



USA HOSPITALS • USA PHYSICIANS GROUP • USA MITCHELL CANCER INSTITUTE
USA PAT CAPPS COVEY ALLIED HEALTH PROFESSIONS

PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY**

This Privacy Notice covers an Organized Health Care Arrangement (“OHCA”) known as USA Health, made up of the entities listed on the last page of this Notice.

The effective date of this notice is April 1, 2017.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you is personal and are committed to protecting your health information. Health information is your health history, symptoms, test results, diagnosis, treatment, and claims and payment history. We create a record of the care and services you receive within USA Health. The record is needed in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all records pertaining to your health care in possession by USA Health.

This notice will tell you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that your health information is protected
- Give you this notice of our legal duties and privacy practices with respect to your health information
- Follow the terms of the USA Health Privacy notice

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose your health information. Not every use or disclosure in a category will be listed.

1. **General Uses and Disclosures.** Under the Privacy Rules, we are permitted to use and disclose your health information for the following purposes, without obtaining your permission or authorization:
 - ◆ **Treatment:** We can use and disclose your health information to provide medical treatment or services. For example, we may disclose your health information to your primary care provider, consulting providers and to other health care personnel who have a need for such information for your care and treatment.
 - ◆ **Payment:** We can use and disclose your health information for the purposes of determining coverage, billing and payment. For example, a bill sent to your insurance company may include information that identifies you, your diagnoses, procedures and supplies used in your treatment.
 - ◆ **Health Care Operations:** We can use and disclose your health information for our health care operations. These include but are not limited to: quality assurance, auditing, licensing, credentialing and for educational purposes. For example, we can use your health information to internally assess our quality of care provided to patients.
 - ◆ **Uses and Disclosures Related to OHCA:** The health care providers participating in the OHCA and listed in this Notice will share your health information with each other, as necessary to carry out treatment, payment and health care operations related to the OHCA.
 - ◆ **As Required By Law:** We may use and disclose your health information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

- ◆ **Public Health Activities:** We may disclose your health information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- ◆ **Abuse and Neglect:** We may disclose your health information to a local, state or federal government authority, if we have a reasonable belief of abuse, neglect or domestic violence.
- ◆ **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ◆ **Judicial and Administrative Proceedings:** We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- ◆ **Law Enforcement Purposes:** We may disclose your health information to law enforcement officials when required to do so by law.
- ◆ **Coroners, Medical Examiners and Funeral Directors:** We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your health information to funeral directors as necessary to carry out their duties.
- ◆ **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety, or that of others, or for the safety and security of the correctional institution.
- ◆ **Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ◆ **Specialized Government Functions:** If you are a member of the U.S. Armed Forces, we may release your health information as required by military command authorities. We may also disclose your health information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.
- ◆ **Workers' Compensation:** We can release your health information to your employer to the extent necessary to comply with Alabama law relating to workers' compensation or other similar programs.
- ◆ **Appointment Reminders/Treatment Alternatives:** We may use and disclose health information to contact you as a reminder of an appointment for treatment or medical care. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ◆ **Marketing:** We may use or disclose your health information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.
- ◆ **Fundraising:** We may use or disclose your health information to make a fundraising communication to you, for the purpose of raising funds for our own benefit. Included in such fundraising communications will be instructions describing how you may ask not to receive future communications.
- ◆ **Business Associates:** We may disclose your health information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your health information.
- ◆ **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process where certain safeguards are in place to ensure the privacy and protection of your health information.
- ◆ **Organ and Tissue Donation:** If you are an organ donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ◆ **Hospital Directory:** Unless you object, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as priest or minister, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.
- ◆ **Other Uses and Disclosures:** In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Rules. For example, if reasonable precautions are taken to minimize the chance that others who may be



nearly accidentally overhear your health information, the following practices are permissible under the Privacy Rules, because they are considered incidental disclosures: health care staff may orally coordinate services at hospital nursing stations; nurses or other health care professionals may discuss a patient's condition over the phone with the patient, a provider, or a family member; a health care professional may discuss lab test results with a patient or other provider in a joint treatment area; a physician may discuss a patient's condition or treatment regimen in the patient's semi-private room; health care professionals may discuss a patient's condition during training rounds, other training settings and for training purposes; a pharmacist may discuss a prescription with a patient over the pharmacy counter, or with a physician or the patient over the phone.

2. **Uses and Disclosures, Which Require You the Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your health information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.
3. **Uses and Disclosures, Which Require Written Authorization.** We can use your health information for purposes other than the categories listed above with your written authorization. For example, disclosures that constitute a sale of your protected health information will only be done with your written authorization. In addition, in order to disclose your health information to a company for marketing purposes, we must obtain your authorization. Under the Privacy Rules, you may revoke your authorization at any time. The revocation of your authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your health information; the authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or your health information was obtained as a part of a research study and is necessary to maintain the integrity of the study. Other uses and disclosures not described in this Privacy Notice will only be made with your written authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

- ◆ **Right to Inspect and Copy:** Upon written request, you have the right to inspect and copy your own health information contained in a designated record set, maintained by or for us. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the health information we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your health information be reviewed. If you request a copy or summary of explanation of your health information, we may charge you a reasonable fee for copying costs, including the cost of supply and labor, postage and any other associated costs in preparing the summary of explanation.
- ◆ **Right to Access Electronic Health Record:** If we maintain your health information in an electronic health record we are required to make that record available to you (or another person or entity designated by you) in an electronic format upon your written request.
- ◆ **Right to Request an Amendment of Your Health Information:** If you feel that health 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 of your health information as long as the information is kept by or for USA Health. We may deny your request if we determine you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not health information maintained by or for us; is health information that you are not permitted to inspect or copy; or we determine the health information is accurate and complete. We will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.
- ◆ **Right to an Accounting of Disclosures of Your Health Information:** You have the right to receive an accounting of disclosures of your health information made by us within six (6) years prior to the date of your request. This is a list of disclosures we made of health information about you. The first list you request within a twelve (12) month period is free. For additional lists, we may charge you the cost of providing the list.
- ◆ **Right to Request Restrictions on the Use and Disclosure of Your Health Information:** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or the payment for your care, like a family member or close friend. We are not required to agree to your request unless all of the following conditions apply: you request that your health information not be disclosed to your health plan; the purpose of the disclosure is not related to treatment; and the health care services to which the health information applies have been paid for out-of-pocket in full. Except as provided for herein or in unusual circumstances or when otherwise required by law, it is our general policy not to agree to such requests. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- ◆ **Right to Alternative Communications:** You have the right to receive confidential communications of your health information by a different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail. We will accommodate all reasonable requests.
- ◆ **Right to Receive Notification of a Breach of Your Unsecured Health Information:** You have a right to, and will be notified if there is a breach of your unsecured health information.
- ◆ **Right to a Paper Copy of this Privacy Notice:** You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically.



Date of Birth: _____

Medical Record Number: _____

Account Number: _____

**BY SIGNING BELOW, I HEREBY ACKNOWLEDGE
RECEIPT OF THIS PRIVACY NOTICE.**

Printed Name of Patient

Date

Signature of Patient or Patient's Representative

Printed Name of Patient's Representative (if applicable)

Representative's Relationship to Patient (if applicable)

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After a good faith attempt to obtain an Acknowledgment of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason:

Signature of USA Health Representative

Date

The effective date of this notice is April 1, 2017



If you want to exercise any of these rights, please contact the appropriate facility below. Your request will only apply to the facility you contact. All requests must be submitted to us in writing on a designated form, which we will provide to you.

USA Children's & Women's Hospital
(251) 415-1642

USA Medical Center
(251) 471-7350

USA Mitchell Cancer Institute
(251) 445-9849

USA Pat Capps Covey Allied Health Professions
(251) 471-7836

USA Hospitals Business Office
(251) 434-3556

USA Physicians Group
(251) 471-7836

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the notice currently in effect in all our locations and on the web at <http://www.usahealthsystem.com/>.

CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION

If you believe your privacy rights have been violated or that we have violated our own privacy practice, you may file a complaint with us. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

To file a complaint with the USA Health, contact Linda Hudson, USA Chief HIPAA Compliance Officer, at (251) 470-5802.

As part of our OHCA, the following entities provide services at the following locations and are covered by this Privacy Notice. In addition, there may be other health care providers who provide services at these locations that are not employees of USA, but are part of the USA Health OHCA and are covered by this Privacy Notice.

University of South Alabama Hospitals

USA Medical Center 2451 USA Medical Center Drive Mobile, AL 36617	USA Children's & Women's Hospital 1700 Center Street Mobile, AL 36604
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University of South Alabama Mitchell Cancer Institute

USA Mitchell Cancer Institute, 1660 Springhill Avenue, Mobile, AL 36604
USA Mitchell Cancer Institute - Fairhope, 188 Hospital Drive, Suite 400, Fairhope, AL 36532

University of South Alabama Physicians Group

USA Medical Center Campus – 2451 USA Medical Center Drive and 575 Stanton Road, Mobile AL 36617: Cardiology Specialists, Interventional Radiology Specialists, Internal Medicine Specialties, Surgical Specialties, Pathology Specialists, Radiology, Stanton Road Clinic, Stroke Center

USA Children's & Women's Campus – 1720 Center Street and 1700 Center Street, Mobile AL 36604: Obstetrics & Gynecology, Pediatric Surgical Specialties

USA Strada Patient Care Center – 1601 Center Street, Mobile AL 36604: Center for Women's Health, Diagnostic Maternal Fetal Medicine, Developmental and Behavioral Pediatrics, Fertility Center, Neurosurgical Specialists, Neurology Specialist, Children's Specialty Center, Radiology, Surgical Oncology, Plastic & Reconstructive Surgery, Orthopaedic Rehabilitation Center, Orthopaedic Surgery, Pediatric Healthy Life Center, General Pediatrics, Adolescent Medicine

USA Springhill Campus – 1504 Springhill Avenue, Mobile AL 36604: Family Medicine Center

USA Mitchell Cancer Institute Campus – 1660 Springhill Avenue, Mobile AL 36604: Surgical Oncology

USA Main Campus – 75 S. University Boulevard, University Commons, Suite 6000-A, Mobile AL 36608: University Physicians Group and Medical Specialties, Digestive Health Center

Satellite Clinics:

Thomas Hospital: 188 Hospital Drive, Fairhope, AL 36532: OB/GYN
Jackson Medical Center: 227 Hospital Drive, Jackson, AL 36545: OB/GYN
Bayview Professional Associates: 1015 Montlimar Dr., Ste A210, Mobile, AL 36609: Psychiatry

USA Pat Capps Covey Allied Health Professions

Speech and Hearing Center, 5721 USA Drive North, Mobile, AL 36688
Radiological Sciences Clinic, 5721 USA Drive North, Mobile, AL 36688
Physical Therapy Clinic, 5721 USA Drive North, Mobile, AL 36688

* USA Psychology Clinic is part of the USA Health System OHCA but is not covered by this Privacy Notice.



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