responsibilities regarding the use and disclosure of PHI. Your personal doctors and allied health practitioners may have different policies or notices regarding their use and disclosure of your medical information created in their offices or clinics.

**Uses and Disclosures for Treatment, Payment and Health Care Operations.** GHS may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you. In addition, GHS and the members of its medical and allied health professional staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to provide treatment, receive payment and manage their health care operations.

**For Treatment.** GHS may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment. This includes sharing or disclosing your PHI to your other healthcare providers for treatment. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide you health care services or are otherwise involved in your care.

**For Payment.** GHS may use and disclose PHI to bill and collect payment for the health care services provided to you. For example, GHS may need to give PHI to your health plan in order to be reimbursed for the services provided to you. GHS may also disclose PHI to its business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. GHS may also disclose PHI to other health care providers and health plans for the payment activities of those providers or health plans.

**For Health Care Operations.** GHS may use and disclose PHI as part of its operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you, patient surveys, training, underwriting activities, compliance and risk management

activities, planning & development, and management & administration. GHS may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes, to help make sure GHS is complying with all applicable laws, and to help GHS continue to provide high quality health care to its patients. GHS may also disclose PHI to other entities’ quality assessment and improvement activities, credentialing and peer review activities, and health care compliance such as fraud and abuse prevention and detection, provided that entity has a current or past relationship with the patient who is the subject of the information.

**For Sharing PHI Among GHS And Its Medical and Allied Health Professional Staff.** GHS and the physicians and other health care providers who are members of the GHS medical staff work together in an organized health care arrangement to provide medical services to you when you are a patient at GHS. GHS and the members of its medical staff will share with each other PHI that they collect from you at GHS as necessary to carry out their treatment, payment and health care operations relating to the provision of care to patients at GHS.

**Other Uses and Disclosures For Which Authorization is Not Required.** In addition to using or disclosing PHI for treatment, payment and health care operations, GHS may use and disclose PHI without your written authorization under the following circumstances:

**As Required by Law and Law Enforcement.** GHS may use or disclose PHI when required to do so by law. GHS may disclose PHI when ordered to do so in a judicial or administrative proceeding, to identify or locate a suspect, fugitive, material witness, or missing person, or for other law enforcement purposes.

**For Public Health Activities and Public Health Risks.** GHS may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to execute their health oversight or public health functions.

**For Health Oversight Activities.** GHS may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with applicable laws and regulations.

**Coroners, Medical Examiners, and Funeral Directors.** GHS may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**Organ, Eye, and Tissue Donation.** GHS may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

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**Research.** Under certain circumstances, GHS may use and disclose PHI for medical research purposes.

**To Avoid a Serious Threat to Health or Safety.** GHS may use and disclose PHI, to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

**Specialized Government Functions.** GHS may use and disclose PHI of military personnel and veterans under certain circumstances. GHS may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

**Workers' Compensation.** GHS may disclose PHI to comply with workers' compensation or other similar laws. These programs provide benefits for work-related injuries or illnesses.

**Fundraising Activities.** Your PHI may be used to contact you in an effort to raise money for GHS. Your PHI may be disclosed to a foundation related to GHS. These disclosures would be limited to dates you received treatment or services, your demographic information, where you received services, your treating physician(s), outcome information and health insurance status.

**Appointment Reminders; Health-related Benefits and Services; Marketing.** GHS may use and disclose your PHI to contact you and remind you of an appointment at GHS, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs. GHS may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

**Disclosures to You.** GHS may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI.

**Disclosures for HIPAA Compliance Investigations.** GHS must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate our compliance-with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**Uses and Disclosures To Which You Have an Opportunity to Object.** You will have the opportunity to object to these categories of uses and disclosures of PHI that GHS may make:

**Patient Directories.** Unless you object, GHS may use some of your PHI to maintain a directory of individuals in its facility. This information may include your name, your location in the facility, and your general condition (e.g. fair, stable, etc.). Your religious affiliation, if provided by you, may be disclosed to members of the clergy.

**Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care.** Unless you object, GHS may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health

care or payment for your health care. GHS may also notify those people about your location or condition.

**Other Uses and Disclosures of PHI For Which Authorization is Required.** Other types of uses and disclosures of your PHI not described above will be made only with your written authorization. For example, your written authorization is required for psychotherapy notes (with limited exceptions), sale of your PHI, and certain marketing communications. You have the right to revoke your authorization in writing. Revocations will only apply to disclosures made after your request to revoke is received.

**Regulatory Requirements.** GHS is required by law to maintain the privacy of your PHI and to support your rights under HIPAA

You have the following rights regarding your PHI:

**Notice of Privacy Practices.** GHS must provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. GHS reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all PHI we maintain. Before GHS makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice as required by the regulation.

**Restriction Requests.** You may request that GHS restrict the use and disclosure of your PHI. GHS is not required to agree to any restrictions you request, but if GHS does so it will be bound by the restrictions to which it agrees, except in emergency situations. GHS will restrict PHI disclosures to a health plan if the PHI disclosure is for payment or healthcare operations and the PHI pertains to a healthcare item or service for which you have paid out of pocket in full. However, if the information is needed to receive payment from the insurer for subsequent related services, the restriction no longer applies.

**Confidential Communications.** You have the right to request that communications of PHI to you from GHS be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing and sent to the responsible GHS Department Director. GHS will accommodate your reasonable requests without requiring you to provide a reason for your request.

**Access to PHI.** Generally, you have the right to inspect and copy your PHI that GHS maintains, provided that you make your request in writing to the Medical Records Custodian. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), GHS will inform you of the extent to which your request has or has not been granted. In some cases, GHS may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, GHS may impose a reasonable fee to cover copying, postage, and related costs. If GHS denies access to your PHI, it will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If GHS does not maintain the PHI you request and if it knows where that PHI is located, it will tell you how to redirect your request.

**PHI Amendment.** If you believe that your PHI maintained by GHS contains an error or needs to be updated, you have the right to request that GHS correct or supplement your PHI. Your request must be made in writing to the Medical Records Custodian, and it must explain why you are requesting an

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amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), GHS will inform you of the extent to which your request has or has not been granted. GHS generally can deny your request if your request relates to PHI: (i) not created by GHS; (ii) that is not part of the records GHS maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, GHS will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and GHS denial attached; and (iii) complain about the denial.

**Accounting of Disclosures.** You generally have the right to request and receive a list of the disclosures of your PHI GHS has made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosures for which you have provided a written authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) for GHS patient directory or to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. You should submit any such request to the Medical Records Custodian, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), GHS will respond to you regarding the status of your request. GHS will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of \$10.00 for each additional request.

**Breach Notification.** In the unlikely event GHS or a vendor contracted by GHS inappropriately discloses your unsecure PHI in a manner which constitutes a breach, we will notify you. You have the right to receive notifications of any breach of your unsecured PHI.

You have the right to receive a paper copy of this notice upon request. You can receive a copy of this notice at our Web site, <http://www.gwinnetthealth.org>. To obtain a paper copy of this notice, please contact the Admissions Department.

If you have any questions regarding this notice or believe your privacy rights with respect to your PHI have been violated, you may contact the GHS Privacy Officer to issue a compliant by:

**Writing:**

GHS Privacy Officer  
1000 Medical Center Blvd  
MOB 100 - Suite 245  
Lawrenceville, GA 30046

**Calling:** 678-312-3900

**Email:**

[ghsprivacyofficer@gwinnettmedicalcenter.org](mailto:ghsprivacyofficer@gwinnettmedicalcenter.org)

GHS will in no manner penalize you or retaliate against you for filing a complaint regarding GHS privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

Revised: September 23, 2013

Effective: April 14, 2003