

**Title: Joint Notice of Privacy Policies**

**Miller County Hospital  
Colquitt, Georgia**

**Originating Department: Health Information Management**

<b>TITLE: Joint Notice of Privacy Policies</b>	<b>POLICY #:</b>
<b>AFFECTED DEPARTMENTS: Hospital Wide</b>	<b>APPROVED:</b> <i>Julie Brown</i>
<b>EFFECTIVE DATE: 9/23/2013</b>	<b>REVISED: 3/20/2017; 4/2/2018</b>

**JOINT NOTICE OF PRIVACY PRACTICES**

*Full Length Version Effective Date: 9/23/2013*

**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.**

The Hospital Authority of Miller County (including our hospitals, nursing homes, hospices, physician and physician offices, home health agencies, etc.) makes, keeps, uses and shares records of your medical information. As explained in this Notice, we will use and disclose (share) your medical information -

- To provide treatment to you and to keep a record of your care,
- To get paid for the care or services we provide,
- To run our business, and
- To comply with the law.

This Notice explains the ways The Hospital Authority of Miller County and those noted as being "covered" below may use and disclose medical information about you. It also tells you about your rights and our legal duties. This Notice applies to all medical and billing records held within the Health System.

When we use the word "we" or "Health System," we mean all the persons/entities covered by this Notice and listed below and other people or companies who assist us with your treatment, payment or who do things for our business as a health care provider.

We are required by law -

- To maintain the privacy of your medical information as noted in this Notice;
- To make available to you this Notice of our legal duties and privacy practices with respect to your medical information; and
- To follow the terms of the Notice that is currently in effect.

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### **PERSONS / ENTITIES COVERED BY THIS NOTICE**

The following people and businesses are jointly covered by this Notice:

- The following entities, sites and locations:
  - *Miller County Hospital, Colquitt, Georgia*
  - *Miller Nursing Home, Colquitt, Georgia*
  - *Miller County Medical Center, Colquitt, Georgia*
  - *Calhoun Nursing Home, Edison, Georgia*
  - *Robert E. Jennings Medical Clinic, Arlington, Georgia*
- All employees, staff, and other Health System personnel;
- Persons or entities who perform services for the Health System under agreements containing privacy and security protections or to which disclosure of medical information is permitted or required by law;
- Persons or entities with whom the Health System participates in managed care arrangements;
- Our volunteers and medical, nursing and other health care students; and
- Members of the Health System Medical Staff (doctors) and other medical professionals involved in your care or reviewing the actions of other doctors, or quality improvement, medical education and other services for the Hospital.

### **USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

**We use and disclose medical information in the ways described below.**

**Treatment.** We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, therapists, medical, nursing or other medical students, or other people taking care of you inside and outside of our Health System. We may use and disclose your medical information to coordinate or manage your care or to seek a consultation. As examples, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process, or the doctor may need to tell the dietitian if you have diabetes so you can have healthy meals. Departments within the Health System may share your medical information to order drugs or schedule the tests and procedures you need, such as laboratory tests and x-rays. We also may disclose your medical information to health care facilities if you need to be transferred from a Health System facility to another hospital, a nursing home, a home health provider, rehabilitation center, etc. We also may disclose your medical information to people outside the Health System who are involved in your care while you are here or after you leave the Health System, such as other health care providers, family members or pharmacists.

**Payment.** We may use and disclose your medical information so that the treatment and services you get can be billed and collected from you, an insurance company or another company or person. For example, we may give your insurance company (e.g., Medicare, Medicaid, CHAMPUS/TRICARE, or a private insurance company) information about surgery you received so your insurance company will pay us for the surgery. We also may tell your insurance company about a treatment you are going to receive or did receive in order to know whether insurance will pay for the treatment. We could disclose your information to a collection agency to obtain overdue payment. We might also be asked to disclose information to a government agency or other entity to determine whether the services we provided were correctly billed.



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**Health Care Operations.** We may use and disclose your medical information to run the Health System and its facilities as a business, including uses/disclosures of your information such as in the following examples: (1) quality or patient safety activities, population-based activities to improve health or reducing health care costs, case management and care coordination, and contacting of health care providers and you with information about treatment alternatives; (2) reviewing health care professionals' backgrounds and grading their performance, conducting training programs for staff, students, trainees, or professionals; performing accreditation, licensing, or credentialing activities for our business; (3) activities related to insurance benefits, (4) arranging for medical review, legal services, and auditing; (5) business planning, development, and management activities, including things like customer service, or resolving complaints; (6) selling, transferring, leasing, or combining of all or part of the Health System facilities; and (7) creating and using/disclosing de-identified health information or a limited data set or having a vendor combine data or do other tasks for various business reasons.

As other examples, we may disclose your medical information to doctors who review the care that was provided to patients. We may disclose information to doctors, nurses, therapists, technicians, medical, nursing or other students, and Health System personnel to help teach others how to do their jobs. We may combine medical information about many patients to decide what services the Health System should offer, and whether new services are cost-effective and how we compare with other places. We may take your name and other pieces of your information off your medical information so others may use it to study health care services, products and delivery without learning who you are. We may disclose information to other providers involved in your treatment to allow them to carry out the work of their facility or to get paid. We may provide information about your treatment to an ambulance company that brought you to the Health System so that the ambulance company can get paid for their services.

**Activities of Our Affiliates.** We may disclose your medical information to entities that are owned by the Health System and other businesses that we work closely with about your treatment or other Health System activities.

**Activities of Organized Health Care Arrangements in Which We Participate.** For certain activities, the Health System, its' employed and independent doctors and other professionals who provide care in our facilities through an Organized Health Care Arrangement ("OHCA"). We may disclose information about you to health care providers participating in our Organized Health Care Arrangement, such as a managed care or physician-hospital organization and independent providers. These 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. We all operate under this Joint Notice for privacy activities involving the Health System.

**IMPORTANT:** The Health System may share your medical information with members of the Health System Medical Staff (doctors) and other independent medical professionals in order to provide treatment, payment and healthcare operations and perform other activities for the Health System through the OHCA. Those professionals have agreed to follow this Notice and participate in the privacy program of the Health System, but many doctors (or other professionals) providing services in our facilities practice medicine as independent professionals who own their own businesses, so the Health System will not be responsible for their acts or things they fail to do for your care or privacy/security rights.



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### Health Information Exchange.

#### **IMPORTANT NOTICE REGARDING THE DISCLOSURE OF YOUR MEDICAL RECORDS TO HEALTH INFORMATION EXCHANGE (HIE)**

We may release your medical records or other information about you to a Health Information Exchange or a health information network (called an "HIE" in this Notice). HIEs provide healthcare providers (including doctors and health facilities) and insurance companies with the ability to share or "exchange" clinical information about you electronically. HIEs are designed to provide your physicians/health facilities/providers with greater access to your clinical information with the goal of reducing the number of tests and treatment delays from paper medical records, helping providers communicate and providing patients with safer care. HIEs are very helpful when providing care in emergencies.

The healthcare providers who have access to HIE will have access to all your personal or health information that has been entered into the HIE and may use that information for treatment, payment or healthcare operations, or as otherwise required/allowed by state and federal law.

- HIE was developed to assist the federal government in its nationwide health information technology system.
- HIE is a network that links the Health System, its Affiliates, its physicians (employed or independent) and other medical care providers and allows them to exchange health information about you. HIE will be linked with other HIEs or networks across the state and country acting as a **commonly shared medical record** to help provide information and care. For example, your primary care physician may have access to your ob/gyn or cardiologist's records. An ED physician treating you in another state may have access to your medical record, etc.
- We MAY OR MAY NOT send any or all of your past, present, or future medical information into the HIE, and your healthcare providers may or may not have access to HIE. Therefore, we encourage you to always notify your doctor of all your past and present medical conditions, treatments and medications.
- **SENSITIVE INFORMATION:** Sensitive information (such as HIV/AIDs or other communicable disease, mental health, drug and alcohol treatment information) is protected under state and federal law. We will provide sensitive information to the HIE but have put into place protections to help prevent the disclosure of sensitive information to those other than your treating providers, their workforce members and business associates; however, because sensitive information cannot be completely isolated or removed from other medical information, there is a chance that sensitive information (or information that could indicate you have had treatment for a sensitive condition) could be included within your medical information. Therefore, if you are concerned at all about a certain piece of medical information being known, we strongly recommend you tell us you do not want your information in the HIE. In other words, you should "opt-out" of participation.
- **TO OPT-OUT OF HIE: IF YOU DO NOT WANT YOUR PERSONAL OR MEDICAL INFORMATION AUTOMATICALLY ENTERED INTO OR DISCLOSED THROUGH HIE, PLEASE LET US KNOW BY CONTACTING**



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**MEDICAL RECORDS DIRECTOR AT TELEPHONE (229) 758-5950, COMPLETING THE HIE OPT-OUT FORM AVAILABLE ONLINE AT [WWW.MILLERCOUNTYHOSPITAL.COM](http://WWW.MILLERCOUNTYHOSPITAL.COM) OR AT REGISTRATION POINTS THROUGHOUT THE HEALTH SYSTEM. FOR MORE INFORMATION ON HIE, PLEASE VISIT OUR WEBSITE AT THE ABOVE CITED WEBSITE ADDRESS OR CALL KRISTY ATTERBURY AT (229) 758-3554. YOU MAY ALSO WRITE TO GET A COPY AT: HOSPITAL AUTHORITY OF MILLER COUNTY, 209 NORTH CUTHBERT STREET, P.O. BOX 7, COLQUITT, GEORGIA 39837. PLEASE ALLOW 5 BUSINESS DAYS FOR US TO PROCESS YOUR OPT-OUT REQUEST. INFORMATION RELEASED TO HIE PRIOR TO PROCESSING OF OPT-OUT FORM MAY REMAIN IN HIE. PLEASE NOTE THAT YOU MUST ALSO OPT-OUT SEPARATELY WITH EACH OF YOUR PHYSICIANS AND OTHER PROVIDERS WHO MAY PARTICIPATE IN HIE.**

**Patient Portal / Other Patient Electronic Correspondence** We will use and disclose information through a secure patient portal which allows you to view, download and transmit certain parts of your medical (e.g., lab results) and billing information in a secure manner when using the portal. However, if you choose to store, print, email, or post, the information using technology outside the secure patient portal, it may not be secure. For more information on the patient portal, visit [www.millercountyhospital.org](http://www.millercountyhospital.org). Further, if you email us medical billing information from a private email address (such as a Yahoo, Gmail, etc. account), your information will not be secured (encrypted - put into a code that cannot be read by another person) unless you use a secure messaging portal to send it to us. Requests to email your medical or billing information to a private email address (such as a Yahoo, Gmail, etc. account) will be encrypted by us when it is sent to you. If you request us to post your information on flash drives/CDs, etc., your information may not be encrypted and may not be secure. We are not responsible if this confidential information once released from our secure portal to your care and re-disclosed by another person.

**Health Services, Products, Treatment Alternatives and Health-Related Benefits.** We may use and disclose your medical information in providing face-to-face communications; promotional gifts; refill reminders or communications about a drug or biologic; case management or care coordination, or to direct or recommend alternative treatments, therapy, doctors, or settings of care; or to describe a health-related product/service (or payment for such product/service) that is provided through a benefit plan; or to offer information on other providers participating in a healthcare network that we participate in, or to offer other health-related products, benefits or services that may be of interest to you. We may use and disclose your medical information to contact and remind you of an appointment for treatment or a refill, or for medical care.

**Fundraising.** We are a non-profit organization that depends on donations to be able to stay in business. We may use and disclose your medical information to contact you to raise money for the Health System. The Hospital Authority of Miller County is the Health System's primary fundraising entity. The Health System is allowed to disclose certain parts of your medical information to The Hospital Authority of Miller County or others involved in fundraising, unless you tell us you do not want such information used and disclosed. For example, the Health System



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may disclose to The Hospital Authority of Miller County information like your name, address, other contact information, telephone number, gender, age, date of birth, the dates you received treatment by the Health System, the department that provided you service, your treating physician, outcome information, and health insurance status. You have a right to opt-out of receiving fundraising requests. If you do not want the Health System to contact you for fundraising, please notify the HIPAA Privacy Officer listed on page 11.

**Hospital or Nursing Home Directory.** We may include certain information about you in our Hospital, Nursing Home Directory while you are a patient in these facilities. This information may include your name, your room number, your general condition (fair, stable, etc.) and your religion. Your religion may be given to a member of the clergy, such as a preacher, priest or rabbi, even if they don't ask for you by name. Directory information, except for your religion, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Health System and know how you are doing. If you do not want this information given out, please tell the *Admissions Clerk*.

**Personal Representative(s) and Other Individuals Involved in Your Care or Payment for Your Care.** There may be times when you are not able to act or speak for yourself, or you may simply choose to pick another person to act, speak or make decisions for you. A person who has the ability under State law to act for you in making healthcare decisions is your "personal representative." This may be the person you listed in your Durable Power of Healthcare Attorney (if you have one) or the person who has the ability to consent to medical treatment for you under the law (e.g., your spouse, your parents if you are a dependent minor, a guardian, etc.). Your personal representative can officially act for you to exercise your rights or to get your medical and billing records or to receive verbal information about you - usually in the same way that you can do these things. In addition to your legal "personal representative," family members or other persons who are involved in your care or payment may be able to get medical or billing information about you, even if they are not allowed by law to act as your personal representative. In other words, we are allowed at certain times to speak with those who are/were involved in your care/payment activities (even after your death), such as in emergency situations, if you are present and do not object and/or if we assume based on our professional judgment that you would not object. This helps us be able to care for you. We may also give your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition. If you do not want us to talk with or talk in front of a particular person about your care, you should notify Medical Records and/or make your wishes clearly known each time your nurse, doctor, or therapist enters your examination/hospital room.

**Minors.** If you are a minor (under 18 years old), the Health System 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.

**Research.** We may use and disclose your medical information for research purposes. Most research projects, however, are subject to a special approval process. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your written approval.

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**Required by Law.** We will disclose your medical information when federal, state or local law requires it. For example, the Health System and its personnel must comply with child and elder abuse reporting laws and laws requiring us to report certain diseases or injuries or deaths to state or federal agencies.

**Serious Threat to Health or Safety.** We may use and disclose your medical information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

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

**Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by the military.

**Workers' Compensation.** We may disclose 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 your medical information (and certain test results) for public health purposes, such as -

- To report to a public health authority to prevent or control the spread of diseases (including sexually transmitted diseases), injury or disability,
- To report births and deaths,
- To report child, elder or adult abuse, neglect or domestic violence,
- To report to bad reactions to medications or problems with drugs or 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 getting or spreading a disease or condition,
- To notify employer of work-related illness or injury (in certain cases), and
- To disclose to a school whether immunizations have been obtained.

**Health Oversight Activities.** We may disclose your medical information to a federal or state agency for health oversight activities such as audits, investigations, inspections, and licensure of the Health System and of the providers who treated you. These activities are necessary for the government to monitor us to make sure we are doing what we are supposed to do under the law.

**Lawsuits and Disputes.** We may disclose your medical information to respond to a court or government request, order or a search warrant and to defend ourselves. We also may disclose your medical information to respond to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

**Law Enforcement.** Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official or to report suspicion of death resulting from criminal conduct or crime on our premises or for emergency or other purposes.



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**Medical Examiners and Funeral Directors.** We may disclose your medical information to a coroner or medical examiner or funeral director so they may carry out their duties.

**National Security.** We may disclose your medical information to authorized federal officials for national security activities authorized by law.

**Protective Services.** We may disclose your medical information to authorized federal officials so they may provide protection to the President of the United States and other persons.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for the Health System to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

**Incidental Disclosures.** Although we train our staff in privacy safeguards, due to the way treatment and billing occurs, your medical or billing information may be overheard or seen by people not involved directly in your care. For example, your visitors or visitors visiting other patients on your treatment floor or in our practices or in our Emergency Room could overhear a conversation about you or see you getting treatment.

**Business Associates.** Your medical or billing information could be disclosed to people or companies outside our Health System so they can provide services to us. We make these companies sign special confidentiality agreements with us before giving them access to your information. They can be fined by the federal government if they use/disclosure your information in a way that is not allowed by law.

**Sensitive Information.** *State law provides special protection for certain types of health information, including information about alcohol or drug abuse, mental health and communicable diseases (e.g., AIDS/HIV), and may limit whether and how we may disclose information about you to others. Most of these laws allow us to use and disclose sensitive information for treatment purposes but may restrict other types of disclosures. Federal law provides special protection for information that results from alcohol and drug rehabilitation treatment programs.*

## **YOUR PRIVACY RIGHTS**

**Right to Inspect and Right to Get a Copy.** You have the right to review and get a copy of your medical and billing information that is held by us in a designated record set (including the right to obtain an electronic copy if readily producible by us in the form and format requested). The

**Medical Records Department** has a form you can fill out to request to review or get a copy of your medical information, and can tell you how much your copies will cost. The Health System is allowed by law to charge a reasonable cost-based fee for labor, supplies, postage and the time to prepare any summary. We usually will provide you a copy of your record within 30 days of our receipt of the request. The Health System will tell you if it cannot fulfill your request. If you are denied the right to see or copy your information, you may ask us to reconsider our decision.



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Depending on the reason for the decision, we may ask a licensed health care professional to review your request and its denial. We will comply with this person's decision.

**Right to Amend.** If your medical information in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request within 60 days of your request. You may request that a written statement of disagreement be placed in your medical record. The HIPAA Contact Person listed below can help you with your request.

**Right to an Accounting of Disclosures.** You have the right to ask in writing for a list of certain types of disclosures the Health System has made of your medical information during the 6 years prior to the request. This list is not required to include all disclosures we make and generally will be provided to you within 60 days of your request. For example, disclosure for treatment, payment, or business purposes, disclosures made before April 14, 2003, disclosures made to you or which you authorized us to make, and other disclosures are not required to be listed. The HIPAA Contact Person listed at the end of the Notice can help you with this process.

**Right to Request Restrictions on Disclosures.** You have the right to make a written request to restrict access to your records or limit 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 your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. We may not be required to agree to your request, except as follows:

- **Payor Exception:** If allowed by law, we must agree to a requested restriction, if (1) the disclosure is to your health insurance company for purposes of carrying out payment or health care operations and (2) the medical information to be restricted relates solely to a health care item or service for which all parties have been paid in full out of pocket. **NOTE:** During a single Hospital / Health System visit, you may receive a bill for payment from multiple sources, including the Hospital, laboratories, individual physicians who cared for you, specialists, radiologists, etc. Therefore, if you wish to restrict a disclosure to your health insurance company from all these parties, you must tell each independent health care provider separately and you must submit payment in full to each individual provider. Hospital expressly disclaims any responsibility or liability for independent medical staff acts or omissions relating to your HIPAA privacy rights.

If we do agree to a request for restriction, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. 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 adult children. The HIPAA Contact Person listed at the end of the Notice can help you with these requests.

**Right to Request Confidential Communications.** You have the right to make a written request that we communicate with you about medical things in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will not ask you the reason for your request. We will agree to all reasonable requests. Your request must specify how or

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where you wish to be contacted. The HIPAA Contact Person listed at the end of the Notice can help you with these requests.

**Right to a Paper Copy of This Notice.** You have the right to get a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website at [www.millercountyhospital.com](http://www.millercountyhospital.com) or a paper copy from Kristy Atterbury in Central Scheduling (Telephone 229-758-3554).

**Right to Receive a Notice of a Breach of Unsecured Medical/Billing Information.** You have the right to receive a notice in writing of a breach of your unsecured medical or billing or financial information. Your physicians (who are not Health System employees) or other independent entities involved in your care will be solely responsible for notifying you of any breaches that result from their actions or inactions.

For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. The revised Notice will apply to medical information we already have at the time of the change, as well as, to any medical information we have in the future. We will post the current Notice in the Hospital, and throughout the Health System registration sites and on our website at [www.millercountyhospital.com](http://www.millercountyhospital.com).

### **OTHER USES AND DISCLOSURES OF MEDICAL OR BILLING INFORMATION REQUIRE YOUR AUTHORIZATION**

Uses and disclosures that are not generally referred to in this Notice of Privacy Practices or are not otherwise allowed by federal and/or state law or our policies and procedures, will require your written authorization. For example, unless otherwise allowed by law, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes and disclosures that are the sale of medical information require an authorization.

If you give 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 your medical information for the reasons noted in your written authorization, but the revocation will not affect actions we have taken while relying on your permission. We will be 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 we are required to retain our records of the care that we provide to you.



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**YOUR HIPAA CONTACT PERSON**

**If you have any questions about this Notice or have a complaint or concern, please contact Cathi Worthy, HEALTH SYSTEM PRIVACY OFFICER at (229) 758-5950, or send an email to [cworthy@millercountyhospital.com](mailto:cworthy@millercountyhospital.com) or send a letter to Attn: HIPAA Privacy Officer at Hospital Authority of Miller County, 209 North Cuthbert Street, P.O. Box 7, Colquitt, Georgia 39837.**

**COMPLAINTS**

**If you believe your privacy rights have been violated, you may file a written complaint with the Health System, by calling the HEALTH SYSTEM PRIVACY OFFICER at (229) 758-5950, or emailing at [cworthy@millercountyhospital.com](mailto:cworthy@millercountyhospital.com) or writing a letter to Attn: HIPAA Privacy Officer, Hospital Authority of Miller County, 209 North Cuthbert Street, P.O. Box 7, Colquitt, Georgia 39837. You can also file a complaint with the U.S. Department of Health and Human Services Office by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.**

**Effective Date: 9/23/2013**

**Revised: 4/2/2018**

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**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGMENT**

**Patient Name:** \_\_\_\_\_

I acknowledge that a copy of the Joint Notice of Privacy Practices for Hospital Authority of Miller County Health System has been made available to me. In connection with the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents. I have read and understand the Notice. I understand the most current version of the Notice will be posted within the Health System and on [www.millercountyhospital.org](http://www.millercountyhospital.org).

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient's Authorized Representative, Signing on Behalf of Patient:

\_\_\_\_\_

Basis of Authority to Sign for Patient:

\_\_\_\_\_

**For Use by Health System Personnel Only:** [Complete if patient Acknowledgment is not obtained]

A copy of the Notice of Privacy Practices was made available to the patient and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An Acknowledgment was not obtained because

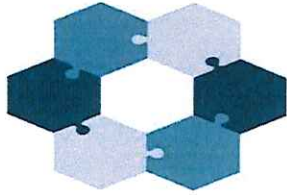
\_\_\_\_\_

Signature of Health System Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**Title: Joint Notice of Privacy Policies**

Exhibit D



Hospital Authority of  
**MILLER  
COUNTY**

**HEALTH INFORMATION EXCHANGE (HIE)  
OPT-OUT FORM**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby acknowledge and agree and follows:

1. I wish to **opt-out of the Hospital Authority of Miller County (HAMC) HIE**. I understand that by making this selection, **NONE** of my healthcare providers will be able to access my health information maintained anywhere on the HAMC HIE, even in cases of medical emergency;
2. I understand that my providers who originally generated information about me **will continue to have access** to my information, but only in the medical record that they created for me, or by obtaining it via previously established methods;
3. I understand that this HIE Opt-out will **NOT** allow HAMC to make my health information available to other connected HIEs with whom HAMC participates, even in cases of a medical emergency;
4. I understand that this HIE Opt-out does not cover or effectuate my opting-out of any other HIE. I understand that if I wish to opt out of another HIE, I am responsible for approaching my provider participating in such other HIE(s) about how I can do that;
5. My HIE Opt-out selection will remain effect unless I change it in writing;
6. I understand that once this HIE Opt-out goes into effect, I can change my mind only by submitting a Cancellation of Prior HAMC HIE Opt-Out form;
7. I have had an opportunity to have all my questions about this "HIE Opt-Out" and any others answered;
8. Any information that is disclosed before I submit this HIE Opt-out cannot be taken back and will remain with my provider who may have accessed such information before this Opt-Out went into effect; and
9. This request can take up to five business days to take effect.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Legal Representative State Authority:

\_\_\_\_\_

**COMPLETED AND SIGNED HAMC HIE OPT-OUT FORM CAN BE RETURNED TO  
REGISTRATION/RECEPTION DESK OR MAILED TO:**

**HOSPITAL AUTHORITY OF MILLER COUNTY  
209 NORTH CUTHBERT STREET, P.O. BOX 7  
COLQUITT, GA 39837**

**Title: Joint Notice of Privacy Policies**

Exhibit E



**FUNDRAISING  
OPT-OUT FORM**

I hereby acknowledge and agree as follows:

1. I wish to **opt-out of Hospital Authority of Miller County (HAMC) Fundraising.**
2. This form should be forwarded to:

**HOSPITAL AUTHORITY OF MILLER COUNTY  
Attn: FUNDRAISING OPT-OUT  
209 NORTH CUTHBERT STREET, P.O. BOX 7  
COLQUITT, GA 39837**

3. **I do not wish to be contacted for future fundraising efforts of Hospital Authority of Miller County (HAMC) and its affiliated entities. Please remove my name, address, and phone number from our donor list.**

Name \_\_\_\_\_ Date of Birth or SSN \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Opt-In Section**

Should you decide to opt back in at any time, please sign and date below and use this area to make your information current.

Name \_\_\_\_\_ Date of Birth or SSN \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_