



Answering the call.

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

Updated March 2013

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 PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of BAPTIST HEALTH SYSTEM to protect the privacy of your medical information. For purposes of this notice, BAPTIST HEALTH SYSTEM includes the following:

- \*Citizens Baptist Medical Center and its Medical Staff
- \*Princeton Baptist Medical Center and its Medical Staff
- \*Shelby Baptist Medical Center and its Medical Staff
- \*Walker Baptist Medical Center and its Medical Staff
- \*Baptist Health Centers, Inc., its Clinics and its Clinic Locations
- \*Baptist Health System, Inc. and Administrative Offices
- \*Baptist Physician Alliance, LLC
- \*Shelby Baptist Ambulatory Surgery Center, LLC

We use the term "medical information" in this notice to mean your protected health information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services and other information related to your health care that we maintain about you.

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at (205) 715-5475.

We are required by law to:

- \*Maintain the confidentiality of your medical information in accordance with applicable federal and/or state law;
- \*Comply with the terms of this notice until it is replaced with a new notice; and
- \*Give you this notice of our legal duties and privacy practices with respect to medical information we maintain about you.

We reserve the right to change the terms of this notice at any time. We also reserve the right to make the changes apply to your medical information we already have. Before we make a material change to this notice, we will promptly post a new notice in a clear and prominent area at each of our facilities and on our website. You can also request a copy of the new notice from any of our registration staff at each facility or via our website [www.bhsala.com](http://www.bhsala.com).  
How May We Use or Disclose Your Medical Information?  
We may use and disclose your medical information without your authorization for treatment, payment, and health care operations as explained below:

**For Treatment:** We may use your medical information and may disclose your medical information to the physicians, nurses, and other health care personnel located at each of our facilities who provide, coordinate or manage your health care and any related services for your treatment. For example, our doctors and nurses may use and disclose your medical information with each other to provide treatment to you. We may also disclose your medical information to another health care provider who is not located at one of our facilities, at his request, for your treatment by him. For example, your medical information may be provided to a doctor to whom you have been referred so that he may diagnose or treat you.

**For Payment:** We may use and disclose your medical information in order to bill and collect payment for the treatment and services provided to you. For instance, we may provide portions of your medical information to your health insurance plan to get paid for the health care services we provided to you. We may also disclose your medical information to your health insurance plan to permit it to make a determination of eligibility or coverage for insurance benefits, to review the services we provided to you for medical necessity, and to perform utilization review activities. We may also disclose medical information about you to the responsible party of your account. If you are listed as a dependent on another person's insurance policy, financial information regarding medical care provided may be mailed to that responsible party. In addition, if you do not timely pay us for the health care services we provided to you, we may also disclose limited medical information to a collection agency. We may also disclose your medical information to other health care providers, health plans or health care clearinghouses for their payment activities. For example, we may provide your medical information to an ambulance/transportation company that provided services to you.

**For Health Care Operations:** We may use and disclose your medical information in order to support our business activities, such as quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for our other business activities. For example, we may use your medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose your medical information to medical school students who see patients at our facilities. In addition, we may use and disclose your medical information to other health care providers, health plans or health care clearinghouses for their limited health care operations, such as quality assessment activities, licensing and other health care compliance activities.

**Organized Health Care Arrangement:** Each of the hospitals in the Baptist Health System has a medical staff, which includes physicians and other professionals who are not employees of the hospital. In addition, Baptist Physician Alliance is an arrangement between Baptist Health System and a number of physicians from each medical staff (including physicians

employed by Baptist Health Centers). These parties are participants in an organized health care arrangement, which permits protected health information to be shared for purposes of treatment, payment and/or health care operations (described above) relating to such organized health care arrangement.

**Business Associates:** We may disclose your medical information to our business associates that assist us in our delivery of health care and related services, such as billing companies, lawyers, accountants and others. Before we disclose your medical information to our business associates, we will have a written contract with each of them that will require each of them to agree to maintain the privacy of your medical information.

**Below are other reasons we may use and disclose your medical information without your consent or authorization:**

**Uses and Disclosures Required by Law:** We may use or disclose your medical information as required by law, but must limit such use or disclosure to relevant information and otherwise comply with applicable legal requirements. We must also disclose your medical information to the Secretary of Health and Human Services to determine our compliance with federal privacy laws.

**Public Health Activities:** We may use or disclose your medical information to public health authorities authorized to receive or collect information for public health purposes, such as for preventing or controlling disease and certain regulatory activities of the Food and Drug Administration.

**Abuse, Neglect, or Domestic Violence:** We may use or disclose your medical information in some instances if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may use or disclose your medical information to a health oversight agency for health oversight activities authorized by law, including, for example, inspections and licensure of health care facilities.  
Judicial and Administrative Proceedings: We may use or disclose your medical information under certain conditions to comply with legal proceedings, such as a subpoena or order by a court or administrative tribunal.

**Law Enforcement Purposes:** We may use or disclose your medical information for law enforcement purposes to law enforcement officials, such as for identification of suspects or where a crime has been committed on our premises.

**Decedents:** We may use or disclose medical information about decedents to coroners, medical examiners, funeral directors, and other individuals involved in your care.

**Organ, Eye, Tissue Donation:** We may use or disclose your medical information to notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.

