

Why We Keep Information About You

We keep medical information about you to help care for you and because the law requires us to. The law also says we must:

- Protect your medical information;
- Give you this Joint Notice and describe our practices; and
- Follow what this Joint Notice says.

What the Words We Use Mean

- “Joint Notice” means this Joint Notice of Privacy Practices.
- “EHS” means Erlanger Health System, its staff, and any affiliated organizations covered by the Joint Notice.
- “We,” “our,” or “us” means one or more EHS organizations, providers, or staff.
- “You” means the patient that the medical information is about.
- “Medical information” means all of the paper and electronic records related to a patient’s physical and mental health care – past, present, or future. These records tell who the patient is and include information about billing and payment (also known as “Protected Health Information” or “PHI”).
- “Use” means sharing or using medical information within EHS.
- “Share” means giving medical information or access to information to someone outside EHS.
- “PSO” means EHS’ Privacy and Information Security Office.
- “OHCA” means Organized Health Care Arrangement. The members of such an arrangement are healthcare providers that are operationally or clinically integrated and may participate jointly with EHS in utilization review, quality assessment and improvement, or payment activities.
- “HIE” means Health Information Exchange. A Health Information Exchange (HIE) is a secure electronic system that helps health care providers and entities such as health plans and insurers manage care and treat patients.
- “ACO” means Accountable Care Organization. An ACO is a group of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. An ACO has the opportunity to share in the savings it achieves for the Medicare program. Erlanger Health System participates in an ACO. If you are a Medicare beneficiary and are eligible to be assigned to the ACO, your Medicare claims data may be shared with the ACO. This data sharing is intended to make it easier to coordinate your care. You can decline to have your Medicare claims data shared with the ACO by calling 1-800-MEDICARE.

How We May Use and Share Information About You

We use electronic record systems to manage your care. These systems have safeguards to protect the information in them. We also have policies and training that limit the use of information to those who need it to do their job. Doctors and other people who are not employed by EHS may share information they have about you with our employees in order to care for you. Hospitals, clinics, doctors, and other caregivers, programs, and services may share medical information about you without your consent for many reasons.

Notice of Privacy Practices Past Version Effective Dates:

- 4/14/2003–Version #1
- 11/27/2007–Version #3
- 6/25/2007–Version #2
- 3/18/2013–Version #4

Here Are Just a Few Examples of How We May Use And/ Or Share Information About You:

Organized Health Care Arrangements (OHCA): We may allow access to your information to those healthcare providers and their authorized representatives that are members of an organized healthcare arrangement (OHCA) with EHS. Anyone we share information with in order to do these tasks must also protect and restrict the use of your medical information. For a list of OHCA’s we may share information with, visit our website at www.erlanger.org.

For Health Information Exchanges (HIEs): We will send your health information to any of the Health Information Exchanges (HIEs) that EHS participates in. You can see a list of HIEs we may send your health information to on our website at www.erlanger.org. Information about your past medical care and current medical conditions and medicines is available not only to us but also to non-EHS health care providers who participate in the HIE. You have the right to opt out of the HIE. However, even if you do, some of your health information will remain available to certain health care entities as permitted by law. If you have questions or would like to opt out of any of the HIEs, contact the Health Information Management Department using the contact information listed on the front of this brochure.

For Treatment: We may use and share medical information to treat you. For example, a doctor treating you for a broken leg will need to know if you have diabetes because diabetes can slow healing. The doctor may need to tell food services that you have diabetes so the right meals can be prepared for you. We may also share medical information about you so that you can get:

- Medicine, medical equipment, or other things you need for your health care; and/or
- Lab tests, x-rays, transportation, home care, nursing care, rehab, or other health care services

Medical information may also be shared when needed to plan for your care after you leave EHS.

For Billing and Payment: We may use and share your information so that any others who have provided services to you can bill and collect payment for these services. For example, we may share your medical information with your health plan:

- So your health plan will pay for care you received at EHS;
- To get approval before doing a procedure; and/or
- So your health plan can make sure they paid the right amount to EHS.

We may also share your information with a collection agency if a bill is overdue.

For Business Reasons (Operations): We may use and share information about you for business reasons. When we do this, we may, if we can, take out information that identifies who you are. Some of the business reasons we may use or share your medical information include:

- To follow laws and regulations;
- To train and educate;
- For credentialing, licensure, certification, and accreditation;
- To improve our care and services (e.g. we may use your information in our registry data, such as the Cancer Registry);
- To budget and plan;
- To do an audit;
- To maintain computer systems;
- To evaluate our staff;
- To decide if we should offer more services; and/or
- To find out how satisfied our patients are.

Except for the sharing of information with health plans described in the previous section, we reserve the right to accept or reject your request. Generally, we will not accept limits for treatment, payment, or business reasons. All requests will receive review for consideration of acceptance, therefore, you may not receive immediate response to your request; however, every effort will be made to provide you a response to your request within thirty (30) days. If we do agree, our agreement must be in writing, and we will follow your request unless the information is needed to treat you in an emergency. We are allowed to end a limit if we tell you. If we end a limit, only medical information that was created or received after we notify you will be affected. You must make your request to limit the use and sharing of your medical information in writing to the Health Information Management Department at the address listed on the front of this brochure. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use or sharing of the information, or both;
- AND to whom you want the limits to apply, for example disclosures to your spouse.

Right to Ask for Confidential Communications: You have the right to ask us to communicate with you in a certain way or at a certain place. For example, you can ask that we contact you only at work or only using a post office box. You must make your request in writing to the Health Information Management Department at the address listed on the front of this brochure. You do not need to tell us the reason for your request. Your request must say how or where you wish to be contacted. You must also tell us what address to send your bills for payment. We will accept all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using any information we have.

Right to Get a Paper Copy of this Joint Notice: You have the right to get a paper copy of this Joint Notice, even if you have agreed to receive it electronically. You may get a copy:

- At any of our facilities;
- By contacting the PSO at the number listed on the front of this brochure; and/or
- At www.erlanger.org

Personal Representatives: 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 do not have a “personal representative”, you may wish to create a legal document called a Durable Power of Attorney for Healthcare.

Changes to this Joint Notice

We have the right to change this Joint Notice at any time. Any change could apply to medical information we already have about you, as well as information we receive in the future. A copy of the current Joint Notice is posted throughout EHS and at www.erlanger.org. Each time you register at or are admitted for treatment or healthcare services, you may request a copy of the current Joint Notice in effect.



Joint Notice of Privacy Practices

Effective May 1, 2018

This Joint Notice describes our hospital’s practices, along with the practices of any health care professional authorized to enter information into your hospital chart, in using and disclosing your protected health information. The hospital, which includes all departments and units of the hospital; any member of the hospital’s workforce; volunteers or students that help you while you are in the hospital; and all employees, staff and other hospital personnel, and members of the Erlanger Medical Staff are part of an Organized Health Care Arrangement (OHCA). It also tells you how your medical information may be used or shared and how you can get your information.

How to Ask a Question or Report a Complaint

If you have questions about this Joint Notice or want to talk about a problem without filing a formal complaint, please contact the Privacy and Information Security Office (PSO) using the contact information listed below. If you believe your privacy rights have been violated, you may file a formal complaint with us in writing by sending it to the EHS Privacy and Information Security Officer at the address listed below or by filing a complaint with EHS’ Integrity Line at the number listed below. You may also file a complaint with the Office of Civil Rights at the address or phone number listed below.

You will not be treated differently for filing a complaint.

How to Contact Us

Privacy and Information Security Office Erlanger Health System

975 E. Third St. | Chattanooga, TN 37403 | 423-778-7703
Privacy@erlanger.org | EHS Integrity Line: 1-877-849-8338

Health Information Management Office Erlanger Health System

975 E. Third St. | Chattanooga, TN 37403 | 423-778-7267

How to Contact the Office of Civil Rights

U.S. Department of Health and Human Services Department for Civil Rights (OCR) Centralized Case Management Operations

200 Independence Ave. S.W., Suite 515F, HHH Building
Washington, D.C. 20201 | 800-368-1019 | ocrmail@hhs.gov
www.hhs.gov/hipaa/filing-a-complaint/index.html



To protect your privacy and dignity, we will remove information from this set of medical information that identifies you anytime it is used outside our training programs, even if you were to become incapacitated or deceased. We may also combine medical information we have with that of other hospitals to see where we can make improvements.

To Contact You about Appointments, Insurance and Other Matters:

We may contact you by mail, phone, text, or email for many reasons, including to:

- Remind you about an appointment;
- Register you for a procedure;
- Give you test results;
- Ask about insurance, billing or payment;
- Follow up on your care; and/or
- Ask you how well we cared for you

We may leave voice messages at the telephone number you give to us. If you choose to have us contact you by text, texting charges may apply.

For Health Oversight and Public Health Reporting: We may share information for audits, investigations, inspections, and licensing with agencies that oversee health organizations. We may also share your medical information in reports to public health agencies. Some reasons for this include:

- To prevent or control disease and injuries;
- To report certain kinds of events, such as births and deaths;
- To report reactions to medicines or problems with medical products;
- To tell people about recalls of medical products they may be using;
- To let someone know that they may have been exposed to a disease or may spread a disease; or
- To notify the authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence.

For Organ, Eye, and Tissue Donation: We share medical information about organ, eye, and tissue donors and about the patients who need the organs, eyes, and tissues with others involved in getting, storing, and transplanting the organs, eyes, and tissues.

To Tell You About Treatment Options or Health-related Products and Services: We may use or share your information to let you know about treatment options or health-related products or services that may interest you.

For Worker’s Compensation: We may share medical information about you with those who need it in order to provide benefits for work-related injuries or illness to the extent allowable by law.

For Fundraising: We rely on fundraising to support advances in patient care, research and education and to provide many special services and programs to our patients and the community. We may use your name, address, age, gender, date of birth, telephone number, and other contact information (such as e-mail address), health insurance status, the dates and general departments where you received services at EHS, the names of your doctors and outcome information to contact you to try to raise money for EHS. We may also share this information with our institutionally related foundation for the same purpose. You have the right to ask not to be contacted about fundraising. If we contact you, we will tell you how to prevent future contact. You can also opt out at the time of admission or service or by emailing us your opt out request to Foundation@erlanger.org. Your decision will not impact your treatment and payment for services.

For the Hospital Directory: If you are admitted to the hospital, your name, where you are in the hospital, your general condition (such as “fair” or “stable”), and your religion is included in the patient directory at the information desk. This helps family, friends, and clergy visit you and learn your condition. Except for your religion, this information may be shared with visitors or phone callers who ask for you by name. Unless you tell us not to, your religion may be shared with a member of the clergy, such as a priest or rabbi, even if you are not asked for by name. If you ask us to take your name from the directory, you will be listed as a “Confidential Patient”, and we will not share your information even if you are asked for by name, nor will we confirm your presence in the facility.

To Inform Family Members and Friends Involved in Your Care or Paying for Your Care: We may share information about you with family members and friends who are involved in your care or paying for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so that the agency can help contact your family or friends to tell them where you are and how you are doing.

For Research: We may use and share medical information about you for the research we do to improve public health and develop new knowledge. For example, a research project may compare the health and recovery of patients who received one medicine for an illness to those who received a different medicine for the same illness. We use and share your information for research only as allowed by federal and state rules. Each research project is approved through a special committee, called an Institutional Review Board that balances the research needs with the patient’s need for privacy. Pre-approval by this committee may not be required when researchers are preparing a research project and need to look at information about patients with specific medical needs so long as the medical information does not leave our facility or, in certain circumstances, where any information that could identify you is removed prior to providing to the researchers. However, where we are required by law, we will first explain to you how your information will be used and ask your consent before using your information.

State Specific Requirements: States that EHS operate in may have requirements for reporting data, including population-based activities relating to improving health or reducing health care costs; therefore, we may be required by state law to use your medical information for these reporting purposes.

For Lawsuits and Disputes: We may share your medical information as directed by a court order, subpoena, discovery request, warrant, summons, or other lawful instructions from a court or public body when needed for a legal or administrative proceeding.

With Military Authorities: If you are a member or veteran of the armed forces, we may share your medical information with the military as authorized or required by law. We may also share information about foreign military personnel to the proper foreign military authority.

With Law Enforcement and Other Officials: We may share your medical information with a law enforcement official as authorized or required by law:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or find a suspect, fugitive, material witness, or missing person;
- If you are suspected to be a victim of a crime (We generally do this with your permission unless otherwise allowed by law);

Because of a death that may have been caused by a crime;

- In an emergency: to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime;
- To prevent a serious and urgent threat to the health and safety of you or someone else; and/or
- If you are under the custody of the police or other law enforcement official.

We May Also Share Your Medical Information with:

- Coroners, medical examiners, and funeral directors, so they can carry out their duties;
- Federal officials for national security and intelligence activities;
- Federal officials who provide protective services for the President and others, such as foreign heads of state, or to conduct special investigations;
- A correctional institution if you are an inmate;
- A school to confirm that you have been immunized; and/or
- A business associate we have contracted with to perform the agreed upon service and billing for it.

Other Uses of Your Medical Information: We will not use or share your medical information for reasons other than those described in this Joint Notice unless you agree to this in writing. For example, you may want us to give medical information to your employer. Unless otherwise authorized by law, we will do this only with your written authorization. Likewise, unless otherwise authorized by law, we would not use your information for marketing, sell your information, or share psychotherapy notes without your written authorization.

What are Your Rights?

Your Rights Regarding Your Medical Information: The records we create and maintain using your medical information belong to EHS; however, you have the following rights:

Right to Revoke an Authorization: You have a right to revoke a previous authorization you have made for uses and disclosures at any time, provided that the revocation is submitted in writing to our Health Information Management Department at the address listed on the front of this brochure. The revocation will go into effect upon receipt of your request; however, we cannot take back any medical information that has already been shared prior to you submitting your revocation request.

Right to Review and Get a Copy of Your Medical Information: You have the right to look at and get a copy of your medical information, including billing records, as long as the information is kept by or for EHS. You must make your request in writing to the EHS Health Information Management Department at the address listed on the front of this brochure. We may charge a reasonable, cost-based fee to cover copying, mailing, and other costs and supplies. We may also charge a reasonable, cost-based fee for preparing an explanation or summary of your medical information if you want us to do this. In rare cases, we may deny your request for certain information. If we deny your request, we will give you the reason why in writing. In some cases, you may ask that the denial be reviewed by a licensed health care professional chosen by EHS.

Right to Ask for a Change in Your Medical Information: If you think our information about you is not correct or complete, you may ask us to correct your record by writing to the EHS Health Information Management Department at the address listed on the front of this brochure. You have the right to request an amendment for as long as the information is kept by EHS. Your written request must say why you are asking for the correction. We will respond with our decision on your request in 60 days. If we agree, we will tell you and correct

your record. We cannot take anything out of the record. We can only add new information to complete or correct the existing information. With your help, we will notify others who have the incorrect or incomplete medical information. If we deny your request, we will tell you why in writing. 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 ask us to amend medical information that: (1) was not created by us; (2) is not part of the medical information kept by EHS; (3) is not part of the information that you would be permitted to inspect and copy; or (4) we determine to be accurate and complete. If we deny your request, we will notify you in writing, and will include instructions as to how you may appeal the request or file a complaint.

Right to ask for a List of When Your Medical Information was Shared: You have the right to ask for a list of when your medical information was shared without your written consent. This list will NOT include uses or sharing:

- For treatment, payment, or business reasons;
- With you or legal representative;
- With those who ask for your information as listed in the hospital directory;
- With family members or friends involved in your care;
- In those very few instances where the law does not require or permit it;
- As part of a limited data set with direct identifiers removed; and/or
- Released before April 14, 2003.

You must request this list in writing from the Health Information Management Department at the address listed on the front of this brochure. Your request must state the time period for which you want the list. The time period may not be longer than six (6) years from the date of your request. The first list you ask for within a 12-month period will be free. You may be charged a fee if you ask for another list in that same 12-month period.

Right to Limit Sharing of Information with Health Plans: If you pay in full for your services at the time of your visit, you have the right to limit the information that is shared with your health plan or insurer. Let us know what you want to limit sharing with your health plan when you schedule your appointment. Any information shared before we receive payment in full, such as information for pre-authorizing your insurance, may be shared. Also, because we have a medical record system that combines all of your records, we can limit information only for an episode of care (services given during a single visit to the clinic or hospital). If you wish to limit information beyond an episode of care, you will have to pay in full for each future visit as well.

Right to Notice in Case of a Breach: You have a right to know if your information has been breached. We will follow what the federal and state privacy and security laws require, including notifying you in writing of any impact that breach may have had on you and/or your family member(s) and any actions we have taken to minimize that impact.

Right to Ask for Limits on the Use and Sharing of Your Medical Information: You have the right to ask that we limit the use or sharing of information about you for treatment, payment, or business reasons. You also have the right to ask us to limit the medical information we share about you with someone involved in your care or paying for your care, such as a family member or friend. For example, you could ask that we not share information about a surgery you had.