Inmates: We may use and disclose your medical information to the correctional institution in which you are held or law enforcement officials if you are a suspect in a crime.

Hospital Directory: We may include certain limited information about you in a Hospital directory while you are a patient at a WellStar 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 Administration staff.

Marketing: Occasionally, we may use information about you to contact you in an effort to raise funds for the WellStar Hospitals or other activities conducted by a WellStar ACE Member or we may disclose demographic information to the WellStar Foundation so that the WellStar Foundation may contact you in raising money. In such instances, we will limit any release only to information, such as your name, address, telephone number, gender, age and the dates you received treatment or services at a WellStar Hospital. If you do not want the WellStar Foundation to contact you for fundraising efforts, you must notify the WellStar Foundation in writing, addressed to WellStar Foundation, 805 Sandy Plains Road, Marietta, GA, 30066. In the event you contact us with this request, all reasonable efforts will be taken to ensure you will not receive fundraising communications, if any, from us in the future.

Family or Friends: We may use and disclose your medical information to family, friends or other persons who can help take care of you. We may also disclose your medical information for disaster relief efforts so that your family or friends can be notified about your condition.

Appointment Reminder: We may use and disclose your medical information to remind you to carry out treatment, pay in full for treatment, or other similar events.

Treatment Alternatives, Health-Related Benefits and Services: We may use and disclose your medical information to contact you in raising money; to tell you about health-related products and services related to your medical treatment or care; and to send you newsletters about general health matters, local health fairs, wellness programs, and other similar events.

Other: Other uses and disclosures of your medical information not described in this Notice or permitted by law will be made only with your written permission or authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization, then we will no longer use or disclose your information for the reasons covered in your previous written authorization. We are unable to take back any disclosures we already have made based on your previous authorization, and we are required to retain our records of care that we provided to you.

YOUR RIGHTS

Right to Inspect and Copy: You have a right to inspect and receive a copy of the medical information we have about you. For copies of your medical information, you must make a written request to the facility that provided you services. We will respond to your request within 30 days of your request and we may charge you a fee to cover the copying, mailing or other related costs. You may also request a copy in certain very limited circumstances. If you are denied access to medical information, you may request that we review the denial. If you request a review, another licensed healthcare professional, chosen by WellStar, 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 Request Restriction: You have a right to request certain restrictions on our uses or disclosures of your medical information for treatment, payment or health care operations except when such a request is denied. You may also request a restriction on our disclosure of your medical information to someone who is involved in your care or payment, like a family member or friend. We are not legally required to agree to your request. All requests for restrictions must be made in writing. We will inform you of our decision.

Right to Amend: You have a right to amend the medical information we maintain about you if you believe it is incorrect or something is missing. You must submit a request for amendment in writing and describe what you believe is in error. We will respond to your request within 60 days. We may deny your request to amend your medical record if the information was not created by us, if it is not part of the medical information we maintain about you, or if we determine that your medical information is correct. If you do not agree with our denial, you may submit a statement of disagreement.

Right to a List of Disclosures: You have a right to request a list of disclosures we make of your medical information by WellStar ACE Members and their employees. We will provide you a list or summary that will exclude those disclosures made to conduct treatment, payment or health care operations; disclosures authorized by you or required to be made by law, and those that occurred before April 14, 2003. We are not required to keep track of disclosures made outside of the WellStar Hospital setting for independent medical professionals who are not employed by a WellStar ACE Member. To request a list of disclosures, you must submit your request in writing to specify the time period desired, which must be 6 years or less. The first list you request within a 12-month period will be free. You may be charged for additional lists, but we will notify you of the fees involved before you incur any costs.

Right to Alternate Means of Communication. You have a right to request that we communicate with you about your medical information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice even if you agreed to receive it electronically. To obtain a paper copy of this Notice, contact the Chief Privacy Officer at the information listed below.

Right to Complaint: If you believe that your privacy rights have been violated, you may file a complaint with our Chief Privacy Officer or with a designated representative through our HIPAA Helpline. You may also file a complaint with the Secretary of the Department of Health and Human Services. Our Chief Privacy Officer can provide you with the address. You will not be denied care, discrimination or retaliate against or otherwise penalized for filing a complaint.

We reserve the right to revise this Notice at any time and make the new Notice effective for all medical information that we maintain. The revised Notice will be posted in prominent places such as waiting areas, or exam rooms and on our website at www.wellstar.org. You may request a copy of the current Notice in effect at any time. You should ask the person with the address, who is involved in your care or payment, like a family member or friend, to carry out your request. We may ask you to sign a statement that authorizes a person chosen by WellStar to act on your behalf. We will not agree with our denial, you may submit a statement of disagreement.

Chief Privacy Officer
5330 Roswell Road, 1-888-800-5094
Marietta, Georgia 30060
E-mail Privacyofficer@wellstar.org

Compliance Hotline
1-888-800-5094
Fax: 678-331-6898

HIPAA Helpline
Phone: 678-331-6800
Fax: 678-331-6898

Para obtener esta información en español, por favor comuníquese con su proveedor de cuidado.
ACTIVITIES OF WELLSTAR ORGANIZED HEALTH CARE ARRANGEMENTS

The HIPAA Privacy Regulations also allow Covered Entities who participate in an organized health care arrangement or “OHCA” to comply with the HIPAA Notice requirements by the issuance of a joint notice. One type of an OHCA is a clinically integrated care setting where individuals receive health care from more than one health care provider, such as in a hospital. Each hospital in an OHCA is run by a WellStar ACE Member (the “WellStar Hospitals”) and the physicians on the Medical Staff of each respective WellStar Hospital are participants in an OHCA (individually, a “WellStar OHCA”, collectively, the “WellStar OHCA’s”). We may disclose and share protected health information with the WellStar Hospital Medical Staff Members and other individuals participating in a WellStar OHCA as necessary to carry out treatment, payment or other health care operations of the WellStar OHCA.

WHO FOLLOW THIS NOTICE

• WellStar ACE Members, their respective employees and work force members, as well as the WellStar Hospitals, the Practice, Programs and Polls provided through or offered by WellStar Hospitals
• Independent medical professionals who have membership on the Medical Staff of a WellStar Hospital (“WellStar Medical Staff Members”), but only when providing medical treatment or services at a WellStar Hospital, or for peer review, quality, medical education and other health care operations conducted at a WellStar Hospital.
• Students, trainees and volunteers of WellStar ACE Members

“We”, “us,” and “our” in this Notice refers to each WellStar ACE Member and WellStar Medical Staff Members to the extent of their participation in a WellStar OHCA. Other capitalized terms not defined in this Notice shall have the meanings provided in the Privacy Regulation.

We may share your medical information with WellStar Medical Staff Members who are independent medical professionals and who participate in a WellStar OHCA in order to provide treatment and perform other activities such as peer review, quality improvement, medical education and other services for a WellStar Hospital. While those professionals may follow this Notice and otherwise participate in a WellStar OHCA, they are independent Covered Entities and professionals. Neither the WellStar ACE Members, nor any individual assume any liability or other liabilities incurred by the other.

SERVICES PROVIDED BY AN INDEPENDENT MEDICAL PROFESSIONAL WITH STAFF PRIVILEGES AT A WELLSTAR HOSPITAL IN NO WAY CREATE, NOR SHALL BE CONSTRUED AS CREATING ANY TYPE OF EMPLOYMENT, PARTNERSHIP, JOINT VENTURE, FRANCHISE OR OTHER RELATIONSHIP WITH A WELLSTAR HOSPITAL OR OTHER WELLSTAR ACE MEMBER OTHER THAN AS AN INDEPENDENT CONTRACTOR. WELLSTAR AND EACH WELLSTAR ACE MEMBER HEREBY EXPRESSLY DISCLAIM ANY RESPONSIBILITY OR LIABILITY FOR THE NEGLIGENCE, ACTS, ERRORS OR OMISSIONS AND INTENTIONAL MISCONDUCT OF SUCH INDEPENDENT MEDICAL PROFESSIONAL.

OUR PLEDGE

We understand that your medical information is personal and we are committed to protecting it. This Notice applies to all of the records of your care generated by the WellStar Hospitals and each WellStar ACE Member, whether made by WellStar Health or other providers participating in a WellStar OHCA. Your personal doctor may, however, have different policies or notices regarding his or her use and disclosure of your medical information created in the doctor’s office or clinic. We are required by law to:

• Make sure that your medical information is kept private;
• Give you this Notice of our legal duties and privacy practices;
• Follow the terms of this Notice.

OUR USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

The following categories describe different ways we use and disclose medical information. Where possible, we try to give some examples of when we will use or disclose information. Some disclosures will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

• Treatment: We will use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to tell your nurse if you have diabetes might affect the healing process. In addition, the doctor may need to tell the diettian that you have diabetes so that appropriate meals can be arranged. Different departments of a WellStar Hospital may need to share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays, and physical therapy. We also may disclose your medical information to health care providers outside the WellStar ACE Member who may provide you medical care after you leave a WellStar Hospital. For example, the physical therapist or nursing home that provides your care after your WellStar Hospital stay will be provided information about your care and treatment.

• Payment: We will use and disclose your protected health information to send bills and collect payment from you, your insurance company, or other payors, such as Medicare. We will do this for the care, treatment, and other related services you receive from a WellStar ACE Member. We may provide your name, address and insurance information to other care providers involved in your care at a WellStar Facility so that they may bill you for the services they provided. We may also tell your health insurance company about the treatment recommended by the physician in order to determine whether or not your plan will cover the treatment.

Health Care Operations: We will use and disclose protected health information about you to coordinate the different services you need, such as prescriptions, lab work, x-rays, and physical therapy. We also may disclose your information to other business associates, including but not limited to, the operations of WellStar Hospitals. These uses and disclosures are necessary to run the WellStar Health System and make sure that all of participants in an OHCA (individually, a “WellStar OHCA”; collectively the “WellStar OHCA’s”) may provide you medical care after you leave a WellStar Hospital. We may disclose your information 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 without your authorization.

• Business Associates: Many services are provided to us through contracts with third-party “business associates.” Whenever a service provided by a business associate meets the regulatory requirements and involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain high standards of safeguarding your privacy.

Public Health, Government Functions and Accreditation and Licensing Agencies: We may use and disclose certain types of your medical information to authorized federal officials in order for them to protect the President, foreign heads of state, or others, as well as to conduct special investigations for intelligence, counter intelligence and other national security activities.