



## 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. The Notice also describes your legal rights and our obligations regarding the use and disclosure of your medical information.

**Parties Following The Notices:** The Notice 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
- Public Health Purposes
- Auditing
- Research directors
- Workers' Compensation
- Lawsuits and disputes
- As required by law
- Patient Portal
- Activities of managed care networks in which we participate
- Activities of our affiliates
- Appointment reminders
- Fund-raising activities
- Organ Donation
- To avert serious threat to health or safety
- National security and protective services
- To coroners, medical examiners and funeral
- To military command authorities
- Law enforcement purposes

In general, other uses and disclosures of your medical information will require your written authorization. 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

**Your privacy rights:** You have the following rights with respect to your health information:

- The Right to request confidential communications and alternative means of communication 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 for you
- The Right to request and amendment of your health information
- The Right to an accounting of certain disclosures of health information

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

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

Hospital Privacy Officer: Linda G. Coleman, MSN, RN, NE-BC, CPHRM, LNC-Csp Chief Nursing Officer/Risk Management Candler County Hospital 912-685-1126

Secretary of the U.S. Department of Health and Human Services: U.S. Department of Health and Human Services [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) 1-800-368-1019

### **ACKNOWLEDGMENT**

Patient Name:

I acknowledge that I have received a copy of the Notice of Privacy for Candler County 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.

Signature of Patient:

11/06/24

For use by Hospital personnel only: The patient was provided with a copy of the Notice of Privacy Practice's and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An acknowledgement was not obtained because:

Signature of Hospital Representative:

TERESA R BROWN

11/06/24