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 copy medical information that may be used or disclosed about you. If you are a current inpatient, you should notify your primary nurse and complete the required form. If you are an outpatient or discharged patient, you should contact the Director of Health Information Services in writing, at the appropriate service location to obtain and complete the required form. 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 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 Northside 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 Northside. If you are a current inpatient, you should notify your primary nurse and complete the required form. If you are an outpatient or discharged patient, you should contact the Director of Health Information Services in writing, at the appropriate service location to obtain and complete the required form. In addition, you must provide a reason that supports your request. We may deny your request if the amendment would not be in your best interest. We may deny your request if an amendment to the record would not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is not part of the information which you would be permitted to inspect and copy; or is not part of the medical information kept by or for Northside; or is not part of the information which we would be permitted to inspect and copy; or Is accurate and complete.—or limitation on the medical information we use or disclose about you for treatment, payment or health care operations, as those functions are described above. To request restrictions of this nature, you must make your request in writing to Northside Hospital, Attn: Patient Access Department Manager, 1000 Johnson Ferry Road, Atlanta, GA 30342. We will notify 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 be Notified of a Breach: You have the right to be notified if there is any impermissible use of disclosure of information that compromises the privacy or security of your health information. 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, www.northside.com. To obtain a paper copy of this notice, you may contact Northside Hospital, Attn: Patient Access Department Manager, 1000 Johnson Ferry Road, Atlanta, GA 30342.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for medical information we already have about you as well as any information we receive in the future. The current notice will be posted in our facilities and on our website (www.northside.com) and you may request a copy of our current notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Northside Privacy Officer whose contact information is below or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION

Other uses and disclosures not covered by this notice or the laws that apply to us will be made only with your written permission. 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 may not be able to take back your permission. It is your responsibility to ensure 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 Northside Hospital, Attn: Patient Access Department Manager, 1000 Johnson Ferry Road, Atlanta, GA 30342. 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.

NORTHSIDE PRIVACY OFFICER

Privacy Officer Contact Phone: 404-845-5534
1000 Johnson Ferry Road
Atlanta, GA 30342


WHO WILL FOLLOW THIS NOTICE:

This notice describes the privacy practices of Northside Hospital, Inc. (“Northside”) and its “organized health care arrangement”, which consists of: Any health care professional authorized to enter information into your medical chart, including members of the Northside Hospital Medical Staff. All hospitals and affiliates, departments and units of Northside; including its outpatient facilities and physician practices. Any member of a volunteer group we allow to help you while you are in the hospital. All employees, staff and other Northside personnel.

All these entities, sites, locations, and persons operate as an “organized health care arrangement” and are presenting this document as a joint notice of privacy practices. We will share information with other health care providers, including independent Medical Staff members, who are members of Northside’s Medical Staff are part of Northside’s organized health care arrangement under federal law. All these sites, persons, and organizations will provide you with medical information with each other for treatment, payment or health care operations purposes described in this notice. While the independent physicians and other health care providers who are members of Northside’s Medical Staff are part of Northside’s organized health care arrangement under federal law, the independent physicians and other health care providers maintain their own distinct privacy practices. In this joint notice, we will identify all sites, persons, or organizations that are responsible for their own actions and compliance with the privacy laws. For purposes of this notice, “we”, “us”, and “our” refers to Northside and its organized health care arrangement.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at a Northside facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Northside, whether made by Northside personnel or your personal doctor. Your personal doctor may have their own policies and notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.
This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to post this notice in your medical record and to give you a copy of it. We will follow the notice that is currently in effect.

How we may use and disclose medical information about you

The following categories describe the ways that we may use and disclose your medical information.

Treatment: We may use and disclose medical information about you to provide you with medical treatment. We may use and disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to share information about you with a physical therapist who is treating you for that fracture. We may use and disclose medical information about you to your family, other relative, or a close personal friend who is helping you and is involved in your care or payment for your care. We may also disclose medical information about you to an entity involved in your care or payment for your care. In addition, we may disclose medical information about you to a friend or family member who is involved in your care or payment for your care. We may disclose medical information about you to an entity involved in your care or payment for your care.

Payment: We may use and disclose medical information about you to people who may be involved in your care after you leave a Northside facility, such as family members, clergy or others involved in providing services that are part of your care. We may disclose medical information about you to people not affiliated with Northside who may be involved in your medical care.

How we may use and disclose medical information about you

We may use and disclose medical information about you for your treatment and services to bill and collect from you, your insurance company or a third-party payer. For example, we may need to give your medical information to insurance companies to get payment for treatment you received.

For Health Care Operations: We may use and disclose medical information about you for activities that we carry on to improve the quality of the healthcare system or to protect the health and safety of individuals. For example, we may use this information to conduct quality improvement activities, peer review, accreditation, legal defense, and, if you are an employee, human resources activities.

Appointment Reminders: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. For example, we may use or disclose your medical information when you call to make an appointment or when you send a message with questions about your appointment.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example, we may give you information about health plans that are available to you.

Fundraising Activities: We may use and disclose medical information about you to contact you in an effort to raise money for Northside and its subsidiaries and affiliates. If you have not requested not to receive these fundraising communications, we may also send you fundraising information about Northside. If you have asked not to receive these fundraising communications, we may only use and disclose contact information, such as your name, address, telephone number and the date of your visit. You may opt out of being contacted for fundraising purposes. If you do not want Northside to contact you for fundraising efforts, please notify us via email at medicalrecords@northside.org.

Hospital Directory: We may include certain limited information about you in the hospital directory while you are a patient at a hospital. This information may include your name, location in the hospital, your general condition (e.g. fair, stable, critical) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may be released to people who ask for your location for the purpose of helping you. 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 information is released so your family, friends and clergy can locate you in the hospital. As far as we know, generally how you are doing. If you do not want your information to be listed in the hospital directory, please ask to be listed as a “No-Information” patient.

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 care or payment for your care. We may disclose medical information about you to an entity involved in your care or payment for your care.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. We generally will obtain your written authorization to use and disclose de-identified information or to disclose your information in a limited data set. However, there may be limited circumstances when access to your information for research purposes may be allowed without your specific consent. These will be limited to cases where the disclosure was approved by an Institutional Review Board or Privacy Board.

Business Associates: There are some services provided to or on behalf of Northside by third parties known as “business associates.” One example is your copy service we use when making copies of your health record. We may disclose your healthcare information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

As Required By Law: We will disclose medical information about you when required by law. This includes situations when reporting certain health information to federal, state, or local authorities. For example, we may disclose information about you to authorized federal officials so they may provide services for work-related injuries or illness.

Sometimes these requirements will limit our ability to obtain the person’s agreement; for example, in the case of reporting certain health information requested.

• About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;

• To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

• To report reactions to medications or problems with products;

• To notify people of recalls of products they may be using;

• To notify a person about work-related injuries or illness.

General Information

We may use and disclose information about you for public health activities. These activities generally include the following:

• To prevent or control disease, injury or disability;

• To report births and deaths;

• To report the abuse, neglect, or exploitation of a minor or adult;

• To report reactions to medications or problems with products;

• To notify people of recalls of products they may be using;

• To notify a person about work-related injuries or illness.

Public Health

We may disclose information about you for public health activities. These activities generally include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We will provide information requested in a lawsuit or dispute only if efforts have been made to tell you about the request (when applicable). We may also release information to tell you about health-related benefits or services that may be of interest to you. We will provide information requested in a lawsuit or dispute only if efforts have been made to tell you about the request (when applicable). We may also release information to tell you about health-related benefits or services that may be of interest to you.

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