

## 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 to make decisions about your care. 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 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 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 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 Northside;
- Is not part of the information which you would be permitted to inspect and copy; or
- 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 disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, as those functions are described above. To request this list or accounting of disclosures, you should contact the Director of Health Information Services in writing, at the appropriate service location to obtain and complete the required form. Your request must state a time period which 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 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. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. Because any restrictions of your information may hinder the quality of care provided at our facilities, according to the law, we reserve the right to deny such request. In addition, because of the many health care providers participating in the Northside organized health care arrangement, we generally cannot agree to special requests. If we do agree, we will comply with such request unless the information is needed to provide you emergency treatment. You have the right to request that we restrict information from being disclosed to a health plan if the information is related to services for which you have paid for the service in full out of pocket.

To request restrictions, you should contact the Director of Health Information Services in writing, at the appropriate service location to obtain and complete the required form. 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 spouse. **To be binding, any agreement to comply with special restrictions must be in writing signed by the Director of Health Information Services.**

**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 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.

**Right to be Notified of a Breach.** You have the right to be notified if there is any impermissible use of disclosure of your health 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](http://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](http://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 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. 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.

### NORTHSIDE PRIVACY OFFICER

Privacy Officer Contact Phone: 404-845-5534

1000 Johnson Ferry Road

Atlanta, GA 30342

**Effective Date:** April 14, 2003. **Revised:** August 15, 2003, November 6, 2019.



English - Spanish



NORTHSIDE  
HOSPITAL

# HIPAA NOTICE OF PRIVACY PRACTICES

## Northside Hospital, Inc. and Affiliates

Effective Date: April 14, 2003

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.

### 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. In addition, these entities, sites locations, and persons may share 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 for the specific purpose of sharing patient information, some healthcare providers, including independent Medical Staff members, are not Northside employees or agents and remain independent contractors who exercise their own independent medical judgment in caring for patients and they are solely 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 different policies or 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:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. 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 personnel who are involved in taking care of you. 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. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different Northside departments or units 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 also may disclose medical information about you to people not affiliated with Northside who may be involved in your medical care after you leave a Northside facility, such as family members, clergy or others involved in providing services that are part of your care.

**For Payment:** We may use and disclose medical information about 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 health plan information about your surgery so that they 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 it.

**For Health Care Operations:** We may use and disclose medical information about you for our operations. These uses and disclosures are necessary for us to operate and make sure that all of our patients receive quality care. (For example, in the course of quality assurance and utilization review activities, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. Some of these reviews may be conducted by independent physicians who are members of the medical staff, but not Northside employees). We may also combine medical information about many of our patients to decide what additional services we should offer and what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

**Appointment Reminders:** We may use and disclose medical information and the contact information you have provided to contact you with appointment reminders. If we do not reach you, we may leave a message with an individual who answers the phone or leave a voicemail message. While e-mail and text messaging may not be a secure method of transmitting information, if you elect for us to do so — we may also send appointment reminders via text message or email. The appointment reminders may include your name, the date, time, and location of the appointment, the name of the facility or entity, the name of the physician or other health care provider you have the appointment with and general information about the upcoming appointment. We may also send you an appointment reminder in the mail.

**Treatment Alternatives:** 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.

**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.

**Fundraising Activities:** We may use medical information about you to contact you in an effort to raise money for Northside and its subsidiaries and affiliates. We may disclose medical information to a foundation related to Northside so that the foundation may contact you in raising money for Northside. We would only release contact information, such as your name, address and telephone number and the dates you received treatment or services at a Northside facility. You may opt out of being contacted for fund-raising purposes. If you do not want Northside to contact you for fundraising efforts, please notify us via email at [optout@northside.com](mailto:optout@northside.com).

**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, etc.) 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 also be released to people who ask for you by name. 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 visit you in the hospital and generally know 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 medical care. We may also give information to someone 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.

**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 your medical information for research purposes. 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 when use or 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 the 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 to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Marketing and Sale of Health Information:** We must obtain your written authorization prior to most uses of your health information for any marketing purposes or disclosures that constitute a sale of your health information.

**Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes will only be made with your written authorization.

**Other Uses and Disclosures:** Other uses and disclosures of your health information not covered by this Notice will be made only to you or with your written authorization.

## SPECIAL SITUATIONS

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**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.

**Public Health Risks:** We may disclose medical 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 or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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;

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities 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 may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- 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 criminal conduct;
- About criminal conduct at a Northside Facility; and
- 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.

**Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.