JOINT NOTICE OF PRIVACY PRACTICES
Effective Date: 9/23/2013

THIS PRIVACY 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.

Our Responsibilities: By law, The Glynn-Brunswick Memorial Hospital Authority, doing business as Southeast Georgia Health System, including its strategic affiliates, (i.e., collectively the “Health System”), must maintain the privacy and security of your Protected Health Information or “PHI”. The federal government defines PHI as individually identifiable health information transmitted or maintained in electronic media or in any other form or medium, which is held or disclosed by the Health System or a Business Associate.

When we use the word “we” or “Health System,” we mean all the individuals/entities listed below that are covered by this Joint Notice of Privacy Practices (the “Privacy Notice”), along with other individuals and organizations who assist us in providing treatment, payment or health care operations.

As explained in this Privacy Notice, we will use and share your PHI:

• To provide treatment to you and keep a record of your care,
• To get paid for the care or service we provide,
• To run our business, (i.e., health care operations), and
• To comply with the law.

We are required by law to give you this Privacy Notice and to follow the terms and conditions that are currently in effect. This Privacy Notice is also available on our websites at sghs.org.

Persons/Entities Covered by this Privacy Notice: Our Privacy Notice will be followed by The Glynn-Brunswick Memorial Hospital Authority, doing business as Southeast Georgia Health System, including its strategic affiliates (i.e., collectively the “Health System”), which includes, but is not limited to:

□ All Workforce members, defined under HIPAA in 45 C.F.R. §160.103, as our team members, volunteers, trainees, medical, nursing and other health care students, and other persons whose conduct in the performance of work for us or a Business Associate is under our direct control, whether or not they are paid by us or a Business Associate;
The following Health System entities, sites and locations may share PHI with each other for treatment, payment and health care operations purposes:

- its two (2) Hospitals on the Brunswick and Camden campuses;
- its Senior Care Center-Brunswick and its Senior Care Center-St. Marys;
- the Southeast Georgia Health System Foundation, Inc.;
- our physicians, ambulatory practices, Family Medicine Centers, Immediate Care Centers, Community Care Center, Coastal Medical Access Project, and other entities that are part of Cooperative Healthcare Services, Inc.;

Persons or entities performing services for the Health System under agreements containing privacy and security protections or to which disclosure of medical information is permitted by law;

Persons or entities with whom the Health System participates in managed care arrangements; and

Members of the Health System Medical Staff on both the Brunswick and Camden campuses, and other medical professionals involved in patient care or performing peer review, quality improvement, medical education and other services for the Health System.

Part I - Your Privacy Rights

1. Right to inspect or obtain an electronic or paper copy of your medical record and other health information in the Health System’s designated record set about you.
   - To obtain or inspect a copy of your PHI, submit a written request and we will provide a copy or summary of your health information, usually within 30 days of your request.
   - Contact the facility or physician practice where you received treatment and we will assist you in making arrangements to receive your records.
   - We can tell you how much your copies will cost. We are allowed by law to charge a reasonable cost-based fee for labor, supplies, postage and the time to prepare a summary, if requested.
   - We will tell you if we cannot fulfill your request.
   - If you are denied the right to see or copy your information, you may ask us to reconsider our decision. Depending on the reason for the decision, we may ask a licensed health care professional to review your request and our denial. We will comply with this licensed health care professional’s decision.

2. Right to request an amendment to correct your PHI in a paper or electronic medical record that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why, in writing, within 60 days.
   - You must provide a reason to support your request to correct your record.
   - If we deny your request, you may ask us to place your written statement of disagreement in your electronic or paper record.
   - Contact the facility or physician practice where you received treatment and we will assist you in making your request for amendment of your medical record.
3. **Right to request confidential communications with you, i.e., how to contact you or where to send mail to you. We will say “yes” to all reasonable requests.**
   - You can ask us to contact you in a specific way (for example, on your home, office or mobile phone number) or to send mail from us to a different address, rather than your home address.
   - We will not ask you the reason for your request.
   - Please tell the individual who is helping you with your registration for treatment/services, or admission to one of our facilities that you want a confidential communication.

4. **Right to ask us to limit the information we share about you. We are not required to agree to your request, and we may say “no” if it would affect your care.**
   - You also have the right to request a limit on the PHI that we disclose to someone involved in your care or payment for your care, like a family member or friend.
   - Contact the facility or physician practice where you received treatment and we will assist you in making your request to limit information we share about you.

You may ask us **not** to bill your health plan or health insurer for treatment or service provided to you. However, you must pay, **in advance**, all bills associated with that treatment or service before we can accept your restriction.
   - If you pay for a service or health care item in full, you can ask us **not** to bill your health plan or health insurer. We will say “yes” unless a law requires us to share that information. We must agree to a requested restriction, if:
     - the disclosure is to your health plan or health insurance company for purposes of carrying out payment or health care operations, and
     - PHI to be restricted relates solely to a health care item or service for which all parties have been paid in full by you.
   - For example, during a single hospital visit, you may receive a bill for payment from multiple sources, including the hospital, laboratories, individual physicians who cared for you, specialists, radiologists, etc. If you wish to restrict a disclosure from all these parties:
     - you must tell **each** independent health care provider that you want to restrict a disclosure to your health plan or insurer, and,
     - you must submit payment, in advance and in full, to **each** individual provider.
   - The Health System expressly disclaims any responsibility or liability for independent medical staff acts or omissions relating to your HIPAA privacy rights.
   - 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.

5. **Right to ask us for a list of those with whom we’ve shared your PHI.**
   - You can ask for a list or “accounting” of the times we’ve shared your PHI for the previous six (6) years from the date you asked; who we shared it with; and why.
   - The following are examples of disclosures that would not be included in the list:
     - disclosures about treatment, payment and health care operations,
Southeast Georgia Health System’s Joint Notice of Privacy Practices

- disclosures made before April 14, 2003, when the HIPAA Privacy Act was effective,
- disclosures previously made to you or which you authorized us to make, and,
- other disclosures that are not required to be listed.

- We’ll provide one (1) accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Contact the facility or physician practice where you received treatment and we will assist you in making your request for an accounting of disclosures.

6. **Right to get a copy of our Joint Notice of Privacy Practices.**
   - You can get a paper copy of this Privacy Notice at any registration/admission area in any of our facilities.
   - You can get an electronic copy of this Privacy Notice at our website: sghs.org.

7. **Right to choose someone to act for you.**
   - If you have given someone your healthcare power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
   - We will make sure the person has this authority according to Georgia State law and can act for you before we take any action.
   - Please bring a copy of any legal papers with you and provide them to the individual assisting you with registration or admission to one of our facilities.

8. **Right to receive a Notice of a Breach of Unsecured PHI.**
   - If the Health System becomes aware of a breach of unsecured medical or billing or financial information, you will be sent a letter notifying you of this breach.

9. **Right to file a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint. Contact us at:**
   
   Health System Privacy Officer
   Southeast Georgia Health System
   2415 Parkwood Drive, Brunswick, GA 31520
   Telephone number: 912-466-3240, or
   if you wish to remain anonymous, 
   by calling our Compliance Line at 888-313-1534

   You can also file a complaint by sending a letter to the U.S. Department of Health & Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling 877-696-6775, or at: hhs.gov/ocr/privacy/hipaa/complaints/

---

**Part II - Your Choices**

If you have a clear preference for how we share your information in the situations described below, tell the individual who helps you with registration or admission into one of our facilities. We will follow your instructions, if allowed by law.

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

1. **To share information with your family, close friends, or others involved in your care.**
   - See Section III below on sharing information with your family or a Personal Representative.

2. **To share information in a disaster relief situation.**
   - We may also share your information when needed to lessen a serious and imminent threat to health or safety.

3. **To ask us not to include your name in a facility patient directory.** The patient directory provides your location in one of our facilities and a brief health status about you, such as “fair”, “critical”, “stable”.
   - See Section III on your choices regarding listing your name in one of our patient directories.

In these cases, we will never share your PHI, unless you give us written permission:

1. **For Marketing purposes**
   - We do not use your PHI for marketing purposes, unless we ask your permission and get your written, signed Patient Authorization.

2. **For Fundraising purposes**
   - We may send you a fundraising communication, but you may ask us not to contact you again. See Section III below for more information on our Fundraising activities.

3. **For sharing certain sensitive information**
   - See Section III below on sharing sensitive information, such as psychotherapy notes.

---

**Part III – Most Common Uses and Disclosures of your PHI**

**Treatment:** We will use and disclose your PHI to provide, coordinate and manage your care. This includes communication and consultation between health care providers -- doctors, nurses, technicians, therapists, medical, nursing or other medical students and other members of your medical team. This applies to disclosures for treatment purposes to health care providers both within and outside the Health System. 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, or the doctor may need to tell the dietitian so you can have healthy meals. Information will be shared between caregivers to ensure continuity of care. We also may disclose your medical information to other health care facilities if you need to be transferred to another hospital, a nursing home, a home health provider, a rehabilitation center, etc. We also may disclose your medical information to people outside the Health System who are involved in your care while you are here or after you leave, such as other health care providers, family members or pharmacists.

**Payment:** We will use and disclose your PHI to create bills and collect payment from insurance companies, Medicare and other payers. This may include providing information such as dates of service, symptoms and diagnosis to your insurance company to show that we provided medical
services to you. We may disclose PHI to another health care provider if such information is needed by the other provider to obtain payment for medical services provided to you. We may disclose your PHI to a collection agency to obtain overdue payment from you.

**Health Care Operations:** We will use and disclose your PHI, if necessary, to improve the quality of care we provide to patients or to run our health care facilities. These include, but are not limited to:

- quality or patient safety activities, population-based activities to improve health or reduce health care costs, case management and care coordination where we contact health care providers and you with information about treatment alternatives;
- reviewing health care professionals' backgrounds and grading their performance, conducting training programs for our team members, students, trainees, or professionals and non-professionals, performing accreditation, licensing, or credentialing activities for our business;
- activities related to insurance benefits;
- arranging for medical review, legal services and auditing;
- business planning, development and management activities, including things like customer service or resolving complaints;
- selling, transferring, leasing or combining of all or part of the Health System facilities; and
- creating and using or disclosing de-identified PHI or a limited data set or having a vendor combine data or do other tasks for various business reasons;
- disclosing your PHI to doctors who review the care that was provided to you; and,
- combining medical information about many patients to decide what services the Health System should offer, and whether new services are cost-effective and how we compare with other places.

**Activities of Our Strategic Affiliates:** We may disclose your PHI to entities that are owned by the Health System and other businesses that we work closely with in connection with your treatment or other Health System activities.

**Activities of Organized Health Care Arrangements ("OHCA") in Which We Participate:** For certain activities, the Health System, its employed and independent doctors and other professionals who provide care in our facilities, participate in an OHCA in order to provide health care and share PHI to a common set of patients. We may disclose information about you to health care providers participating in our OHCA, such as a managed care or physician-hospital organization ("PHO") and independent providers. The Glynn-Brunswick Memorial Hospital Authority formally adopted OHCA status in a Resolution it approved on February 26, 2003. It allows use of this Joint Notice of Privacy Practice, joint policies and procedures, and appointment of one (1) Privacy Officer and one (1) Information Security Officer to share PHI for treatment, payment and health care operations. In addition to providing health care to a common set of patients, members of the Medical Staff on the Brunswick and Camden campuses and other medical professionals under the OHCA jointly perform peer review, quality improvement, medical education and other services for the Health System.
**Note:** The Health System may share your PHI with members of our Medical Staff on the Brunswick and Camden campuses, and other independent medical professionals in order to provide treatment, payment and healthcare operations through the OHCA. Those professionals have agreed to follow this Privacy Notice and participate in the Health System’s privacy program. However, many of these medical professionals are independent contractors who own their own businesses. The Health System expressly disclaims any responsibility or liability for their acts or omissions relating to your care or privacy/security rights. Additionally, independent medical professionals/groups are responsible for issuing a separate Notice of Privacy Practices to patients they treat in their offices, since such treatments are outside the “umbrella” of the Health System and its OHCA.

**Patient Contact about Health Services, Products, Treatment Alternatives and Health-Related Benefits:** We may access your PHI to contact you for the following reasons, including, but not limited to:

- face-to-face communications;
- providing promotional gifts;
- contacting you for appointment reminders;
- sending you refill reminders or communications about a drug or biologic that is currently prescribed to you;
- case management or care coordination;
- recommending alternative treatments, therapy, doctors or settings of care;
- describing a health-related product/service (or payment for such) that is provided through a health benefit plan;
- offering information on other providers participating in a healthcare network that we participate in; or
- health care-related products, benefits or services that may be of interest to you.

**Fundraising:** We are a not-for-profit organization that depends on donations to sustain our mission. The Southeast Georgia Health System Foundation, Inc. (i.e., the “Foundation”), is our primary fundraising entity. Under the Privacy Rule, the Health System is allowed to disclose certain limited, patient-specific information to the Foundation to contact you to raise money for the Health System without obtaining a Patient Authorization from you:

- demographic information such as your name, address and other contact information (such as telephone numbers, email addresses, etc.), age, gender and date of birth;
- dates when health care was provided to you;
- information on the department/entity that provided you service;
- the name of your treating physician;
- outcome information, such as a patient’s death; and,
- insurance status.

In addition:

- The Health System does not sell or rent patients’ names or addresses to any other organization.
Southeast Georgia Health System’s Joint Notice of Privacy Practices

• You have a right to “opt-out” of receiving future fundraising communications by calling the Foundation at 912-466-3360.

Facility Patient Directories/Patient Census: We will include your name, location in a hospital or senior care center, health condition (in general terms such as “fair” or “stable”, etc.,) and religious affiliation if you provide one, in the current patient lists or directories for our facilities.
• This information is available to assist family members and other visitors in locating you while you are in our facility. For example, a relative may wish to visit you in the hospital and would need to know your room number.
• This information is only shared with people who ask for you by name or members of the clergy, even if they don’t ask for you by name.
• You can choose not to have your name listed in a facility directory. This means that anyone who telephones or comes to see you, will be told that there is no listing for your name. No contact information will be given out for those who ask for you.

You Cannot Request to be “anonymous”
• For your safety, certain identifying information will still be used, such as your full name, date of birth, medical record number, billing account number, type of surgery or treatment, etc. This will be used to identify you for treatment, payment and health care operations, EVEN IF YOU REQUEST NOT TO BE LISTED IN THE FACILITY’S PATIENT DIRECTORY.
• We must ensure that appropriate coordination of care occurs, which includes accurate patient identification on all exams, consultations, blood work, lab tests and corresponding receipt of all test results and interpretations, so that you receive the highest quality of care while at our facility.

Passwords for Those Who Phone the Health System about You: Under HIPAA, we are only allowed to provide a general health status, such as “fair” or “stable” to individuals who call us on the telephone and ask for you by your full name. To give you more control over who receives information, we have established a password program for those who may call us to see how you are doing. For example, you may give the password to your son who lives in another state and he may call your primary care nurse to learn more about your treatment. However, this does not give anyone with your password the right to access your medical or payment records. You will receive a new password each time you are a patient at one of our facilities.

Family Members or Personal Representatives Involved in Your Care or Payment for Your Care: There may be times when you are not able to act or speak for yourself, or you may simply choose to select another person to act, speak or make decisions for you.

Personal Representative or Legal Representative:
• A person who has the ability under State law to act for you in making healthcare decisions is your “personal representative” or “legal representative”.
  – This may be the person you listed in your Healthcare Durable Power of Attorney, or
  – The person who has the ability to consent to medical treatment for you under state law (e.g., your spouse, your parents if you are a dependent minor, a guardian, etc.).
• Your personal representative can officially act for you:
  – To exercise your rights,
To get your medical and billing records,
To receive verbal information about you.

Family Members or Other Persons:
In addition to your personal representative, family members or other persons who are involved in your care or payment may be able to get medical or billing information about you, even if they are not allowed by state or other law to act as your personal representative. In other words, we are allowed **at certain times** to speak with those who are/were involved in your care or payment activities.

- For example:
  - If family members or friends are present while care is being provided, we will assume your companions may hear the discussion, unless you state otherwise.
  - If you do not want us to talk with or in front of a particular person about your care or about your bills, please inform the individual assisting you during registration and/or admission to one of our facilities.
  - You may also make your wishes clear **each time** your nurse, doctor or therapist enters an examination / treatment / diagnostic test area, or your hospital or senior care center room.
- We are allowed to speak with those who are or were involved in your care or payment activities, such as in emergency situations:
  - if you are present, and
  - if you do not object.
- At other times, we may assume based on our professional judgment that you would not object, and that it would be in your best interest to disclose PHI to them. This helps us care for you.
- In a disaster situation, we may disclose relevant PHI to disaster relief organizations to help locate your family members or friends, or to inform them of your location, condition or death.

**Minors:** If you are a minor (under 18 years old), the Health System 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.

**Patient Electronic (“Email”) Correspondence:** If you email us medical or billing information from a private email address (such as an account with MS Outlook, Yahoo, Gmail, etc.), your information will **not** be secured (i.e., *encrypted or put into a code that cannot be read by another person*), unless you use a secure messaging portal to send it to us.

- If you request that we email PHI to your private email address, it will be encrypted by us when it is sent to you.
- If you request that we post your PHI on a data storage device such as a USB flash drive or compact disk, etc., your PHI may not be encrypted and therefore not be secure. We are not responsible if this confidential information, once released from the Health System to you, is re-disclosed by another person or organization.
Medical Research: We may use and disclose your PHI for medical research purposes. Most research projects, however, are subject to a special approval process by the Health System’s Institutional Review Board. 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 PHI without requiring your written approval.

Incidental Disclosures: Although we train our Workforce to safeguard your privacy, your PHI may be overheard or seen by people not involved directly in your care. For example, your visitors or others on your treatment floor or in our practices or in our Emergency Care Centers might overhear a conversation about you or see you getting treatment.

Business Associates: Your PHI could be disclosed to people or companies outside our Health System so they can provide services to us. We make these companies sign special confidentiality agreements with us, known as Business Associate Agreements, before giving them access to your PHI. Business Associates can be fined by the federal government if they use or disclose your PHI in a way that is not allowed by law.

Required By Law: We will use or disclose your PHI when required by federal, state or local laws. For example, the Health System may be required to report certain gunshot wounds and other injuries that may have resulted in an unlawful act. We must comply with child and elder abuse reporting laws and laws requiring us to report certain diseases or injuries or deaths to state or federal agencies.

Part IV – Special Situations and Other Potential Uses and Disclosures of your PHI

Serious Threat to Health or Safety: We may use and disclose PHI to alert those able to prevent or lessen a serious and immediate threat to the health and safety of a patient, another person or the public.

Organ and Tissue Donation: If Health System professionals determine that a patient might be a candidate for organ or tissue donation, we may release PHI to organizations that handle organ procurement, or organ, eye and tissue donation banks, or other health care organizations, as needed, to make organ or tissue donation and transplantation possible.

Military Personnel and Veterans: If you are a member of the United States Armed Forces, we may release your PHI as required by military authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. When the military organization is sponsoring the medical evaluation, your PHI is shared with you and the sponsoring organization.

Workers’ Compensation: We may disclose PHI about you for workers’ compensation or similar programs, as authorized or required by law. These programs provide benefits for work-related injuries or illness.
Public Health Risks: We may disclose your PHI for public health purposes:
• To report to a public health authority to prevent or control the spread of diseases (including sexually transmitted diseases), injury or disability,
• To report vital statistics, such as births and deaths,
• To report child, elder or adult abuse, neglect or domestic violence,
• To report to the federal government adverse reactions to medication or safety problems with FDA-regulated drugs or products,
• To notify people of product recalls,
• To report communicable diseases to local, county, state and/or federal authorities and 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 notify an employer of work-related illness or injury, in certain cases, and
• To disclose to a school whether student immunizations have been obtained.

Health Oversight Activities: We may also disclose PHI to a federal or state agency for health oversight activities such as audits, investigations, inspections and licensure of the Health System and health care personnel (e.g., the Department of Health, Medical Board, Nursing Board, etc.). These activities are necessary for the government to monitor our compliance with federal and state law.

Lawsuits and Disputes: We may disclose your PHI in response to a valid court order or administrative order. We may disclose your PHI in response to certain types of subpoenas, discovery requests, search warrants or other lawful documents to defend ourselves. We may also disclose your PHI to respond to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement Activities: Subject to certain conditions, we may disclose your PHI for a law enforcement purpose upon the request of a law enforcement official:
• In response to a valid court order, grand jury subpoena, or search warrant;
• To identify a suspect, fugitive or missing person;
• About the victim of a crime under certain circumstances;
• About a death believed to be a result of criminal conduct; or
• About a crime committed on Health System property.

Coroners, Medical Examiners and Funeral Directors: We may disclose your PHI to a coroner or medical examiner, when necessary, to identify the deceased, determine the cause of death or as otherwise authorized by law. We may also release PHI to a funeral director, as necessary, to carry out the funeral director’s duties, including arrangements after death.

National Security/Protective Services: We may disclose your PHI to authorized federal officials for intelligence, counterintelligence or other national security activities authorized by law. We may also disclose PHI to authorized federal officials so they may provide protection to the President of the United States or other authorized individuals.
**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your PHI to the correctional institution or the law enforcement officer. This release would be necessary for the Health System to:

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

**Sensitive Information:** State law provides special protection for certain types of PHI, including information about alcohol or drug abuse, mental health, communicable diseases (e.g., AIDS/HIV) and genetic testing results, and therefore limit whether and how we may disclose information about you to others. Most of these laws allow us to use and disclose sensitive information for treatment purposes, but may restrict other types of disclosures. Federal law also provides special protection for information from alcohol and drug rehabilitation treatment programs. To the extent possible, the Health System would need to obtain your Patient Authorization before disclosing the information to others in many circumstances.

**Uses and Disclosures Pursuant to a Patient Authorization:** Except as described in this Privacy Notice or specifically required or permitted by law, we will not use or disclose your PHI without obtaining a written Patient Authorization from you.

- At times, we may ask you to give us specific written permission to allow us to use or disclose PHI about you.
- A valid Patient Authorization may be revoked in writing at any time.
- Once a Patient Authorization is revoked, we will no longer be allowed to use or disclose PHI for purposes described in the Authorization, except to the extent that we have already taken action based upon the Authorization.

**Changes to this Privacy Notice**

From time to time we may change our practices regarding how we use or disclose PHI, or how we will implement patient rights regarding your PHI. We reserve the right to change the terms of this Privacy Notice and make new Privacy Notice provisions that will be effective for all the PHI maintained at the Health System. The revised Privacy Notice will apply to medical information we already have at the time of the change, as well as to any medical information we have in the future.

- We will post the current Privacy Notice at registration and admission areas in all our facilities and physician practices throughout the Health System.
- It is posted on our Team Member Portal for use by our Workforce members, and on our website at sghs.org.
- We will also mail it to anyone who requests it.