



ARCHBOLD MEDICAL CENTER, INC.
(John D. Archbold Memorial Hospital, Inc. and all other Archbold health care entities)

JOINT NOTICE OF PRIVACY PRACTICES

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.

Archbold Medical Center, Inc. (including Archbold owned / operated hospitals, nursing homes, hospices, pharmacies, physician offices, facilities, etc. and Archbold's employees and medical staff and vendors) makes, keeps, uses and discloses records containing your medical information.

INFORMATION COVERED BY THIS NOTICE

"Medical information" as those words are used in the Notice includes your billing, personal, contact, financial (social security number, banking / credit / debit information), health treatment, billing/payment information, sensitive information and any other information created/received by or included within our Health Systems' medical, billing, or other records about you. As a patient of our Health System, we will use and disclose your medical information -

- To provide treatment to you and to keep medical records describing your care,
- To receive payment for the care we provide,
- To conduct our business activities relating to the services and facilities of the Health System, and
- To comply with federal and state law.

Medical information could include **SENSITIVE INFORMATION** such as any Patient contact information, Social Security number, banking information, insurance information, payment guarantor information and medical information – such as (but not limited to) --

- Genetic testing information, such as tests of Patient's DNA or chromosomes conducted to discover diseases or illnesses of which Patient is not showing symptoms at the time of the test and that arise solely as a result of defects or abnormalities in genetics.
- Information showing (1) whether Patient has been diagnosed as having AIDS; (2) whether Patient has been or is currently being treated for AIDS; (3) whether Patient has been infected with HIV; (4) whether Patient has submitted to an HIV test; (5) whether an HIV test has produced a positive or negative result; (6) whether Patient has sought and received counseling regarding AIDS; and (7) whether Patient has been determined to be a person at risk of being infected with AIDS.
- Information about suspicion of, diagnosis for, or treatment of mental illness or a developmental disability.
- Information about communicable, venereal, infectious or sexually transmitted diseases (ex. HIV/AIDs, hepatitis, syphilis, tuberculosis, chancroid, gonorrhea, etc.).
- Guarantor and Beneficiary personal and financial information.
- Information about pregnancy, prevention of pregnancy (including birth control), child-birth, abortions, AND
- Information about referral, diagnosis, treatment, detoxification or rehabilitation for alcohol or drug use or abuse.

This Notice summarizes the ways Archbold Medical Center, Inc. and those people/companies covered by this Notice (noted below) may use and disclose medical information about you. It also describes your legal rights and our duties related to the use and disclosure of your medical information.

PEOPLE / COMPANIES COVERED BY THIS NOTICE

When we use the word "we" or "Health System," we mean all the persons/companies covered by this Notice and listed below, its facilities, employees, medical professionals and other persons/companies not employed/owned by Archbold who assist us with your treatment, payment or activities of our business as a healthcare provider.

The following people and companies are covered by this Joint Notice:

- All employees, staff, and other Health System personnel;
- All companies, sites and locations under the management of Archbold Medical Center, Inc.: John D. Archbold Memorial Hospital, Inc., Archbold Health Services, Inc., Archbold Medical Group, Inc., Archbold Medical Enterprises, Inc., Archbold Foundation, Inc., and any of our hospitals, physician offices, nursing homes, hospices, pharmacies, or other health care entities that operate under the Health System that are considered covered entities for HIPAA compliance purposes. For a full

list of all of Archbold's healthcare facilities and medical offices, go to our website at www.archbold.org or ask a Registration Staff to give you a copy of the list. These facilities and their staffs and outside vendors may share information with each other for your treatment, payment and business purposes described in this Notice;

- Persons or companies performing services at or for the Health System that use and disclosure medical information;
- Persons or companies with whom the Health System participates in managed care arrangements;
- Our volunteers and medical, nursing and other health care students; and
- Employed and outside, independent members of our Medical Staff (doctors or providers who perform services at and for our facilities) and other medical and clinical professionals involved in your care or performing peer review, quality improvement, medical education and other services for the Health System.

Organized Health Care Arrangement. The Health System, members of the Archbold Medical Staff and other independent professionals providing services through our Health System are organized as an Organized Health Care Arrangement ("OHCA"). That means that companies that are not owned by Archbold and individuals who not employed by Archbold (including independent physicians not employed by Archbold) have agreed to operate under this Joint Notice for activities involving the Health System. Archbold uses/discloses your medical information to those participating in our OHCA in connection with your treatment, payment, or other Health System / OHCA activities. **Important:** Any companies not owned by Archbold and any people not employed by Archbold are independent professionals / companies with their own separate legal duties; Archbold Medical Center, Inc. has no control over these independent professionals and expressly disclaims any responsibility or liability for their acts/omissions relating to your care or privacy/security.

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

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

Treatment. We use and disclose your medical information to provide treatment or services to you. We disclose medical information about you to providers, nurses, technicians, therapists, medical, nursing or other health care students, and others taking care of you or providing consults about your care both inside and outside of our Health System. We use and disclose your medical information to coordinate or manage your care. We may send medical information to Archbold and outside providers or healthcare people/facilities/businesses who may be involved in your care, including, but not limited to, any primary care provider, specialist, therapist, facility, laboratories, imaging centers, home health service, nursing home, hospice, pharmacy, or other provider listed within your medical record. (For example, we may send a copy of your record to your primary care or specialist provider so they can follow-up on your care.) We share your medical information to schedule/coordinate tests, medications, and procedures you need - such as prescriptions, laboratory tests and x-rays. We may release medical information in emergencies.

Payment. We use and disclose your medical information so the treatment and services you receive can be billed and collected from you, an insurance company or other company or person. As examples, we may give your insurance company (e.g., Medicare, Medicaid, CHAMPUS/TRICARE, or a private insurance company) information about a procedure you received, so insurance will pay you for the procedure. We also may tell insurance company(s) about treatment you are to receive in order to know whether you have insurance coverage or prior payment approval for that treatment. We disclose your information to bill collection agencies to obtain overdue payment. We disclose information to regulatory agencies to determine whether services we provided were medical necessary or appropriate. We may provide your information to ambulance companies and other outside providers, so they can get paid for their services.

Health Care Operations. We use and disclose your medical information for any business reason to run the Health System and its facilities as a business and as a licensed/certified/accredited facility, including uses/disclosures of your information in the following examples: (1) Conducting quality or patient safety activities, population-based activities relating to improving health or reducing health care costs, case management and care coordination, and contacting of healthcare providers and you with information about treatment alternatives; (2) Reviewing healthcare professionals' backgrounds and grading their performance, or conducting training programs for staff, students, trainees, or practitioners and non-healthcare professionals; (3) Performing accreditation, licensing, or credentialing activities; (4) Engaging in activities related to health insurance benefits, (5) Conducting or arranging for medical review, legal services, and auditing functions; (6) Business planning, development, and management activities, including things like customer service, resolving complaints, sale or transfer of all or part of the Health System entities and the background research related to such activities; and (7) Creating and using de-identified health information or a limited data set or having a business associate combine data or do other tasks for various operational purposes. As examples, we may disclose your medical information to our Medical Staff to review the care provided to you. We may disclose information to providers, nurses, therapists, technicians, students, and Health System personnel for teaching purposes. We may combine medical information about many patients to decide what services we should offer and whether services are cost-effective and to compare our quality with others. We may remove your name or other identifiers from your medical information so others may use it to study health care services and products.

IMPORTANT NOTICE REGARDING THE DISCLOSURE OF YOUR MEDICAL INFORMATION TO HEALTH INFORMATION EXCHANGES AND NETWORKS

Unless you opt-out, we typically release your medical information to regional, state or national electronic health information exchanges (“HIEs”), health information networks and admission, discharge, and transfer notification networks that connect with other HIEs and networks around the country.

HIEs/Networks provide healthcare providers inside and outside of Archbold, insurance companies, payors, and others with the capability to share or “exchange” your medical information electronically among each other. HIEs/Networks are designed to give your treatment providers across the country greater access to your medical history with the goal of enhancing care coordination between providers and providing better care. They are also used for payment, research, public health, quality improvement and other purposes as allowed by law.

The information in these HIEs/Networks is stored by outside computers / companies that are not all owned or controlled by Archbold. Archbold will have NO control over HIEs/Networks information privacy/security/consent/re-disclosure practices or over HIE / Network users who are not Archbold employees.

This Notice is to let you know Archbold participates in HIEs. However, Archbold may not upload your medical information into a HIE that your healthcare providers uses. If in doubt, ask your provider to confirm receipt of your full Archbold record and always notify your provider of your full medical history prior to seeking treatment.

AT REGISTRATION, WE ASK WHETHER YOU CONSENT TO DISCLOSURES OF YOUR SUBSTANCE USE DISORDER INFORMATION. YOU HAVE A RIGHT TO REQUEST A LIST OF ALL DISCLOSURES OF YOUR SUBSTANCE USE DISORDER INFORMATION AS THE RESULT OF A CONSENT.

For a list of the HIEs and networks in which Archbold directly participates and/or for a list of disclosures of substance use disorder information, you may contact Information Services’ Regulatory Compliance Coordinator at 229-228-8252.

YOU DO NOT HAVE TO AGREE TO YOUR ARCHBOLD MEDICAL INFORMATION BEING ACCESSIBLE THROUGH HIES / NETWORKS IN ORDER TO RECEIVE TREATMENT FROM ARCHBOLD.

TO OPT-OUT OF HIE/NETWORK PARTICIPATION OR TO REQUEST A LIMIT OF THE USE OR DISCLOSURE OF YOUR INFORMATION:

- **IF YOU DO NOT WANT YOUR MEDICAL OR SENSITIVE INFORMATION ACCESSIBLE THROUGH HIES/NETWORKS, THEN YOU SHOULD COMPLETE THE OPT-OUT FORM MR 351 (AVAILABLE FROM REGISTRATION STAFF OR AT WWW.ARCHBOLD.ORG (Patients & Visitors). Patient information disclosed before your Opt-out Form is processed, will be accessible.**
- **You can also ask to limit the ways that medical your Archbold information is used and shared by filling out Form ADMT 124 (which is available from Archbold registration staff or at www.archbold.org (Patients & Visitors). Archbold will notify Patient if Archbold cannot agree to a Patient’s request to limit information.**
- **PLEASE NOTE: YOU MUST OPT-OUT SEPARATELY WITH EACH ONE OF YOUR HEALTH CARE PROVIDERS.**

Patient Portals. We may use and disclose patient information through portals that allow you to view parts of your medical information (e.g., summary documents, lab results, billing information, etc.) and to communicate with certain health care providers in a more secure manner.

Contact Information - Home and Email Addresses/Phone Numbers. If you provide us with a home or email address or other contact information for you, your guarantor or your personal representative, we will assume the information provided is accurate and that you are consenting to our using this information to communicate with you and others about various things related to your health care treatment (e.g., patient portals, etc.), payment for service (invoices, etc.) and health care operations (e.g., patient surveys, breach notifications, fundraising, etc.). It is your sole responsibility to notify us of a change of this information. We use outside companies to update your contact information on an as-needed basis.

Health Services, Products, Treatment Alternatives and Health-Related Benefits. We 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, therapies, providers, 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, or to offer other health-related products, benefits or services. We may use and disclose your medical information to remind you of appointments/medication refills.

Fundraising. We use and disclose your medical information to raise money for the Health System. The Archbold Foundation is the Health System’s primary fundraising entity. The Health System is allowed to disclose certain parts of your medical information to the Foundation or others involved in fundraising, unless you tell us you do not want such information used and disclosed. For example, the

Health System may disclose to the Foundation demographic 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 services, 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 us to contact you for fundraising purposes, please notify the Archbold Foundation at 229-228-2924 or the Privacy Officer at 229-228-2928.

Hospital or Nursing Home Directory. Patient Directory information is released to people who ask for you by name, so that family, friends and clergy can visit you in the Hospital or Nursing Home facility and know how you are doing. This information includes your name, your room number, your general condition (fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a clergy member (such as a priest or rabbi), even if they don't ask for you by name. If you do not want your information given out, please tell our Registration Staff.

Individuals Involved in Your Care or Payment for Your Care. We are allowed to release your medical information to the person you named in your Durable Power of Attorney for Health Care and to friends or family members who are your legal / personal representatives (anyone allowed under law to make health decisions for you). We give your medical information to those who help pay for your care. We also are allowed by law to speak with those who are/were involved in your care/payment activities, if we reasonably infer that you would not object. If you do not wish for us to speak with a particular person about your care, you should notify the Registration Staff, your nurse, or care provider.

Research. We may use and disclose your medical information for research purposes. The law allows some research without requiring your written approval. Pandemic vaccinations / testing results are released for research purposes.

Required by Law. We will disclose your medical information when the 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, injuries, or deaths to state or federal agencies.

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

Organ and Tissue Donation. We release your medical information to organizations that handle organ procurement, organ, eye or tissue transplantation, and organ or blood bank donation, as allowed by law.

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

Workers' Compensation. We may release medical information about you to your employer or others for workers' compensation, work-related injuries or illness or similar programs.

Minors. If you are under 18 years old, we release certain types of your medical information to your parent(s) or guardian if such release is required or permitted by law.

Public Health Risks. We disclose your medical information (and certain test results) for public health purposes, such as -

- To a public health authority to prevent or control communicable 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 FDA or other authority reactions to medications or problems with 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 a school to disclose whether immunizations have been obtained.

Health Oversight Activities. We disclose your medical information to a federal or state agencies for health oversight activities such as audits, investigations, inspections, and licensure of the Health System and of the providers who treated you.

Lawsuits and Disputes. We may disclose your medical information to respond to subpoenas, discovery requests, court, law enforcement, or governmental agency requests, orders, or search warrants.

Law Enforcement. We disclose your medical information to report death/injury resulting from potential criminal conduct or crimes on the premises, in emergencies, and as allowed by law.

Medical Examiners and Funeral Directors. We disclose medical information to the coroner or medical examiner, and 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 information to authorized federal officials who provide protection to the U.S. President and other persons.

Inmates. If in custody, we release your information to your correctional institution and law enforcement officer to provide you healthcare, and to protect your health/safety and the health/safety of others.

Incidental Disclosures. Medical information may be overheard or viewed by people who are not directly involved in your care. For example, visitors could overhear a conversation about you or see you getting treatment or see your information listed on a door, screen, or list.

Business Associates. Medical information is disclosed to people/companies outside our Health System who provide services to the Health System and Organized Health Care Arrangement.

Confidentiality of Substance Use Disorder Patient Records and Information

The confidentiality of substance use disorder patient records maintained by a federally assisted alcohol and drug rehabilitation program (such as Archbold Northside) is protected by federal law. Generally, Northside may not disclose to a person outside of Archbold that a patient is getting services at Northside, or any information identifying a patient as having a substance use disorder, unless:

- (1) The patient consents;
- (2) The disclosure is allowed by a court order;
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation;
- (4) A crime is committed on the premises or against personnel who work for the program; or
- (5) the disclosure is allowed by the law.

This law does not protect information about suspected child abuse or neglect from being reported under State law to appropriate authorities. Violation of the federal confidentiality law by a federally assisted alcohol and drug rehabilitation program is a crime. Suspected violations may be reported to appropriate authorities by contacting Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857. For more information, see 42 U.S.C. § 290dd-3 - § 290ee-3 and 42 C.F.R. Part 2 for federal confidentiality laws related to Substance Abuse Disorder Records.

State law also provides special protection for certain types of sensitive medical information, including information about mental health, abortion, pregnancy prevention, AIDS/HIV and communicable diseases.

Consent to Disclose Sensitive Health Information: During registration, you will be asked to consent to the release of medical information, sensitive information and federally assisted alcohol and drug rehabilitation program information, communicable disease, and mental health information. If you do not wish for certain information to be disclosed, please inform the Registration Staff during registration and complete the correct forms, and we will determine whether your request to restrict can be honored.

YOUR PRIVACY RIGHTS

Right to Review/Right to Request a Copy of Records. You have the right to review and get a copy of your medical and billing records that are held by us in a designated record set and the right to obtain an electronic copy if your record is readily producible in the form and format requested. Contact our Health Information Management Department at 229-227-5051 to request to review or get a copy of your records. There may be times your doctor in his/her professional judgment may not think it is in your best interest to have access to your medical record. If you are denied access to your information, you may ask us to reconsider that decision. Depending on the reason for denial, we may ask a licensed healthcare professional to review your request and reconsider.

Right to Amend. If you feel 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. The Director of Health Information Management, who can be reached at 229-227-5051, can help you with your request.

Right to an Accounting of Disclosures. You have the right to make a written request for a list of certain disclosures the Health System has made of your medical information within a certain period of time. This list is not required to include all disclosures we make. For example, disclosures for treatment, payment, or Health System administrative purposes, and disclosures made to you or that you authorized are not required to be listed. The Director of Health Information Management, who can be reached at 229-227-5051, or the Privacy Officer listed at the end of the Notice can help you with this request.

Right to Request Restrictions on Disclosures. You have the right to make a written request to 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. We are not required to agree to all requests, except as follows:

- **Payor Exception:** If otherwise allowed by law, we are required to agree to a requested restriction, if (1) the disclosure is to your health insurance plan 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 Health System visit, you may receive a bill for payment from multiple sources, including the hospital, laboratories, individual physicians who are not employees of Archbold who cared for you, specialists, radiologists, etc. Therefore, if you wish to fully restrict disclosure to your health insurance company, you must contact **each** independent health care provider separately and submit payment in full to **each** individual provider.

If we agree to a request for restriction, then 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. The HIPAA Privacy Officer listed at the end of the Notice can help you with these requests if needed.

Right to Request Confidential Communications. You have the right to make a written request that we communicate with you about medical matters 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 accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. The Privacy Officer listed at the end of the Notice can help you with these requests if needed.

Right to a Paper Copy of This Notice. You have the right to receive 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.archbold.org or a paper copy from Registration Staff or the Privacy Officer listed at the end of this Notice.

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 protected health information. Your physicians (who are not our employees) or other independent entities involved in your care will be solely responsible for notifying you of any breaches that result from their actions / inactions.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or changed Notice effective for medical information we already have about you, as well as for any information we receive in the future. We will post our current Notice at registration sites throughout the Health System and on our website at www.archbold.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Health System or with the Secretary of the Department of Health and Human Services ("HHS"). To file a complaint with the Health System, contact the Privacy Officer at Archbold Medical Center, 910 South Broad Street, Thomasville, GA 31792 or call 229-228-2928. Generally, a complaint must be filed with HHS within 180 days after the act / omission occurred, or within 180 days of when you knew or should have known of the act / omission. You will not be denied care or discriminated against by Archbold for filing a privacy complaint.

OTHER USES AND DISCLOSURES OF YOUR INFORMATION REQUIRE AUTHORIZATION

Uses and disclosures of your medical information that are not covered generally by this Notice or that are not allowed or required by law or by our policies or procedures will be made with your written permission. If you sign an authorization form for a special use/disclosure of information, then you can revoke that authorization, in writing, at any time by contacting the Director of Health Information Management at 220-227-5051 and filling out a form. But, we will not be able to take back any uses/disclosures already made with your past permission, and we must comply with the laws that require certain uses and disclosures of patient information. We are not allowed to delete medical or billing records that are subject to record retention laws.

If you have any questions about this Notice, please contact Privacy Officer, Archbold Medical Center, 910 South Broad Street, Thomasville, GA 31792 at 229-228-2928.

We are required to abide by the terms of this Notice as Revised Effective: July 21, 2022.