



## NOTICE OF PRIVACY PRACTICES OF THE HEALTH CARE AUTHORITY FOR BAPTIST HEALTH, AN AFFILIATE OF UAB HEALTH SYSTEM

**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 Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy, and authenticity of health information, and to safeguard access to and disclosure of health information. As a health care provider, Baptist Health uses your confidential health information to create records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. Baptist Health is committed to maintaining your privacy rights under both federal and state law. This Notice of Privacy Practices applies to records of your care created and/or maintained by Baptist Health.

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### WHO WILL FOLLOW THIS NOTICE

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**BAPTIST HEALTH.** This Notice describes the privacy practices of the Health Care Authority of Baptist Health, an affiliate of UAB Health System, and all d/b/a's of the Health Care Authority and all affiliated corporations and their d/b/a's.

**MEDICAL STAFF MEMBERS.** This Notice also describes the privacy practices of an "Organized Health Care Arrangement" or "OHCA" between Baptist Health and eligible providers on its medical staff and their responsibilities of sharing patient information necessary to carry out treatment, payment, and health care operations. Baptist Health providers and all other eligible providers have entered into the OHCA under which Baptist Health providers and other eligible providers will:

- Use this Notice as a joint Notice of Privacy Practices for all inpatient and outpatient provisions of medical care and follow all information practices described in this notice;
- Obtain a single signed acknowledgment of receipt;
- Notify you in the case of a breach of your identifiable medical information; and
- Share medical information from inpatient and outpatient provisions of medical care with eligible providers so that they can help Baptist Health with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

Because Baptist Health is a clinically-integrated care setting, our patients receive care from Baptist Health staff and from independent practitioners on the medical staff. Baptist Health and its medical staff must be able to share your medical information freely for treatment, payment, and health care operations as described in this Notice. Although all independent medical staff members who provide care at Baptist Health follow the privacy practices described in this Notice, they exercise their own independent medical judgment in caring for patients and they are solely responsible for their own compliance with privacy laws. Baptist Health and independent medical staff members remain completely separate and independent entities that are legally responsible for their own actions.

**HEALTH INFORMATION EXCHANGE/HEALTH INFORMATION ORGANIZATION (HIE/HIO).** HIEs/HIOs allow health care providers, including, Baptist Health, to electronically share and receive information about patients, which assists in the coordination of patient care. Baptist Health participates in a HIE/HIO (“Patient Bridge”) that may make your health information available to other providers, health plans and health care clearinghouses for treatment and/or payment purposes. Your health information may be included in the HIE/HIO. Baptist Health may also make your health information available to other HIE/HIO participants that request your information for coordination of your treatment and/or payment for services rendered to you. You may choose **NOT** to have your health information included in the HIE/HIO by completing the Participation Change Request Form. A copy of the Participation Change Request Form may be found at <http://www.baptistfirst.org/patient-bridge>. Completing the Participation Change Request Form will not affect your ability to receive health care.

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## USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

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The following categories describe different ways we may disclose your medical information without your permission. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such state or federal law. These are general descriptions only. Although we cannot list every disclosure or use within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of the following categories. If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of the information. Once we have obtained your consent, we will treat the disclosure of such information in accordance with our privacy practices outlined in this Notice.

**Treatment.** We may use and disclose your medical information for treatment and/or services. We may disclose medical information about you with our nurses, your physicians, or other Baptist Health personnel who are involved in your care at Baptist Health. Different departments within Baptist Health may need to share information about you in order to coordinate the different aspects of your care; for example, prescriptions, lab work, and X-rays. Further, we may disclose any information relating to your health to any non-Baptist Health physician(s), health care providers, and/or health care facilities for the sole purpose of providing current and/or future medical care. Baptist Health may use and disclose your medical information to inform you and/or to recommend to you possible treatment options and/or available alternatives that may be of interest to you and your health.

**Payment.** We may use and disclose your medical information so that the treatment and/or services

you received through Baptist Health may be billed to and payment may be collected from you, an insurance company, or other third party. Further, we may also inform your health insurance plan about a treatment or service you plan to receive in order to obtain prior approval or to determine whether your health insurance plan will cover the treatment and/or service. Additionally, we may also disclose medical information about you to other medical care providers, medical plans, and health care clearinghouses for their payment purposes. If state law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

**Health Care Operations.** We may use and disclose your medical information in the course of Baptist Health's routine operations. These disclosures and uses are necessary to the operations of Baptist Health to ensure that all of our patients receive quality care. For instance, we may use medical information to review our treatment, services, and evaluation of our staff's performance of your care. Such information may be combined with other patient information to determine the value and effectiveness of services provided by Baptist Health. Further, such information may also be disclosed to physicians, nurses, technicians, medical residents, students, and/or other Baptist Health personnel for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer our patients.

**Business Associates.** We may disclose your medical information to our business associates and allow them to create, use, and disclose your medical information to perform their job. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

**Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical services. We may use and disclose your medical information to tell you about benefits and/or services that may be of benefit to your health.

**Treatment Alternatives.** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising.** We may use your medical information to contact you as part of a fundraising effort. For example, we may disclose certain elements of your medical information, such as your name, address, phone number, and dates you received treatment or services, to a foundation related to Baptist Health so they may contact you to raise money for Baptist Health. You have a right to opt out of fundraising communications. If you do not wish to be contacted regarding fundraising, please contact the Baptist Health Care Foundation at 334-273-4567. Your decision whether or not to receive fundraising communications will not affect your ability to receive health care services at Baptist Health.

**Certain Marketing Activities.** We may use your medical information to forward promotional gifts of nominal value, to communicate with you about products, services, and educational programs offered by Baptist Health, to communicate with you about case management and care coordination, and to communicate with you about treatment alternatives.

**Facility Directory.** We may include your name, location in the facility, general condition (e.g. fair, stable, etc.), and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility directory if you object or if we are prohibited by state or federal law. If you choose not to be listed in the directory, we will not be able to inform your family and/or friends that you are receiving treatment and/or services in our facility.

**Family and Friends.** We may disclose your location or general condition to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose such information as directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies, or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or an individual responsible for your care may be notified of your location and condition.

**Required by Law.** We may use and disclose your information as required by federal, state, or local law.

**Public Health Activities.** We may disclose medical information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- To any employer if the employer requires the healthcare services to determine whether you suffered a work-related injury.

**Abuse, Neglect, or Domestic Violence.** We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We are required to report child, elder, and domestic abuse and/or neglect to the State of Alabama. All abuse reports will be made to the appropriate authorities in accordance with federal and state laws.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include 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.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

**Law Enforcement.** We may release medical information for law enforcement purposes as required by law in response to a valid subpoena; for identification and location of fugitives, witnesses, or missing persons; for suspected victims of crimes; for deaths that may have resulted from criminal conduct; and for suspected crimes on Baptist Health premises. Further, we may release medical information in emergency circumstances to report a crime; the location of the crime or victims; or the identity,

description, and/or location of the person who committed the crime. Information disclosed to law enforcement relating to the victim of a crime may be made if the appropriate consent by the victim has been obtained or under limited circumstances, if the victim's consent cannot be obtained. Any information released to law enforcement will be made in accordance to HIPAA.

**Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

**Organ, Eye, or Tissue Donation.** If you are an organ donor, we may release medical information to organ, eye or tissue procurement, transplantation or banking organizations, or entities as necessary to facilitate organ, eye, or tissue donation and transplantation.

**Research.** Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

**Threats to Health or Safety.** Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual(s) involved in a crime.

**Specialized Government Functions.** We may use and disclose your medical information in the following specialized circumstances and/or functions:

- If you are a member of the United States military or a veteran of the United States military, we may disclose your medical information to military authorities under circumstances allowed under federal and/or state laws;
- For national security and intelligence activities authorized under federal law;
- Provide your medical information to the appropriate, authorized federal officials so they may provide protection to the President, other authorized individuals, or foreign heads of state or conduct special investigations.

**Workers' Compensation.** We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Inmate or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care services; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Incidental Uses and Disclosures.** There are certain incidental uses or disclosures of your information that may occur while we are providing service to you or conducting our business. We will make

reasonable efforts to limit these incidental uses and disclosures.

**Other Uses and Disclosures.** Other uses and disclosures of your medical information not covered above will be made only with your written authorization. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization. This includes uses and disclosures of psychotherapy notes and uses and disclosures for marketing purposes in which Baptist Health receives financial remuneration.

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## INDIVIDUAL RIGHTS

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Although all records concerning your hospitalization and treatment obtained at Baptist Health are the property of Baptist Health, you have the following rights regarding the medical information we maintain about you:

**Right to Request Restrictions.** You have the right to request a restriction or limitation on how we use and disclose your medical information for treatment, payment, and health care operations, or to certain family members and/or friends identified by you who are involved in your care or the payment for your care. You may request that medical information regarding a particular item or specific service not be disclosed by Baptist Health to a health plan for purposes of payment or health care operations (unless required by law), if you have paid in full out-of-pocket for the item or service. We are not required to agree to any other requests. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We have the right to revoke our agreement at any time, and once we notify you of this revocation, we may use and/or disclose your health information without regard to any restriction or limitation you may have requested.

To request restrictions and/or limitations, you must make your request to your health care provider in writing to include (1) what information you want to limit and/or restrict; (2) whether you want to limit our disclosure, use or both; and (3) to whom you want such restrictions and/or limitations to apply.

**Right to Inspect and Copy.** You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, either in paper and/or electronic format, we will charge you a copying fee plus postage. A scheduled appointment is required if you request to inspect your medical information. Any copies of your medical records requested at the time of inspection may not be made available until a later date. Any such request must be made to Baptist Health's Health Information Management Department (H.I.M.). *See contact information below.*

**Right to Request an Amendment.** If you feel that the medical 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 for as long as the information is kept by or for our entity. To request an amendment, your request must be made in writing including the reason for such request for an amendment. Your request for amending your medical information may be denied if such reasoning is not found to be sufficient or such information is determined to be accurate and complete. If your request is denied, you will be provided a written explanation for the reasoning and an advisement of your rights. Any such request must be made to H.I.M.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures

of your medical information made by us or our business associates. Any request must be submitted in writing and must state a time period which may not be longer than six (6) years. The first accounting in any 12-month period is free; however, you may be charged a reasonable fee for each subsequent accounting you request within the same 12-month period.

**Breach Notification.** You have the right to be notified if there is a breach of your unsecured medical information. If requested, this notification may be provided to you electronically. Baptist Health's Corporate Compliance Department and/or a business associate will provide any such breach notification as required by federal law.

**Right to Request Confidential Communications.** You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location. To request confidential communications, you must make your request in writing to H.I.M. Such request must specify the method and/or address you wish to be contacted.

**Sale of Medical Information.** Baptist Health is prohibited from selling your medical information except under certain conditions, including exchanges for public health activities; exchanges for research and payment that reflect the costs of preparing and transmitting data for research purposes; exchanges for treatment, subject to any rules the United States Department of Health and Human Services (HHS) may promote to prevent medical information from inappropriate access, use, or disclosure; exchanges for health care operations; payment covering the cost of exchanges between Baptist Health and its business associates for activities that support our business and according to the contract with the business associate; payment for the cost of providing an individual with a copy of his or her medical information; and exchanges approved by HHS when it determines that the exchanges are necessary and appropriate. **Baptist Health may not sell your medical information for any other purpose without your authorization.**

**Right to Revoke Authorization.** You have the right to revoke your authorization to disclose or use your medical information except to the extent that action has already been taken in reliance on your authorization.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

**How to Exercise These Rights.** All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. For more information, please contact Corporate Compliance as indicated below.

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## ABOUT THIS NOTICE

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We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all medical information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it in all patient registration areas, where copies will also be available. The revised Notice will also be posted on our website at [www.baptistfirst.org/patient-and-visitor-information](http://www.baptistfirst.org/patient-and-visitor-information). You are entitled to receive this Notice in written form. Please contact the Corporate Compliance Office at the

address listed below to obtain a written copy.

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## COMPLAINTS

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If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with Baptist Health Corporate Compliance using the contact information at the end of this Notice. You may also submit a written complaint to Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909. **There will be no retaliation for filing a complaint.**

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## CONTACT INFORMATION

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**Baptist Health Corporate Compliance**  
PO Box 244001  
Montgomery, Alabama 36124-4001

[corporatecompliance@baptistfirst.org](mailto:corporatecompliance@baptistfirst.org)

Telephone: 1-844-298-1926

Fax: 334-323-8799

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## MEDICAL RECORDS REQUEST

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**Baptist Medical Center South**  
Health Information Dept.  
2105 East South Boulevard  
Montgomery, AL 36116  
(334) 286-2951

**Baptist Medical Center East**  
Health Information Dept.  
400 Taylor Road  
P.O. Box 241267  
Montgomery, AL 36124  
(334) 244-8471

**Prattville Baptist Hospital**  
Health Information Dept.  
124 South Memorial Drive  
P.O. Box 681630  
Prattville, AL 36068  
(334) 361-4221

**\*\*\*\* If you would like to request a copy of your medical records from a physician practice, please contact that specific physician practice.**

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## REVISION DATES

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**NPP6**

**EFFECTIVE DATE:** April 14, 2003

**REVISED DATE:** October 1, 2005

**REVISED DATE:** July 5, 2006

**REVISED DATE:** June 14, 2010

**REVISED DATE:** September 23, 2013

**REVISED DATE:** February 16, 2015

**REVISED DATE:** September 15, 2016