

THE EAST ALABAMA HEALTH CARE AUTHORITY
d/b/a
EAST ALABAMA MEDICAL CENTER
EAMC-LANIER
EAST ALABAMA EMS
ORGANIZED HEALTHCARE ARRANGEMENT
PRIVACY NOTICE

2000 Pepperell Parkway
Opelika, Alabama 36801
(334) 749-3411
www.eamc.org

**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 EFFECTIVE DATE OF THIS PRIVACY NOTICE IS APRIL 14, 2003, AS AMENDED ON December 14,
2023-

The East Alabama Health Care Authority is a health care authority organized according to the laws of the State of Alabama and is also a hybrid entity as that term is defined by 45 CFR 164.504(a). It owns and operates a number of different facilities, and these facilities are all a part of an organized health care arrangement ("OHCA"). Therefore, this Privacy Notice is a joint notice that covers the functions of the OHCA and any health care professional working with the facilities that are a part of the OHCA, which include the following:

- East Alabama Medical Center
- EAMC-Lanier
- East Alabama EMS
- East Alabama Psychiatric Services
- Auburn Primary Care
- Medical Oncology Services
- Unity Wellness Center
- East Alabama Orthopaedic & Sports Medicine
- Endocrinology and Metabolism of East Alabama
- East Alabama Neurology Center
- East Alabama Pulmonology
- Pinnacle Cardiovascular
- Auburn University Medical Clinic
- Urology Associates of East Alabama
- Primary Medicine Associates
- East Alabama Maternal Fetal Medicine
- Surgical Eye Consultants
- Urogynecology of East Alabama
- Spencer Cancer Center
- Rehab Works

This Privacy Notice also includes all physician practices and other providers and suppliers owned or operated by The East Alabama Health Care Authority.

The following health care providers may provide services to you as part of our OHCA and are covered by this Privacy Notice: Physicians; Dentists; Podiatrists; Optometrists; Allied Health Professionals; Physical, Occupational, Respiratory and Speech Therapists and Assistants; Rehabilitation Attendants; Dietary Consultants; Nurses; Home Care Nurses; Nursing Home Nurses; Medical Physicist; Psychologists and Social Workers; Recreational Therapists, Psycho-therapists, Psychiatric Nurses, Mental Health Associates; Hospice Workers; Pharmacists; Medical Equipment Suppliers; Diagnostic Providers; Physician Assistants; and Lab Technicians and Providers.

The foregoing providers and facilities that are a part of the OHCA shall be referred to herein as “Facilities”, “us” or “we.”

The OHCA described herein is formed for the sole purpose of facilitating compliance with HIPAA and creates no legal representations, warranties, obligations or responsibilities beyond HIPAA compliance. The covered entities participating in the OHCA agree to abide by the terms of this notice with respect to Health Information created or received by the covered entity as part of its participation in the OHCA.

We are required under the federal health care privacy rules (the "Privacy Rules"), to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history (collectively, "Health Information"). We are also required to provide you with this Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your Health Information. We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for the Health Information that we maintain and use, as well as for any Health Information that we may receive in the future. Should the terms of this Privacy Notice change, we will make a revised copy of the notice available to you. Revised Privacy Notices will be available at our Facilities for individuals to take with them and we will post a copy of revised Privacy Notices in a prominent location in our Facilities. This Privacy Notice will also be posted and made available electronically on our website.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.

1. **General Uses and Disclosures.** Under the applicable law, we are permitted to use and disclose your Health Information for the following purposes, without obtaining your permission or Authorization:

- ▶ **Treatment.** We are permitted to use and disclose your Health Information in the provision and coordination of your healthcare. For example, we may disclose your Health Information to your primary healthcare provider(s), consulting providers, and to other health care personnel who have a need for such information for your care and treatment.
- ▶ **Payment.** We may use and disclose your Health Information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or other third party, including determining the applicability of any health insurance coverage. For example, a bill sent to your insurance company may include information that identifies you, your medical information, and the procedures and supplies used in your treatment.
- ▶ **Healthcare Operations.** Healthcare Operations means conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, contacting health care providers and patients with information about treatment, treatment alternatives, reviewing the competence or qualifications of health care professionals, disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse detection and compliance programs, business planning and development, business management, general administrative activities, or as mandated by federal, state or local laws, rules or regulations. For example, we can use your Health Information to internally assess our quality of care provided to patients.
- ▶ **Uses and Disclosures Related to the OHCA Functions.** The health care providers and entities participating in the OHCA and listed in this Notice will share your Health Information with each other, as necessary to carry out treatment, payment and health care operations relating to the OHCA.
- ▶ **Uses and Disclosures Required by Law.** We may use and disclose your Health Information when required to do so by law, including, but not limited to reporting abuse, neglect and domestic violence, in response to judicial and administrative proceedings, in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises.
- ▶ **Public Health Activities.** We may disclose your Health Information for public health reporting, including, but not limited to reporting child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease.
- ▶ **Abuse and Neglect.** We may disclose your Health Information to a local, state, or federal government authority if we have a reasonable belief of abuse, neglect or domestic violence.

- ▶ **Regulatory Agencies.** We may disclose your Health Information to a healthcare oversight agency for activities authorized by law, including, but not limited to, licensure investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.
- ▶ **Judicial and Administrative Proceedings.** We may disclose your Health Information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- ▶ **Law Enforcement Purposes.** We may disclose your Health Information to law enforcement officials when required to do so by law.
- ▶ **Coroners, Medical Examiners, Funeral Directors.** We may disclose your Health Information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your Health Information to funeral directors, as necessary, to carry out their duties.
- ▶ **Organ Donation.** We may disclose your Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissues.
- ▶ **Research.** Under certain circumstances, we may disclose your Health Information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your Health Information.
- ▶ **Threats to Health and Safety.** We may use or disclose your Health Information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.
- ▶ **Specialized Government Functions.** We may disclose your Health Information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations. We may also disclose your Health Information to authorized federal officials for the provision of protective services to the President of the United States or to foreign heads of state or to conduct related investigations. If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities.
- ▶ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with healthcare; to protect your health or safety, or the health or safety of others; or for the safety and security of the correctional institution.
- ▶ **Workers' Compensation.** We may disclose your Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses without regard to fault.
- ▶ **Fundraising.** We may use or disclose your Health Information to make a fundraising communication to you for the purpose of raising funds for our own benefit. With each fundraising communication, we will provide you with an opportunity to elect not to receive any further fundraising communication. We will also make reasonable efforts to ensure that if you opt out of such communications you are not sent future fundraising communications. We may also use, or disclose to a business associate or to an institutionally related foundation, the following Health Information for the purpose of raising funds for our own benefit: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (b) the dates of healthcare provided to you; (c) the department or area of service that provided you treatment; (d) your treating physician; (e) outcome information; and (f) your health insurance status.
- ▶ **Marketing.** We may use or disclose your Health Information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.
- ▶ **Refill Reminders, Care Coordination, Alternative Therapies.** We may provide you with refill reminders about a drug or biologic that is currently being prescribed for you, but only if any financial remuneration received by us in exchange for making the communication is reasonably related to our cost of making the communication. Except where we receive financial remuneration in exchange for making the communication, we may communicate with you for the following

treatment and healthcare operations purposes: (a) for your treatment including case management or care coordination, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care; (b) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits, including communications about a healthcare provider network or health plan network; replacement of or enhancements to, a health plan; and or (c) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities are not considered treatment.

- ▶ **Business Associates.** We may disclose your Health Information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your Health Information. An example of a business associate may be a software application we use to facilitate the gathering of information relevant to your treatment, payment or our healthcare operations.

2. **Other Uses and Disclosures.** In addition to the reasons outlined above, we may use and disclose your Health Information for other purposes permitted by the Privacy Rules.
3. **Health Information Exchanges (“HIEs”).** HIEs are networks of electronic Health Information that permit health care providers or other health care entities to share your Health Information for treatment, payment, health care operations, and other purposes permitted or required by law. By seeing records of past care received at other locations in an HIE, providers can make more informed decisions about care plans and avoid duplicative or unnecessary treatment. The goal of the HIE is to help participating providers give better, more efficient care to their patients by the sharing of your Health Information across systems.

One or more of the Facilities included in the OHCA participate in one or more HIEs, including Alabama’s One Health Record, which involves the secure exchange of your Health Information in order to facilitate access to and retrieval of clinical data to provide safer, timelier, more efficient, effective and equitable care for you. As a part of an HIE, we may share your Health Information with outside organizations such as other hospitals, doctor offices and other health care organizations as permitted by law in order to facilitate the secure exchange of your electronic Health Information between health care providers and other health care entities for your treatment, payment, or other permitted purposes (including health care operations, as described above). If you have any questions regarding our participation in these HIEs, please contact our Privacy Officer for additional information. If you do not want your information shared in this way, you can opt out by completing a written opt out form, which we will provide, and submit to any of our offices. We will comply with your opt out request to the extent required by applicable law. Opting out will not preclude any HIE participating organization that already has received or accessed your information from retaining such information. If you opt out, you can choose to resume participation by submitting a written request to our Privacy Officer.

4. **Uses and Disclosures Which Require Patient Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your Health Information: (a) for the creation of facility directories, (b) to disaster relief agencies, and (c) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person’s involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.
5. **Uses and Disclosures Which Require Written Authorization.** As required by applicable law, all other uses and disclosures of your Health Information (not described above) will be made only with your written permission, which is called an Authorization. For example:

- ▶ **Psychotherapy Notes.** If we maintain psychotherapy notes, we must obtain your Authorization for any use or disclosure of such psychotherapy notes, except: to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you.
- ▶ **Certain Marketing Purposes.** If we receive financial remuneration in exchange for making a marketing communication we must obtain your Authorization for any use or disclosure of protected health information other than a face-to-face communication made by us to you, or for a promotional gift of nominal value provided by us.

- ▶ **Sale of Health Information.** We must obtain your Authorization for any sale of your Health Information and such Authorization will state that the disclosure will result in our receiving remuneration.

6. **Revoking Your Authorization.** You may revoke your Authorization in writing at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

PATIENT RIGHTS.

You have the following rights concerning your Health Information:

1. **Right to Receive Written Notification of a Breach of Your Unsecured Health Information.** You have the right to receive written notification of a breach of your unsecured Health Information if it has been accessed, used, acquired, or disclosed in a manner not permitted by the Privacy Rules, which compromises the security or privacy of your Health Information. We will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable by law or you may request in writing to receive a notification of a breach by electronic mail.
2. **Right to Inspect and/or Copy Your Health Information From The Facilities.** Upon written request to East Alabama Medical Center, you have the right to inspect and copy your own Health Information contained in a designated record set maintained by or for the Facilities. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that we review certain denials to inspect and copy your Health Information. Instead of copies, we can provide you with a summary of your Health Information if you agree to the form and cost of such summary. If you request a paper copy or summary explanation of your Health Information, we may charge you a reasonable fee for copying costs, postage, and any other costs associated with preparing the summary or explanation. Instead of paper copies, if your Health Information is maintained in an electronic health record, you may request that we provide the information in electronic form to either you or to a designated third-party if such designation is clear, conspicuous, and specific. We may charge you a reasonable cost-based fee for an electronic copy, which shall not exceed our labor costs in responding to the request. We may, in some cases, deny your request to inspect and copy your Health Information and will notify you in writing of the reasons for our denial and provide you with information regarding your rights to have our denial reviewed. In order to obtain copies of your Health Information maintained by other covered functions of The East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to the particular covered function.
3. **Right to Request Restrictions on the Use and Disclosure of Your Health Information From The Facilities.** You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and healthcare operations. We will consider, but do not have to agree to, such requests. However, we must agree to restrict a disclosure of Health Information about you to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the Health Information pertains solely to a healthcare item or service for which you, or someone other than the health plan on your behalf, has paid in full. In order to request restrictions on the use and disclosure of your Health Information maintained by other covered functions of The East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to the particular covered function.
4. **Right to Request an Amendment of Your Health Information From The Facilities.** You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint. In order to request an amendment of your Health Information maintained

by other covered functions of The East Alabama Health Care Authority other than the Facility, you should direct your written request directly to each particular covered function.

5. **Right to an Accounting of Disclosures of Your Health Information From The Facilities.** You have the right to receive an accounting of disclosures of your Health Information made by us. With respect to Health Information contained in paper form, our accounting will not include: disclosures related to treatment, payment or healthcare operations; disclosures to you; disclosures based upon your Authorization; disclosures to individuals involved in your care; incidental disclosures; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures that are part of a Limited Data Set; or disclosures that occurred prior to April 14, 2003 or as otherwise allowed by the Privacy Rules. With respect to Health Information contained in an electronic health record, unless otherwise specified by law, the accounting will not contain disclosures made to you upon your request; based upon your Authorization; to individuals involved in your care; or as allowed by law. You may request an accounting of applicable disclosures made by us within six (6) years prior to the date of your request for Health Information stored in paper form and made within three (3) years prior to the date of your request (but not for any disclosures made prior to implementation of our electronic health records system) for Health Information stored in an electronic health record. If you request an accounting more than once in a 12-month period, we may charge you the reasonable cost-based expenses incurred to comply with your additional request. In order to request an accounting of disclosures of your Health Information disclosed by other covered functions of The East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to each particular covered function.
6. **Right to Alternative Communications From The Facilities.** You have the right to receive confidential communications of your Health Information by a different means or at a different location than currently provided. Such requests must be in writing. For example, you may request that we only contact you at home or by mail. In order to request confidential communications of your Health Information from other covered functions of The East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to each particular covered function.
7. **Right to Receive a Paper Copy of this Privacy Notice.** You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive this Privacy Notice electronically.

If you want to exercise any of these rights, please contact our Privacy Officer. All requests must be submitted to us in writing on a designated form (which we will provide to you) and returned to the attention of our Privacy Officer at the address below.

CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION.

If you want to exercise any of these rights, have any questions, or feel that your privacy rights have been violated, please contact us. All requests must be submitted to us in writing and returned to the address below.

Address:	East Alabama Medical Center Attn: Privacy Officer 2000 Pepperell Parkway Opelika, Alabama 36801
Telephone:	(334) 528-1815
Fax:	(334) 528-2161

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with our Privacy Officer. You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the address. We will not retaliate against you for filing a complaint.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE RECEIPT OF THIS PRIVACY NOTICE.

Printed Name of Patient

Date

Signature of Patient or Patient's Representative

Printed Name of Patient's Representative (*if applicable*)

Representative's Relationship to Patient (*if applicable*)

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To be completed by Facility:

After a good faith attempt to obtain an Acknowledgment of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason(s) _____

Signature of Facility Representative

Date