



**Jasper Health Services, Inc.**

***SUMMARY OF NOTICE OF PRIVACY PRACTICES***

**Our Legal Duty:** We have a duty to protect the confidentiality of medical information about you. We are required to provide you with a Notice of Privacy Practices explaining ways we may use and disclose your medical information. The Notice also describes your legal rights and our obligations regarding the use and disclosure of your medical information.

**Parties Following The Notice:** **The Notice will be followed by the Hospital and its affiliates, together with their healthcare professionals, staff and volunteers; members of the Hospital Medical Staff and those participating in managed care networks with the Hospital; and other legal entities that provide services to the Hospital.**

**How We May Use and Disclose Medical Information About You:** We may use or disclose identifiable health information about you for many reasons, including:

- Treatment
- Payment
- Healthcare operations
- Health oversight activities
- Public health purposes
- Auditing
- National security and protective services
- Research
- Workers' compensation
- Lawsuits and disputes
- Activities of managed care networks in which we participate
- Activities of our affiliates
- Appointment reminders
- Hospital fundraising activities
- Organ donation
- To avert a serious threat to health or safety
- To coroners, medical examiners and funeral directors
- To military command authorities
- As required by law
- Law enforcement purposes

In general, other uses and disclosures of your medical information will require your written authorization. We may use or disclose certain limited information about you, unless you object or request a limitation of the disclosure, for:

- Hospital directories
- Individuals involved in your care or payment

**Your Privacy Rights:**

You have the following rights with respect to your health information:

- The right to request confidential communications and alternative means of communication with you.
- The right to request restrictions on certain uses of your health information.
- The right to inspect and copy certain medical information that we maintain about you.
- The right to request an amendment of your health information.
- The right to an accounting of certain disclosures of your health information.

**Changes to the Notice:** We reserve the right to change the Notice. We will post any revised Notice in the Hospital.

**Complaints:** If you believe your rights have been violated, you may file a written complaint with the Hospital, Attn: Privacy Officer c/o Health Information Management Department or with the Secretary of the U.S. Department of Health and Human Services.

➤ **NOTICE OF PRIVACY PRACTICES**

- **In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**
- **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 Jasper Health Services, Attn: Privacy Officer, 898 College Street, Monticello, Ga 31064, 706-468-6411

**Activities of the Affiliated Covered Entity in Which We Participate.** The HIPAA Privacy Regulations allow multiple, legally separate Covered Entities to elect to be treated as a single Covered Entity called an Affiliated Covered Entity (“ACE”) if they are under common ownership or control. Such status will significantly alleviate the compliance burdens of the “Affiliated Covered Entities” under the HIPAA Privacy Regulations. Accordingly, for certain activities Jasper Health Services and its affiliates are called an Affiliated Covered Entity. We may disclose information about you to other Covered Entities participating in our Affiliated Covered Entity. Such disclosures would be made in connection with our services, your treatment and other activities of the Affiliated Covered Entity.

**Activities of the Organized Health Care Arrangement in Which We Participate.** For certain activities, the Hospital, members of its Medical Staff and other independent professionals are called an Organized Health Care Arrangement. We may disclose information about you to healthcare providers participating in our Organized Health Care Arrangement, such as a managed care or physician-hospital organization. Such disclosures would be made in connection with our services, your treatment under a health plan arrangement, and other activities of the Organized Health Care Arrangement.

### ***IMPORTANT NOTICE***

The Health System may share your medical information with Covered Entities participating in our Affiliated Covered Entity, members of the Hospital Medical Staff and other independent medical professionals in order to provide treatment and perform other activities such as peer review, quality improvement, medical education and other services for the Hospital. While those professionals may follow this Notice and otherwise participate in the privacy program of the Health System, they are independent Covered Entities and professionals. Neither Party assumes any liability or other obligations incurred by the other Party.

It is further understood that participation in the Organized Health Care Arrangement or as Affiliated Covered Entities in no way creates, nor shall it be construed as creating, any type of employment, partnership, joint venture, franchise or other relationship between the Parties, other than that of independent contractors and each party expressly disclaims any responsibility or liability for the other parties acts, errors and/or omissions.

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes our health system’s practices and that of:

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the health system.
- Any member of a volunteer group we allow to help you while you are in the Hospital.
- All employees, staff, and other Hospital personnel.
- Persons or entities performing services for the Hospital under agreements containing privacy protections or to which disclosure of medical information is permitted by law.
- Our medical, nursing and other healthcare students.
- The following entities, sites and locations: Jasper Health Services, Inc., including Jasper Memorial Hospital and The Retreat Nursing Home; Primary Care Center of Monticello, Inc; Oconee Regional Health Services, Inc., In addition, these entities, sites and locations may share medical information with each other for the purposes of treatment, payment or Hospital operations as described in this notice.

## **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 the Hospital. 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 the Hospital, whether made by Hospital 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. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

When we use the word "we", "Health System" or "Hospital" we mean Jasper Health Services, Inc.; Jasper Memorial Hospital; our affiliates, medical professionals and other parties who assist us in our business.

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 our Notice of Privacy Practices that is currently in effect.

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

The following categories describe different ways 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 the 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, nursing or other healthcare students, or other medical 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital also may share medical information about you in order to coordinate the different things you need, such as scheduling tests and procedures, prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Hospital who may be involved in your medical care after you leave the Hospital, such as family members, clergy, long term care facility personnel, pharmacists or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Hospital 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 obtain prior approval or to determine whether your plan will cover the treatment. We may disclose information to other healthcare providers involved in your care or treatment to permit them to carry out the work of their facility or to get paid. For example, we may provide information to an ambulance company that brought you to the Hospital so the ambulance company can get paid for its services.
- **For Healthcare Operations.** We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical

students, and other Hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

**Health Information Exchange:** We may make your medical information available electronically through state, regional, or national information exchange services which help make your medical information available to other healthcare providers who may need access to it in order to provide care or treatment to you. Participation in health information exchange services also provides that we may see information about you from other participants for treatment purposes. If you desire to restrict our access to receive or disclose your health information from other healthcare providers that participate in the health information exchange, please provide written notice of your intent to opt out of participation by emailing the privacy officer at [lhudgins@jaspermemorial.com](mailto:lhudgins@jaspermemorial.com)

- **Activities of Our Affiliates.** We may disclose your medical information to our affiliates in connection with your treatment or other Hospital activities.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.
- **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 information about you to contact you in an effort to raise funds for the Hospital. We may disclose demographic information to the Hospital Foundation so that the Foundation may contact you in raising money for the Hospital. We would only release contact information, such as your name, address, telephone number, gender, age and the dates you received treatment or services at the Hospital. If you do not want the Hospital to contact you for fund-raising efforts and you wish to have your name removed from the list to receive fund-raising requests supporting the Hospital in the future, you must notify Jasper Health Services, Attn: Privacy Officer, 898 College Street, Monticello, Ga 31064, 706-468-6411 or via email [lhudgins@jaspermemorial.com](mailto:lhudgins@jaspermemorial.com) in writing. In the event you contact us with this request, all reasonable efforts will be taken to ensure you will not receive any fund-raising communications from us in the future.
- **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. 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 is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. If you do not want this information given out, please tell the Admissions Clerk.
- **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. We may also tell your family or friends your condition and that you are in the Hospital. 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. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.

Before we use or disclose medical information for research, the project will have been approved through this research approval process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Hospital.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, the Hospital must comply with child abuse reporting laws and laws requiring us to report certain diseases or injuries to state or federal agencies.
  - *Note: Georgia and Federal Law provide protection for certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others.*
- **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.

### **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.
- **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.
- **Minors.** If you are a minor (under 18 years old), the Hospital 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.
- **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 child abuse or neglect;
  - 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;
  - to notify the statewide trauma registry;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **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 healthcare 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 or a search warrant. 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 and you have been provided an opportunity to object or to obtain an appropriate court 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 the Hospital; 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 of the Hospital 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 healthcare; (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.

## **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. 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: Jasper Health Services, Inc. Attn: Health Information Management Department, 898 College Street, Monticello, Georgia 31064. 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 healthcare 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.
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- **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 Jasper Health Services, Inc. Attn: Health Information Management Department, 898 College Street, Monticello, Georgia 31064. 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; 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.

- To request this list or accounting of disclosures, you must submit your request in writing to Jasper Health Services, Inc. Attn: Health Information Management Department, 898 College Street, Monticello, Georgia 31064. 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 healthcare 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**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.

To request restrictions, you must make your request in writing to Jasper Health Services, Inc. Attn: Health Information Management Department, 898 College Street, Monticello, Georgia 31064. 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.

➤ **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 Jasper Health Services, Inc. Attn: Health Information Management Department, 898 College Street, Monticello, Georgia 31064. 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.

- To obtain a paper copy of this notice contact, Jasper Health Services, Inc. Attn: Health Information Management Department, 898 College Street, Monticello, Georgia 31064.

- You may also obtain an electronic copy of this notice at our website: <https://www.jaspermemorialhospital.org>

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

We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for all medical information we already have about you i.e., prior to the effective date of the notice revision, as well as any information we receive in the future. We will post a copy of the current notice in the Hospital and on the Hospital's website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or healthcare services as an inpatient or outpatient, we will offer to you a copy of the current notice that is in effect.

### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact Jasper Health Services, Inc, Attn: Health Information Management Department, 898 College Street, Monticello, Georgia 31064a. All complaints must be submitted in writing.

**You will not be denied care, discriminated against or otherwise be penalized or retaliated against 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 authorization, giving us permission for such uses and disclosures. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. To revoke an authorization, contact Jasper Health Services, Inc, Attn: Privacy Officer c/o Health Information Management Department, 898 College Street, Monticello, Georgia 31064. 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, we still must continue to comply with laws that require certain disclosures and that we are required to retain our records of the care that we provided to you.