

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. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI) AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT OF 1996 (HIPAA).

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI”. This letter includes information that can be used to identify you and that was created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. It explains how, when, and why we use and disclose your PHI. With some 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.

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. Before we make an important change in our privacy practices, we will revise this notice and make the new notice available upon request.

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 specific authorization. Below, we describe the different categories of uses and disclosures.

Uses and Disclosures That Do Not Require Your Authorization

- For treatment. We may disclose your PHI to hospitals, physicians, nurses, and other healthcare personnel to provide, coordinate or manage your healthcare or any related services.
- For payment. We may use and disclose your PHI for payment purposes.
- For health care operations. We may use and disclose your PHI for our health care operations as necessary, and as permitted by law. This might include measuring and improving quality, evaluating the performances of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
- When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot or other wounds, for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.
- For public health activities. For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contacting or spreading a disease as authorized by law.
- For health oversight activities. For example, we may disclose PHI to assist the government or another health oversight agency with activities including audits, civil, administrative, or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.
- To coroners, funeral directors, and for organ donation. We may disclose PHI to organ procurement organizations to assist them in organ, eye, or tissue donations and transplants. We may also provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual’s death.
- For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.
- To avoid harm. In order to avoid a serious threat to your health or safety or that of another person, or the public, we may provide PHI to law enforcement personnel or other authorized persons who could prevent or lessen harm.
- For specific government functions. We may disclose PHI of military personnel and veterans in certain situations, and we may also disclose PHI for national security and intelligence activities.

- For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.
- HIV-related information, genetic information, alcohol and /or substance abuse records, mental health records and other specially Protected Health Information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

You May Object to Certain Disclosures

We may provide your PHI to a family member, friend, or other person that you have indicated is involved in your care or the payment for your health care, unless you object in whole or in part. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited Protected Health Information without your approval.

All Other Uses and Disclosures Require Your Prior Written Authorization. Other than as stated above, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon authorization.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following right with respect to your PHI:

- The right to request limits on uses and disclosures of your PHI. You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations.
- The right to choose how we send PHI to You. You have the right to ask that we send information to you at an alternate address or by alternate means (for example, via e-mail instead of regular mail, fax, etc.). We must agree to your request so long as we can provide it in the manner you requested.
- The right to see and receive copies of your PHI. In most cases, you have the right to look at or receive copies of your PHI but you must make the request in writing. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed. If you request a copy of your information, we may charge you a reasonable fee for the cost of copying, mailing, or other costs incurred by us in complying with your request.
 - The right to receive a list of the disclosures that we have made. You have the right to receive a list of instances in which we have disclosed your PHI. Requests must be made in writing and signed by you or your representative. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, and other specified exceptions. The list also will not include uses and disclosures made for national security purposes, or to corrections or law enforcement personnel.
- The right to correct or update your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information. You must provide the request and your reason for the request in writing. We may deny your request if the PHI is correct and complete, not created by us, not allowed to be disclosed, or not part of our records. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted to change. If we accept your request to change the information, we will make a reasonable effort to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or any complaints about our privacy practices, please file a complaint with the person listed below. If you wish to also submit a written complaint to the U.S. Department of Health and Human Services, we will provide you with the address. Please contact The Health Services Director or The Human Resources Director at Wesleyan College, 4760 Forsyth Rd., Macon, GA 31210. We will not retaliate in any way if you choose to file a complaint.

This notice became effective April 14, 2004.

I, _____, **HAVE BEEN GIVEN A COPY OF THE “NOTICE OF PRIVACY**

Print Name

PRACTICES”, AND I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS.

SIGNED _____ **DATE** _____