



This notice describes how your medical information may be used and disclosed and how you can gain access to this information. Please review it carefully.

If you have any questions about this Notice, please review the Mercer University Webpage on Mercer HIPAA Policies. If you still have questions, contact the Mercer University HIPAA Privacy Officer.

This Notice of Privacy Practices describes how Mercer University may use and disclose protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. Mercer University is required by law to maintain the privacy of protected health information and provide individuals a notice of its legal duties and privacy practices with respect to protected health information.

It also describes your rights to access and control protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We may change the terms of our notice, at any time. Upon your request, we will provide you with any revised Notice of Privacy Practices by contacting the office of the HIPAA Privacy Officer.

Uses and Disclosures of Protected Health Information

You will be asked by Mercer University to sign an acknowledgement of Privacy Practices. Mercer University will use or disclose your protected health information as described in this Section. Your protected health information may be used and disclosed by Mercer faculty or staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our healthcare and student services. The following are examples of the types of uses and disclosures of your protected health care information that Mercer University is permitted to make once you have consented. These examples represent the types of uses and disclosures that may be made by Mercer University once you have provided consent.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. In addition, your protected health information

may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

As well, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Healthcare Operations: We may use or disclose your protected health information, as needed, in order to support the business activities of Mercer University. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing, and conducting or arranging for other business activities.

We will share your protected health information with third party “Business Associates” that perform various activities (e.g., counseling, student employment, etc.) for Mercer University. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

- We may use or disclose your protected health information, as necessary, to provide you with appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about the services Mercer University offers. We may also send you information about products or services that we believe may be beneficial to you.

Uses and Disclosures of Protected Health Information With Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Mercer University has already taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances, including but not limited to disclosure to the sponsor of the Mercer University group health plan. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then Mercer University may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Healthcare Issues

Unless you object, we may disclose to a member of your family or any person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment and in compliance with Georgia law. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, Mercer University shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If a physician is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Problems: We may use and disclose your protected health information if Mercer University attempts to obtain consent from you but is unable to do so due to substantial communication barriers and a physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- **Required By Law:** We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are armed forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Individuals Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information.

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records Mercer University may use for making decisions about you. You have the right to receive confidential communications of protected health information by alternate means and at alternative locations, as provided by law. You also have the right to amend protected health information for as long as the protected health information is maintained in the designated record set, as set forth in the HIPAA regulations.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our HIPAA Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information.

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Mercer University is not required to agree to a restriction that you may request. If, Mercer University believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Mercer University does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

Filing a Complaint

You may complain to Mercer University or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with Mercer University by submitting written notification to the Mercer HIPAA Privacy Officer regarding your complaint. Send all correspondence to:

**HIPAA Privacy Officer
Mercer University
1400 Coleman Avenue
Macon, GA 31207-0001**

You may contact the Mercer HIPAA Privacy Officer, **Jim Calhoun** at **(478) 301-2325** for further information about the complaint process. You will not be retaliated against for filing a complaint.