

This Privacy Notice Highlights briefly describes how we may use and disclose health information we have about you and how you can access that information. You also have been given our complete Notice of Privacy Practice which contains details about our current privacy practices and how to exercise your choices and rights. Please refer to that Notice for complete information.

What is the Health Insurance Portability and Accountability Act?

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) sets national guidelines to ensure the privacy of your individual identifiable health information. It also provides you more control over your health information and allows you to find out how your health information may be used or disclosed.
- HIPAA requires us to provide you with a NOTICE OF PRIVACY PRACTICES explaining our privacy policies.
- The document that you have received with these Highlights provides details about the ways in which EMORY HEALTHCARE may use and disclose your health information. It also describes your rights and certain obligations EMORY HEALTHCARE has regarding the use and protection of your health information.
- We will ask you to sign an acknowledgement that you have received the EMORY HEALTHCARE Notice of Privacy Practices.

What are some of the ways that EMORY HEALTHCARE may use and disclosure my health information?

- EMORY HEALTHCARE offers many different types of health care services with many different types of doctors. In our efforts to provide care to you, it is necessary that your health information be available to health care providers who are involved in your treatment and care.
- We will need to communicate with your insurance company so that we can bill and receive payment for the services we provide to you. We may also tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health insurance plan will pay for medical treatment.
- EMORY HEALTHCARE may need to use or disclose your health information for our business and administrative activities. For example, we may review our treatment of you and evaluate the performance of our staff in caring for you. Your health information may help us decide additional services we should offer, what services are not needed, and whether certain new treatments are effective for our patients.
- Sometimes we may use or disclose your health information for medical research or public health activities.

What are some of my rights and choices regarding my health information?

- You may review and receive copies of your health records.
- If you think that your medical information is incorrect, you may ask us to amend the information.
- In some cases we will ask you for your permission through an authorization form to use or disclose your health information.
- Where you have given us permission to use or disclose your health information, you may change your mind at any time.
- You may request that we communicate with you about your health care matters in a certain way or at a certain location.
- You may request restrictions or limitations on how we use or disclose your health information.

If you believe your privacy rights have been violated, you may file a complaint by writing to: Director of Risk Management, EMORY HEALTHCARE, 101 W. Ponce de Leon Avenue, Suite 600, Decatur, GA 30030. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

For further information you may send written inquiries to the EMORY HEALTHCARE Privacy Office, 101 West Ponce de Leon Avenue, Suite 610, Decatur, GA 30030 or call 404-778-2757.

Please refer to the Notice of Privacy Practices that was given to you for a full description of EMORY HEALTHCARE's privacy practices. You may also obtain the EMORY HEALTHCARE Notice of Privacy Practices by going to the EMORY HEALTHCARE web site at www.emoryhealthcare.org.

Effective Date: April 14, 2003