



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.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some limited exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. If there is an important change to our policies, we will promptly change this notice and post a new notice in the lobby of the admission's area and on our website. You can also request a copy of this notice from the contact person listed in Section VI below at any time and can view a copy of the notice on our website at www.ridgeviewinstitute.com.

Ridgeview Institute participates in an Organized Health Care Arrangement or OHCA with the members of our Organized Medical Staff. This notice shall serve as the joint notice for the OHCA. Ridgeview Institute and these health care providers will share PHI with each other, as necessary, to carry out the treatment, payment or health care operations relating to the OCHA. Please understand that Ridgeview Institute will not be responsible in any manner for the actions of these other health care providers participating in the OHCA that are unrelated to the activities of the OHCA.

I. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. We may use and disclose your PHI without your consent or authorization for the following reasons:

1. **For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you require a special diet for an eating disorder, we may disclose your PHI to the food services department in order to coordinate your care. We may also need to disclose your PHI to help treat you during an emergency.
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
3. **For health care operations.** We may disclose your PHI in connection with certain activities related to the operation of this hospital or the OCHA. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

B. Other Uses and Disclosures That Do Not Require Your Consent. We may use and disclose your PHI without your consent or authorization for the following reasons:

1. **When a disclosure is required by federal, state or local law, or ordered in a judicial or administrative proceeding.** For example, we make disclosures when a law requires that we report information to government agencies and/or law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
2. **For certain public health activities.** For example, we report information about births, deaths, and various diseases, to government officials that are authorized by law to collect such information.
3. **For health oversight activities authorized by law.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or the hospital.
4. **For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
5. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
6. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
7. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. Also, we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
8. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

9. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
10. **Coroners/Medical Examiners/Funeral Directors.** We may provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
11. **Law Enforcement Activities.** We may disclose PHI to law enforcement officials in limited situations, including in the course of an investigation of a crime that is committed on our premises.

C. Two Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Patient directories.** Federal and state laws prohibit us from maintaining a patient directory for use by visitors.
2. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections A, B, and C above, including, but not limited to, most uses and disclosures of psychotherapy notes, uses and disclosures for most marketing purposes, and disclosures of PHI for which we are paid, we will ask for your written authorization before using or disclosing any of your PHI.

If you choose to sign an authorization permitting the use or disclosure of your PHI, you may revoke that authorization in writing at any time to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

II. WHEN IT COMES TO YOUR PROTECTED HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS.

This section explains your rights and some of our responsibilities to help you.

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or our operations, or to restrict the PHI that is provided to family, friends or other individuals involved in your care. We are not required to agree to your request, and we may say "no" if it would affect your care. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment with your health insurer.

B. The Right to Request Confidential Communications. You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address. We will say "yes" to all reasonable requests.

C. The Right to See and Get Copies of Your PHI. You have the right to see or get a copy of most of your medical information that we maintain in paper and electronic format, but you must submit your request in writing. We will respond within thirty (30) days of your request. We will charge a reasonable, cost-based fee if you request copies of your PHI. If requested, PHI held electronically will be provided in an electronic format. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and the fee in advance.

D. The Right to Get a List of those with whom we've shared your PHI. You have the right to request a list (accounting) of the times we have shared your PHI in the last six years prior to the date of your request. The list will include the date the information was shared, who we shared it with, what information we shared and why we shared the information. We will respond within sixty (60) days of receiving your written request.

The list (accounting) will include all disclosures except for those made for treatment, payment, or health care operations, and certain other disclosures (such as those that you asked us to make). We will provide one accounting a year for free but will charge \$5.00 for each additional request you make within 12 months.

E. The Right to Ask Us to Correct Your PHI. You can ask us to correct your PHI if you think it is incorrect or incomplete. You must submit your request and the reason for your request in writing. We may say "no" to your request, but we will notify you of our decision in writing within 60 days.

F. The Right to Get A Copy of This Privacy Notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

G. The Right To Choose Someone To Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.

H. The Right to Receive a Breach Notification. You have the right to receive a notification if there is a breach of your unsecured PHI.

I. The Right to File a Complaint If You Feel Your Privacy Rights Are Violated. If you have any questions about the information provided on this notice or any complaints about our privacy practices, you can contact: Ridgeview Institute's Privacy Officer, 3995 South Cobb Drive, Smyrna, GA 30080; (770) 434-4567; E-mail: HIPAAprivacyofficer@ridgeviewinstitute.com.

You can also file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-800-368-1019, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will take no retaliatory action against you if you file a complaint about our privacy practices.

V. EFFECTIVE DATE OF THIS NOTICE. This notice went into effect on September 1, 2015.