

**E1.4 ATHENS REGIONAL HEALTH SERVICES
SUMMARY OF NOTICE OF PRIVACY PRACTICES**



NOP

Our Legal Duty: We have a duty to protect the confidentiality of medical information about you. We are required to provide you with notice of our legal duties and privacy practices with respect to your medical information. This Notice of Privacy Practices (Notice) is posted in our facilities, available on our web site and we have provided you with a written copy.

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

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 |
| Health care operations | Activities of our affiliates |
| Appointment reminders | Fundraising activities (unless you opt out) |
| Refill reminders | As required by law |
| Research | Organ donation |
| To coroners, medical examiners and funeral directors | Activities of managed care networks in which we participate |
| To military command authorities | National security and protective services |
| Workers' compensation | Public health purposes |
| Auditing | Health oversight activities |
| Lawsuits and disputes | Law enforcement purposes |
| Patient Portal | To avert a serious threat to health or safety |

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 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.
- The right to request restrictions on certain uses of your health information.
- The right to request confidential communications and alternative means of communication with you.
- The right to get notice of a breach of your unsecured health information.

Changes to the Notice: We reserve the right to change the Notice. We will post any revised Notice at all Athens Regional facilities and on our website.

Complaints: If you believe your rights have been violated, you may file a written complaint with the Privacy Officer, Guest Services/ Patient Representative or with the Secretary of the U.S. Department of Health and Human Services.

ACKNOWLEDGMENT

Patient Name: _____

Patient Acknowledgment: I understand that I have received a copy of the Notice of Privacy Practices as well as this Summary for Athens Regional and its affiliates. I also understand that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Signature of Patient: _____ Date: _____

For Use by Athens Regional Personnel Only: [Complete if patient acknowledgment is not obtained]
The patient was provided with the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice and Summary.

An acknowledgment was not obtained because _____

Signature of Athens Regional Representative: _____ Date: _____

Effective Date of Summary: 9/23/2013

