



## 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. If you have any questions about this notice, please contact the Office of Compliance at 423-778-7703.

### **We Are Required By Law To:**

- Make sure that medical information that identifies you is kept private including, if applicable, genetic information as described in the Genetic Information and Non-Discrimination Act;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect;
- This notice will tell you about the ways in which we may use and disclose health information about you and;
- We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

### **Who Will Follow This Notice**

This notice describes our hospital's practices and that of any health care professional authorized to enter information into your hospital chart; all departments and units of the hospital; any member of a volunteer group or students we allow to help you while you are in the hospital; all employees, staff and other hospital personnel; Organized Health Care Arrangement (OHCA) - Members of the Erlanger Medical Staff are presenting this document as a joint notice. Information will be shared as necessary to carry out treatment, payment or health care operations. All Erlanger entities, sites and locations follow the terms of this notice. This includes, but is not limited to: Erlanger, Children's Hospital at Erlanger, Erlanger North, Erlanger East, Erlanger Bledsoe, Erlanger Clinics, Erlanger owned physician practices, related health care providers and WorkForce. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice. Each time you visit a hospital, physician, or healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This notice applies to all of the records of your care created by the hospital, whether made by hospital personnel, agents of the hospital, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

### **How We May Use And Disclose Medical Information About You**

The following categories describe examples of the way we use and disclose medical information. 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 these categories.

- **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

- **For Payment**

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party. For example, we may need to give your insurance company information about your surgery so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to determine whether your plan will cover the treatment.

- **For Health Care Operations**

Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may use your information in our registry data, such as the Cancer Registry. We may also combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. To protect your privacy and dignity, we will remove information from this set of medical information that identifies you anytime it is used outside our training programs, even if you were to become incapacitated or deceased. We may combine medical information we have with that of other hospitals to see where we can make improvements.

**For The Following Activities You Must Notify Us If You Want To Limit Or Restrict Information**

To remind you that you have an appointment for medical care; to assess your satisfaction with our services; to individuals involved in the payment for your care; to tell you about possible treatment alternatives; to tell you about health-related benefits or services, and to contact you as part of fund-raising or marketing efforts (unless you have previously opted-out).

**We May Also Use and Disclose Medical Information**

To business associates we have contracted with to perform the agreed upon service and billing for it, to inform funeral directors consistent with applicable law, to health

oversight agencies, for population based activities relating to improving health or reducing health care costs and for conducting training programs or reviewing competence of health care professionals.

### **Hospital Directory**

We may include certain limited information about you in the hospital directory while you are a patient at the 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. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you consent, 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. Your name will appear on a religious preference list. If you do not consent, your name will not appear on this preference listing. Certain care areas within the health system may provide a specific family member or patient representative with an access code number, which may or may not be shared at their discretion, to allow callers to obtain status update reports regarding a patient. In the critical care areas a family member or patient representative is provided an information booklet that explains the process and in other areas a family member or patient representative will be asked to sign an acknowledgement regarding the access code and its use.

### **Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include:

- **Research**

Information may be released to researchers, but only after an institutional review board has reviewed and approved the research proposal and made certain the researchers have established protocols to ensure your health information privacy.

- **Fundraising/Marketing**

We may use certain information (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for Erlanger Health System. We may also share this information to our institutionally related foundation for the same purpose. The money raised will be used to expand and improve the services and programs we provide the community. If you prefer to not be contacted you may opt out at the time of admission or service.

- **Sale of Protected Health Information (PHI)**

We must receive your authorization for any disclosure of your PHI which is a sale of PHI. Such authorization will state that the disclosure will result in remuneration to Erlanger Health System.

### **As Required By Law**

Such disclosures may include provision of health information for state and national disease registries and databases that use the data to identify health needs and improve health care services. We will disclose medical information about you to the following when required to do so by federal, state or local law: Food and Drug Administration; Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability; Correctional Institutions; Workers Compensation Agents; Organ and Tissue Donation Organizations; Military Command Authorities; Health Oversight Agencies; Funeral Directors; Coroners, and Medical Directors; National Security and Intelligence Agencies; Protective Services for the President and Others; to avert a serious threat to health or safety, and lawsuits and disputes (response to a court or administrative order).

- **Law Enforcement/Legal Proceedings**

We may disclose information for law enforcement purposes as required by law or in response to a valid request, such as in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if; under certain limited circumstances, we are unable to obtain the person's agreement, about a death we believe may be the result of a criminal conduct; about criminal conduct within EHS; in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **State Specific Requirements**

Tennessee has requirements for reporting data, including population-based activities relating to improving health or reducing health care costs.

### **Customer Service**

As part of our customer service program, we may use health information about you to contact you by mail or phone after discharge to discuss your opinion of the services provided during your encounter with our facility.

### **Follow Up Contact**

We may use health information about you to contact you by mail or phone following treatment if it is determined you may require additional follow-up. We may also contact you or your personal physician on how you are doing following treatment at EHS. For example, follow-up information is very important in the area of cancer diagnosis in order to find the best treatments and improve the life expectancy of individuals as diagnosed with cancer.

### **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you.

- **Right to Inspect and Copy**

You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your

request in writing to the Health Information Management Office (Medical Records). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. 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. Another licensed health care professional chosen by the hospital 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 Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the Office of Compliance. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not part of the medical information kept by or for the hospital, is not part of the information which you would be permitted to inspect and copy, is accurate and complete.

- **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the individuals and/or institutions to which we have released your private medical information. To request this list or accounting of disclosures, you must submit your request in writing to the Office of Compliance, 975 East Third Street, Chattanooga, Tennessee 37403. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Breach Notification**

In the event of any breach of unsecured PHI, EHS shall fully comply with the HIPAA/HITECH breach notification requirements, including notification to you of any impact that the breach may have had on you and/or your family member(s) and actions EHS undertook to minimize any impact the breach may or could have on you.

- **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. Unless otherwise required by law, you have a right to restrict certain health information disclosures to health insurers if you pay full cost of services at the time of your visit.

**To request restrictions**, you must make your request in writing to the Office of Compliance, 975 East Third Street, Chattanooga, Tennessee 37403. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply, for example, disclosures to your spouse. All requests will receive review for consideration of acceptance; therefore you will not receive immediate response to your request. Every effort will be made to provide you response to your request within thirty (30) days.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Office of Compliance, 975 East Third Street, Chattanooga, TN 37403. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <http://www.erlanger.org>.

### **Personal Representative**

Your “personal representative” may exercise the rights listed above on your behalf, if under applicable law, that person has legal authority to act on your behalf in making decisions related to health care. If you live in Tennessee and do not have a “personal representative you may wish to create a legal document called Durable Power of Attorney for Health Care. This may be extremely beneficial in the unfortunate situation where you are unable to make a decision for yourself and wish for someone to act upon your behalf.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission (i.e. for marketing purposes). If you provide 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 medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the hospital Integrity Line 1-877-849-8338 or contact the Office of Compliance at 423-778-7703. To file a complaint with the hospital, contact:

Office of Compliance  
Erlanger Health System  
975 E. Third Street  
Chattanooga, Tennessee 37403

**Complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services at 240-453-2800 or at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. You will not be penalized for filing a complaint.**

### **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 any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain the effective date on the first page, in the top right hand corner. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Notice of Information Practices Effective Date:

4/14/2003 - Version #1 11/27/2007 - Version #3

6/25/2007 - Version #2 03/18/2013- Version #4