

# SAINT JOSEPH'S HEALTH SYSTEM, INC.

## 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.**

Health Care Facilities make and keep records of medical information. While you are a patient of Saint Joseph's Health System, 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 hospital properly
- To comply with law

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
- To follow the terms of the Notice that is currently in effect

When we use the word "we" or "SJHS" we mean Saint Joseph's Health System, Inc., its affiliates, medical professionals and others who assist us in our business.

### **YOUR PRIVACY RIGHTS**

**Right to Review and Right to Request a Copy.** You have the right to review and request a copy of medical information in your medical and billing records. The Health Information Management (medical records) Department has a form you can fill out to request to review or copy your medical information and to tell you how much will it cost. SJHS 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 its denial. Depending on the reason for the denial, 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.

**Right to an Accounting of Disclosures.** You have the right to make a written request for a list of certain disclosures SJHS has made of your medical information. This list is not required to include all disclosures we make. Disclosure for treatment, payment, or SJHS 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 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 operations. 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.

**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. For example, you can ask that we contact you only at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted but you do not need to tell us why. The Contact listed below 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.stjosephsatlanta.org](http://www.stjosephsatlanta.org) or a paper copy from Saint Joseph's Health System Privacy Officer.

#### **PERSONS COVERED BY THIS NOTICE**

- All employees, staff and other SJHS personnel
- Our volunteers and medical, nursing and other health care students
- Members of SJHS' Medical Staff and other medical professionals involved in your care or performing peer review, quality improvement, medical education and other services for SJHS
- The following entities, Saint Joseph's Health System, Inc., and any and all current and future affiliated entities including, but not limited to, the following: Saint Joseph's Hospital of Atlanta, Inc., Saint Joseph's Mercy Care Services, Inc., Mercy Senior Care, Inc., Saint Joseph's Service Corporation, The Medical Group of Saint Joseph's LLC and Saint Joseph's Translational Research Institute, Inc., In addition, these entities may share medical information with each other for the treatment, payment and administrative purposes described in this Notice
- Persons or entities performing services for SJHS under agreements containing privacy protections or to which disclosure of medical information is permitted by law
- Persons or entities with whom SJHS participates in managed care arrangements

#### **USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

**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 cut 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. Departments of SJHS 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 other health care providers if you need to be transferred from SJHS to another hospital, a nursing home, a home health provider or a rehabilitation center. We also may disclose your medical information to people outside SJHS who are involved in your care after you leave SJHS 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 SJHS purposes, 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 SJHS' Medical Staff who review patient care. We may disclose information to doctors, nurses, technicians, medical, nursing or other health care students, and SJHS personnel for teaching. We may combine medical information about many patients to decide what services SJHS should offer, and whether new services are cost-effective and how we compare with other health care facilities. 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 SJHS so that the ambulance company can get paid for their services.

**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.

**SJHS Patient Directory.** We may include certain information about you in the SJHS Patient Directory while you are a patient in SJHS. 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 SJHS, if such information would reveal that you are at SJHS for treatment of rape or attempted rape, HIV/AIDS, or alcohol/drug abuse. SJHS Patient 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 in SJHS and generally know how you are doing. ***If you do not want this information given out, please tell the Patient Registration staff.***

**Individuals Involved in Your Care or Payment for Your Care.** We may release your medical information to the person you named in your 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 by law to make health-related decisions for you). We may give information to someone who helps pay for your care. 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.

**Fundraising.** We may disclose information, to SJHS Foundation such as your name, address, telephone number, gender, age and the dates you received treatment. ***If you do not want SJHS to contact you for fundraising, please notify the Contact Person listed below in writing.***

**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, SJHS must comply with abuse reporting laws and laws requiring us to report certain diseases or injuries to government agencies.

**Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious 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 and AIDS/HIV, and may limit whether and how we may disclose information about you to others.***

**Our Affiliates.** We may disclose your medical information to our affiliates in connection with your treatment or other hospital activities.

**Organized Health Care Arrangements in Which We Participate.** For certain activities, SJHS, members of its Medical Staff and other independent professionals are called an Organized Health Care Arrangement. We may disclose information about you to those providers participating in our Organized Health Care Arrangements. Such disclosures would be made in connection with our services, and other activities of the Organized Health Care Arrangement.

## IMPORTANT NOTICE

**SJHS may share your medical information with members of SJHS' 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 SJHS. While those professionals may follow this Notice and otherwise participate in the privacy program of SJHS, they are independent professionals and SJHS expressly disclaims any responsibility or liability for their acts or omissions.**

## SPECIAL SITUATIONS

**Health Oversight Activities.** We may disclose your medical information to a government agency for health oversight activities such as inspections and licensure of SJHS and of the providers who treat you at the SJHS. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

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

**Lawsuits and Law Enforcement.** 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. Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official.

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

**Minors.** If you are a minor (under 18 years old), SJHS 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.

**Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by the military.

**National Security.** We may disclose your medical information to authorized federal officials for national security activities authorized by law.

**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.

**Protective Services.** We may disclose your medical information to authorized federal officials so they may provide protection to the President and other persons.

**Public Health.** We may disclose your medical information for public health purposes. Examples include:

- To prevent or control disease, injury or disability
- To report births and deaths
- 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 report medication reactions
- To notify people of product recalls

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

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of your medical information not covered by this Notice or the laws that apply to SJHS 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.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right 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 in the hospital, clinics and on the SJHS' website.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with SJHS or with the Secretary of the Department of Health and Human Services or HHS. Generally, a complaint must be filed with HHS within 180 days after the possible violation, or within 180 days of when you knew or should have known and must name the entity that is the subject of the complaint and describe the alleged violation.

*If you have any questions about this notice or to file a complaint with SJHS, please contact our Privacy Officer at 404-851-7732 or 404-851-5933. Filing a complaint will not affect your care at SJHS.*

***Saint Joseph's Health System  
5665 Peachtree Dunwoody Road N.E.  
Atlanta, GA 30342***

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