

NOTICE OF PRIVACY PRACTICES

Effective Date: July 8, 2021

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.

The Cooper Green Mercy Health Services Authority (CGMHSA) is providing the following Notice of Privacy Practices to our patients in accordance with 45 CFR § 164.501 and 45 CFR § 164.506(c)(5). This Notice covers CGMHSA and the health care providers listed in Section V who may provide services to you as part of the CGMHSA.

Cooper Green Mercy Health Services Authority (CGMHSA) is committed to protecting medical information about you. We create a record of the care and services you receive at CGMHSA for use in your care and treatment.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- a) Make sure that your medical information is protected;
- b) Give you this Notice describing our legal duties and privacy practices with respect to medical information about you;
- c) Notify you in the case of a breach of your identifiable medical information; and
- d) Follow the terms of the Notice that is currently in effect.

I. How CGMHSA Uses and Discloses Your Health Information:

CGMHSA provides a broad range of services through a wide variety of health and human services programs. If you receive services from CGMHSA, CGMHSA may use your protected health information and disclose it to other health systems' health and human services programs and outside the health system for the following purposes:

- a) Treatment and Treatment Alternatives: We use your health information to plan and provide your care and treatment. We may disclose your health information to health care professionals who are involved in taking care of you. We may use or disclose your health information to inform you about possible treatment options or services. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.
- b) Payment: We may use and disclose your health information to obtain reimbursement from you, private insurers, another third party, or other government programs for the treatment and services you receive through CGMHSA. For example, a bill may be sent to you or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- c) Health Care Operations: We may use and disclose health information about you for routine health care operations, which are necessary to operate CGMHSA and improve patient care. For example, we may verify that services billed were actually provided or assess the services provided to improve the outcomes. For example, members of a quality assurance team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare

and service we provide.

d) Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

e) Appointment Reminders: We may use and disclose health information to contact you about appointments and other health-related benefits or services available at CGMHSA. We may contact you by mail, telephone, text, or email. For example, we may leave voice messages about upcoming appointments at the telephone number you provide to us or mail you a letter about one of our new health products that may interest you.

f) Research: We may use and disclose your health information for medical research. For example, a research project may involve comparing the recovery of all patients who received one medication to those who received another for the same condition.

g) Certain Marketing Activities: CGMHSA may use health information about you to communicate with you about services offered by CGMHSA, about case management and care coordination, and about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do so.

h) Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. However, we require the business associate to safeguard your information. Examples include medical transcriptionists and billing companies.

i) As Required by Law: We will disclose your health information when required to do so by federal, state, or local law.

j) Public Health Activities: We may disclose health information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public.

k) Food and Drug Administration (FDA): We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

l) Victims of Abuse, Neglect, or Domestic Violence: We are required to report child, elder, and domestic abuse or neglect to the State of Alabama.

m) Health Oversight Activities: We may disclose 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 allow the government to monitor the health care system, government programs, and compliance with civil rights laws.

n) Civil and Criminal Courts: We may disclose health information in response to a legal subpoena or other lawful process from courts and other authorities as required by law.

o) Law Enforcement: We may disclose health information for law enforcement purposes in accordance with state and federal law. For example, we may release health information for identification and location of missing persons or suspected victims of crime.

p) Coroners, Medical Examiners and Funeral Directors: In most circumstances, we may disclose medical information to a coroner or medical examiner. We may also disclose medical information about patients of CGMHSA to funeral directors as necessary to carry out their duties. For example, we may disclose health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

q) Organ and Tissue Donation: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

r) To Avert a Serious 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. Any disclosure, however, would only be to someone able to help prevent the threat.

s) Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

t) National Security and Intelligence Activities: We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

u) Protective Services for the President and Others: We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

v) Workers' Compensation: We may release your health information for workers' compensation or similar programs as authorized by law. These programs provide benefits for work-related injuries or illness.

w) Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals or for the administration of the institution.

x) Other Uses and Disclosures: We will obtain your written authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization), and for marketing activities not described above. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. The CGMHSA will not use or disclose your protected health information except as described in this Notice, or otherwise authorized by law.

II. Your Health Information Rights:

You have the right to:

a) Request a restriction on certain uses and disclosures of your protected health information. For example, you could ask that we not use or disclose information about a medication you take. We are not required to agree to your request in all circumstances. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we deny your request, we will tell you why and explain your options. To request a restriction, you must make your request in writing to the Privacy Officer.

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b) Obtain a paper copy of this Notice of Privacy Practices upon request. You may also obtain a copy of this Notice on our website at coopergreen.org.

c) Inspect and obtain a copy of your protected health information unless your doctor believes releasing that information to you could harm you. Medical and billing records are included in your right but not psychotherapy notes, information gathered for a legal proceeding, or certain research records while the research is ongoing. To obtain or inspect a copy of your health records, you must submit your request in writing to the medical records department or Privacy Officer. We may deny your request in certain circumstances. If your request is denied, you may appeal the denial by following the instructions in the letter of denial you will receive.

d) Request amendments to your protected health information. Your request for amendment must be made in writing to the Privacy Officer. We may deny your request; if we do, we will tell you why and explain your options.

e) Obtain an accounting of disclosures of your protected health information. To request an accounting, you must submit your request in writing to the Privacy Officer.

f) Receive confidential communications of your protected health information by alternative means or at an alternative address. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests.

g) Revoke your authorization to use or disclose your protected health information except to the extent that it has already been relied upon.

h) Request that health information pertaining to services paid out of pocket not be sent to insurance or other health plans. You have the right to request that we not submit your health information to a health plan if you, or someone on your behalf, pay for the treatment or service out of pocket and in full. To request this restriction, you must make your request in writing to the Privacy Officer prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict (2) and to what health plan the restriction applies. We will agree as long as the disclosure is for payment or health care operations and is not required by law.

i) Additionally, the 21st Century Cures Act prohibits us from knowingly engaging in Information Blocking. We will not engage in any practice that is likely to interfere with, prevent, or discourage your access, exchange, or use of your electronic health information.

CGMHSA may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. Should our privacy practices change, we will post a revised Notice indicating the date of the revision in accessible locations like waiting rooms, registration areas, etc.

III. For More Information or to Report a Problem or Complaint:

If you have questions and would like additional information, you may contact the Privacy Officer at (205) 930-3600. If you believe your privacy rights have been violated, you may file a complaint with CGMHSA or with the Secretary of the United States Department of Health and Human Services. To file a complaint with CGMHSA, please contact CGMHSA, Privacy Officer, 1515 6th Avenue South, Birmingham, AL 35233, Telephone number (205) 930-3600. There will be no retaliation for filing a complaint.

IV. Effective Date of the Notice:

The effective date of this Notice is April 11, 2020.

V. Others Who May Receive Your Health Information:

The following health care providers may provide services to you and are covered by this Notice: physicians; dentists; podiatrists; optometrists; physical, occupational, respiratory and speech therapists and assistants; rehabilitation attendants; dietary consultants; nurses;

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psychologists and social workers; hospice workers; pharmacists; medical equipment suppliers; diagnostic providers; physician assistants; lab technicians and providers; physician assistants, allied health professionals; students; volunteers; and other health care providers. These individuals may not be employees of CGMHSA, but rather may be providing services to you as part of an arrangement between CGMHSA and other health care entities and providers.