SUMMARY OF NOTICE OF PRIVACY PRACTICES

Our Legal Duty: We have a duty to protect the confidentiality of medical information about you. We are required to provide you with a Notice of Privacy Practices explaining ways we may use and disclose your medical information. The Notice also describes your legal rights and our obligations regarding the use and disclosure of your medical information.

Parties Following The Notice: The Notices will be followed by the Hospital and its affiliates, together with their health care professionals, staff, and volunteers; members of the Hospital Medical Staff and those participating in managed care networks with the Hospital; and other legal entities that provide services to the Hospital.

How We May Use and Disclose Medical Information About You: We may use or disclose identifiable health information about you for many reasons, including:

*Treatment
*Payment
*Health care operations
*Health oversight activities
*Public health purposes
*Auditing
*National security and protective services
*Research
*Workers' compensation
*Lawsuits and disputes
*Commonwell Network - Continuity of Care
*Activities of managed care networks in which we participate
*Activities of our affiliates
*Appointment reminders
*Fundraising activities
*Organ donation
*To avert a serious threat to health or safety
*To coroners, medical examiners and funeral directors
*To military command authorities
*As required by law
*Law enforcement purposes

In general, other uses and disclosures of your medical information will require your written authorization. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. We may use or disclose certain limited information about you, unless you object or request a limitation of the disclosure, for:

*Hospital directories
*Individuals involved in your care or payment

Privacy Rights: You have the following rights with respect to your health information:

*The right to request confidential communications and alternative means of communciation with you.
*The right to request restrictions on certain uses of your health information.
*The right to inspect and copy certain medical information that we maintain about you.
*The right to request an amendment of your health information.
*The right to an accounting of certain disclosures of your health information.

Substance Use Disorder Treatment Information: If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your your Part 2 Program record, in any civil, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Changes to the Notice: We reserve the right to change the Notice. We will post any revised Notice in the Hospital.

Complaints: If you believe your rights have been violated, you may file a written complaint with the Hospital by writing Kellie Smith, Compliance Officer or with the Secretary of the U.S. Department of Health and Human Services.

ACKNOWLEDGMENT

Patient Name: _____

Patient Acknowledgment: I acknowledge that I have received a copy of the Notice of Privacy Practices for Elbert Memorial Hospital. In receiving the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Patient/Guarantor Signature: Date: 021126

For Use by Hospital Personnel Only: [Complete if patient acknowledgement is not obtained]

The patient was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An acknowledgement was not obtained because:

_____ .

Electronic Signature of Hospital Representative: _____ Date: 021126