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. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you consent, your religious affiliation may be released to a person who is not a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. Your name will appear on a religious preference list. If you do not consent, your name will not appear on this preference list. Certain areas within the health care system may provide a specific family member or patient representative with an access code number, which may or may not be shared at their discretion, to allow callers to obtain updated information regarding a patient. Critical care areas a family member or patient representative is provided an information booklet that explains the process and in other areas a family member or patient representative we will be able to sign an acknowledgement regarding the access code and its use.

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 or who helps pay for your care. In addition, we may release 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.

How We May Use and Disclose Medical Information About You: The following categories describe examples of the way we use and disclose medical information about you. We may use or disclose medical information without your authorization.”

The following categories describe examples of the way we use and disclose medical information about you. We may use or disclose medical information without your authorization. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party. For example, we may need to give your insurance company information about your surgery 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 determine whether your plan will cover the treatment.

For Health Care Operations: Members of the medical staff, nurses, technicians, medical students, hospital volunteers, your personal doctor or your personal doctor’s office may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care and the outcomes of patients with conditions similar to yours. For example, we may use your information in our registry database, such as the Cancer Registry. We may also combine medical information about many patients to evaluate the need for new services or treatment information to doctors, nurses, and other students for educational purposes. To protect your privacy and dignity, we will remove information from this set of medical information that identifies you, such as it is used outside our training programs, even if you were to become incapacitated or deceased. We may combine medical information we have with that of other hospitals to see where we can make improvements.

For the Following Activities You Must Notify Us If You Want To Limit Or Restrict Information: We use and disclose your information in certain situations without your authorization.”

We may also use and disclose medical information to: business associates we have contracted with to perform the agreed upon service and billing for it, to inform funeral directors consistent with applicable law, to health oversight agencies, for population based activities relating to improving health or reducing health care costs and for conducting training programs or reviewing competence of health care professionals.

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. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you consent, your religious affiliation may be released to a person who is not a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. Your name will appear on a religious preference list. If you do not consent, your name will not appear on this preference list. Certain areas within the health care system may provide a specific family member or patient representative with an access code number, which may or may not be shared at their discretion, to allow callers to obtain updated information regarding a patient. Critical care areas a family member or patient representative is provided an information booklet that explains the process and in other areas a family member or patient representative we will be able to sign an acknowledgement regarding the access code and its use.

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 or who helps pay for your care. In addition, we may release 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.

Business Associates: There are some services provided in our organization through contracts with business associates we may include:

Research: Information may be released to researchers, but only after an institutional review board has reviewed and approved the research proposal and made certain the researchers have established protocols to ensure your health information privacy.

Funding/Marketing: We use certain information (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for Erlanger Health System. We may also share this information to our institutionally related foundation for the same purpose. The money raised will be used to expand and improve the facilities and programs we provide to the community. If you prefer to not be contacted you may opt out at the time of admission or service.

Sale of Protected Health Information: We must receive your authorization for any disclosure of your PHI which is a sale of PHI. Such authorization will state that the disclosure will result in remuneration to Erlanger Health System.

As Required By Law: Such disclosures may include provision of information for state and national disease registries and databases that use the data to identify health needs and improve health care services. We will disclose medical information about you to the following when required to do so by federal, state or local law:

- Food and Drug Administration; Public Health or Legal Authorities charged with preventing or controlling disease and or disaster; State or federal agencies; Work- ers Compensation Agents; Organ and Tissue Donation Organizations; Military Command Authorities; Health Oversight Agencies; Funeral Directors; Coroners, and Medical Directors; National Security and Intelligence Agencies; Protective Services for the President and Others; to advert a serious threat to health or safety, and lawless and disrupted (response to a court or administr- ative order).

- Law Enforcement/Legal Proceedings: We may disclose information for law enforcement purposes as required by law or in response to a valid request, such as 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 a criminal conduct; about criminal conduct with respect to a crime if; under limited 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.

- State Specific Requirements: Tennessee has requirements for reporting data, including population-based activities relating to improving health or reducing health care costs.

Customer Service: As part of our customer service pro- gram, we may use health information about you to contact you by telephone, mail or e-mail to discuss your opinion of the services provided during your encounter with our facility.

Follow Up Contact: We may use health information about you to contact you by mail or phone following treatment if it is determined you may require additional follow-up. We may also contact you or your personal physician on how you are doing following treatment at EHS. For example, follow-up information is very important in the area of cancer diagnosis in order to find the best treatments and improve the life expectancy of indivi- duals as diagnosed with cancer.
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 receive a copy of 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 the Health Information Management Office (Medical Records). 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 limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care 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.

**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 the Office of Compliance. 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 request an amendment of 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, 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 individuals and/or institutions to which we have released your private medical information. To request this list or accounting of disclosures, you must submit your request in writing to the Office of Compliance, 975 East Third Street, Chattanooga, Tennessee 37403. Your request must state a time period that 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 Breach Notification.** In the event of any breach of unsecured PHI, EHS shall fully comply with the HIPAA/HITECH breach notification requirements, including notification to you of any impact that the breach may have had on you and that we are required to retain our records of the care that we provided to you.

**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 health care operations. Unless otherwise required by law, you have a right to restrict the use and disclosure of 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 medical information about you for the purposes covered by your written request. You understand that you are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Right to Request a Paper Copy of This Notice.** You may request a paper copy of this notice. You may obtain a copy of this notice at our website, http://www.erlanger.org.

**Personal Representative.** Your “personal representative” may exercise the rights listed above on your behalf, if under applicable law, that person has legal authority to act on your behalf in making decisions related to health care. If you live in Tennessee and do not have a “personal representative” you may wish to create a legal document called Durable Power of Attorney for Health Care. This may be extremely beneficial in the unfortunate situation where you are unable to make a decision for yourself and wish for someone to act upon your behalf.

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 permission (i.e., for marketing purposes). If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the hospital Integrity Line 1-877-846-4338 or contact the Office of Compliance at 423-778-7703. To file a complaint with the hospital, contact:

Office of Compliance
Erlanger Health System
975 E. Third Street
Chattanooga, Tennessee 37403

Complaints must be submitted in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services at 240-453-2800 or at http://www.hhs.gov/ocr/privacy/hipaacomplaints/index.html. You will not be penalized for filing a complaint.

Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Notice of Information Practices Effective Date:
4/14/2003 — Version #1
11/27/2007 — Version #3
6/25/2007 — Version #2
03/18/2013 — Version #4

We Are Required By Law To

• Make sure that medical information that identifies you is kept private including, if applicable, genetic information as described in the Genetic Information and Non-Discrimination Act;
• Give you this notice of our legal duties and privacy practices with respect to medical information about you;
• Let you know the terms of the notice that is currently in effect;
• This notice will tell you about the ways in which we may use and disclose health information about you and;
• We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

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.