

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.

HIPAA NOTICE OF PRIVACY PRACTICES

WHO WILL FOLLOW THIS NOTICE:

This notice describes the privacy practices of Dorminy Medical Center and its “organized health care arrangement,” which consists of:

- Any health care professional authorized to enter information into your medical chart, including members of the Dorminy Medical Center’s Staff.
- All hospitals and affiliates, departments, and units of Dorminy Medical Center, including its outpatient facilities and physician practices.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff, and other Dorminy personnel.

All these entities, sites, locations, and persons operate as an “organized health care arrangement” and are presenting this document as a joint notice of privacy practices. In addition, these entities, sites, locations, and persons may share medical information with each other for treatment, payment, or health care operations purposes described in this notice. While the independent physicians and other healthcare providers who are members of Dorminy’s Medical Center’s Staff are part of Dorminy Medical Center’s organized health care arrangement under federal law for the specific purpose of sharing patient information, some healthcare providers, including independent Staff members, are not Dorminy Medical Center employees or agents and remain independent contractors who exercise their own independent medical judgment in caring for patients and are solely responsible for their own actions and compliance with the privacy laws.

For purposes of this notice, “we,” “us,” and “our” refer to Dorminy Medical Center and its organized health care arrangement.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Dorminy Medical Center’s facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by Dorminy Medical Center, whether made by Dorminy Medical Center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

1. Right to Inspect and Copy:

You have the right to inspect and copy medical information that may be used to make decisions about your care. If you are a current inpatient, you should notify your primary nurse and complete the required form. If you are an outpatient or discharged patient, you should contact the Director of Health Information Services in writing at the appropriate service location to obtain and complete the required form. 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.

2. 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 Dorminy Medical Center. Requests should be in writing and must include a reason supporting your request. Denials may occur under certain circumstances.

3. Right to an Accounting of Disclosures:

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment, and health care operations. Requests must be made in writing and specify the desired time (not longer than six years).

4. Right to Request Restrictions:

You have the right to request restrictions on the medical information we use or disclose about you for treatment, payment, or healthcare operations. Dorminy Medical Center reserves the right to deny such requests if they hinder quality care. Written requests must include specifics on the information to limit and applicable parties. Requests to restrict disclosures to health plans for items or services paid for in full by the patient will be accommodated as required under the HITECH Act.

5. Right to Request Confidential Communications:

You may request that we communicate with you about medical matters in a specific way or at a specific location. We will accommodate reasonable requests. Submit written requests to Dorminy Medical Center, Attn: Director of Health Information Systems, 200 Perry House Road, Fitzgerald, GA 31750.

6. Right to Be Notified of a Breach:

You have the right to be notified if there is any impermissible use or disclosure of your health information that compromises its privacy or security.

7. Right to a Paper Copy of This Notice:

You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically. Contact Dorminy Medical Center's Patient Access to obtain a paper copy.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

1. For Treatment:

We may use medical information about you to provide you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

2. For Payment:

We may use and disclose medical information about your treatment and services to bill and collect from you, your insurance company, or a third-party payer. For example, we may need to give your health plan information about a surgery to obtain payment.

3. For Health Care Operations:

Medical information may be used to ensure quality care, conduct training, and perform operational reviews. This may involve combining data from multiple patients for analysis.

4. Appointment Reminders:

We may contact you with appointment reminders via phone, voicemail, text message, email, or mail, including general information about the appointment.

5. Treatment Alternatives:

We may use and disclose medical information to inform you of potential treatment options or alternatives.

6. Health-Related Benefits and Services:

We may inform you about health-related benefits or services that may be of interest.

7. Fundraising Activities:

Contact information may be used to solicit support for Dorminy Medical Center's fundraising efforts. You may opt out of such communications.

SPECIAL PRIVACY PROTECTIONS FOR REPRODUCTIVE HEALTH INFORMATION:

The U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR) prohibits the use or disclosure of protected health information (PHI) by covered health care providers, health plans, or health care clearinghouses and their business associates to conduct a criminal, civil, or administrative investigation into, or impose criminal, civil, or administrative liability on any person seeking, obtaining, providing, or facilitating lawful reproductive health care. This includes healthcare services, medications, supplies, and equipment related to all matters affecting the reproductive system and its functions across all life stages.

Requestors of such information must sign an attestation before receiving it, affirming that the information will not be used or disclosed for any prohibited purpose.

SECURITY MEASURES TO PROTECT PHI:

Dorminy Medical Center employs physical, administrative, and technical safeguards, including encryption, multi-factor authentication, and secure access controls, to ensure the confidentiality and security of your protected health information, in compliance with the HIPAA Security Rule.

BUSINESS ASSOCIATE AGREEMENTS:

Dorminy Medical Center requires all business associates and their subcontractors to sign agreements that ensure compliance with HIPAA, HITECH, and all applicable regulations. These agreements stipulate the protection of your PHI in any services provided to or on behalf of Dorminy Medical Center.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Dorminy Medical Center's Privacy Officer, Dorminy Medical Center's Administrative Assistant, or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Information:

- **Privacy Officer:** Terri Tucker 200 Perry House Road 229-424-7136 ttucker@dorminymedical.org
- **Administrative Assistant:** Valrie Ussery 200 Perry House Road 229-424-7260
vussery@dorminymedical.org

To contact the HHS Office for Civil Rights (OCR) regarding a compliance inquiry or submission, use the following information:

- **Website:** [HHS OCR Website](https://www.hhs.gov/ocr/index.html)- <https://www.hhs.gov/ocr/index.html>
- **Complaint Portal:** [OCR Complaint Portal](https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)- <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- **Toll-Free Number:** 1-800-368-1019
- **TDD:** 1-800-537-7697
- **Local Number:** 202-619-0403
- **Address:** U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, SW Washington, D.C. 20201
- **General Inquiries:** ocrmail@hhs.gov
- **Regional Offices:** If your inquiry pertains to a specific region, contact the appropriate regional OCR office. Regional contact information can be found on the [OCR Regional Offices Page](https://www.hhs.gov/ocr/about-us/contact-us/index.html)- <https://www.hhs.gov/ocr/about-us/contact-us/index.html>.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice, with revisions applicable to both past and future medical information. The current notice will be posted in our facilities and on our website (www.dorminymedical.org). You may request a copy of the latest notice at any time.
