

Hemophilia of Georgia Notice of Privacy Practices

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.

This notice applies to all HoG clients, HoG pharmacy customers, and Beacon Pharmacy customers. If you have any questions about this notice, please call the Hemophilia of Georgia (HoG) Privacy Officer at 770-518-8272 or HoG's 800 number.

What is this Notice?

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

This notice tells you:

- How HoG handles your health information.
- How HoG uses and gives out your health information.
- Your rights concerning your health information.
- HoG's responsibilities in protecting your health information.

HoG is required by law to:

- Maintain the privacy of Protected Health Information (as defined below) and abide by the terms of this Notice;
- Provide individuals with notice of its legal duties and privacy practices with respect to Protected Health Information; and
- Notify affected individuals following a breach of unsecured Protected Health Information.

HoG reserves the right to change the privacy practices described in this notice in accordance with the law. Changes to our privacy practices will apply to all health information we maintain. Changes and their effective dates will be put on the HoG website accessible at www.hog.org. A copy is also posted in the HoG office lobby. You may request a paper copy of the Notice of Privacy Practices at any time by calling HoG's Privacy Officer at 770-518-8272 or HoG's 800 number.

What are HoG's Responsibilities to You about Your Protected Health Information (PHI)?

HoG values you as a client and appreciates the opportunity to serve you. Your health information and your family's health information are personal. "Protected Health Information" (PHI) is information about you, including demographic 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. HoG is

committed to protecting the privacy of this information. We protect it in all places where we use or store it. HoG uses the least amount of health information needed to do our work. Only persons who need your health information to provide you services see it. HoG has policies about physically and electronically protecting your information. These policies comply with state and federal laws.

How Do We Use Health Information about You?

HoG is permitted to use and give out your health information in order to do our work. Information may be shared with other health care providers who provide care or services to you. This document tells some of the ways HoG is permitted to use and give out information without a Privacy Authorization (special permission from you). If you have any questions or need more information, please call HoG's Privacy Officer at 770-518-8272 or HoG's 800 number.

Treatment Purposes

Treatment Facilitation—HoG does not provide medical treatment. However, we work closely with physicians at the Hemophilia Treatment Centers (HTCs) and other hematologists and health care providers who provide medical treatment to you. For example, we will disclose protected health information to physicians or other health care providers who are treating you in order to provide coordinated care and, for our clients in Georgia, to carry out physician's orders. Such health care providers may include Children's Healthcare of Atlanta ("CHOA") and its affiliated entities, including but not limited to, Emory University School of Medicine, The Children's Hospital at Memorial University Medical Center in Savannah, and Georgia Regents University in Augusta.

For our pharmacy customers who live outside the state of Georgia, we will disclose protected health information to physicians who are treating you.

Payment Purposes

Benefits and Claims—Since HoG does not charge for any of its services, this section applies **ONLY** to those who purchase products from the HoG Pharmacy.

HoG gives out required health information in order to bill pharmacy claims. For example, a diagnosis code is required on all claims. In addition, the first time we submit a claim on your behalf to your insurance company, they may ask for proof that the use of factor products is required for your diagnosis. In this case our billing staff will work with your physician to provide a letter of medical necessity to the insurance company so that the claim can be paid.

Health Care Operations Purposes

Without giving your PHI to any outside agencies, we might use your PHI internally in order to support HoG's activities for eligible clients. For our pharmacy customers who live outside the state of Georgia, these activities include, but are not limited to, quality assessment activities and mailing you forms required for the Pharmacy

program. For those who live in Georgia, these activities include, but are not limited to, quality assessment activities, appointment reminders; training of nursing and/or social work students; Camp Wannaklot; fundraising appeals; and mailing you forms required for the Pharmacy program.

HoG may use your health information to send you mailings. For example, for those clients who live in Georgia, we will notify you about programs and activities for which you are eligible (women's programs for female clients, scholarship programs, etc.); mail you a copy of *Horizons in Hemophilia*, the HoG newsletter; notify you about factor recalls/withdrawals/holds if you are a pharmacy customer and received a particular product; send you medical literature and other information, send you information about programs for which you may qualify; and contact you to inform you about proposed legislation that may affect you. For our pharmacy customers who live outside the state of Georgia, we will notify you about factor recalls/withdrawals/holds if you are received a particular product, and we may send you medical literature and other information

For those who live in Georgia, HoG may also use or disclose your PHI, at your request, to help you obtain services from community resources.

To do business, HoG must work with many other organizations and we must share information with these organizations. Whenever an arrangement between HoG and a "business associate" (as defined by HIPAA) involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. These organizations include, but are not limited to, attorneys, Georgia Physician-to-Physician hotline, and auditors.

From time to time we may use a Business Associate to conduct a client needs assessment/satisfaction survey. The purpose of this is to get feedback from you in order to improve our programs and services. You will be notified in advance and given the opportunity to refuse to have your name and phone number included on the list of possible participants.

HoG may contact you for fundraising purposes, in accordance with the requirements of HIPAA. You have the right to opt out of receiving such communications.

HoG may also use your PHI to coordinate with health care providers (e.g., Emory/CHOA Hemophilia Treatment Center) to provide services to you such as outreach, case management, pharmacy, education (e.g., home infusion training, educational symposia, etc.), social work support (including insurance issues), counseling and vocational rehabilitation assistance. HoG may also use your PHI to evaluate the impact of care coordination with HoG and other outside providers of these services.

We may also use or disclose your PHI based upon your written authorization:

The following information describes the types of uses and disclosures that require your written authorization.

Marketing—HoG must obtain an authorization for any use or disclosure of your PHI for purposes of marketing, except if the communication is in the form of a face-to-face communication made by HoG to you, or a promotional gift of nominal value provided by HoG.

Other uses and disclosures of your PHI that are not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law as described below. Any use or disclosure of PHI that requires authorization will be limited to the specific uses, disclosures and parties listed on your authorization form. You may revoke this authorization, at any time, as described later in this Notice, except to the extent that HoG has taken an action in reliance on the use or disclosure indicated in the authorization.

We may also use or disclose your PHI in the following situations without your authorization:

Required by law—At times we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order. 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, if required by law, of any such uses or disclosures.

Emergencies—In an emergency treatment situation.

Public Health—For public health activities and purposes to a public health authority that is required by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

Communicable Diseases—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—To a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensures. Oversight agencies seeking this information include government agencies that oversee the health care system, government programs, and compliance with civil rights laws.

Food and Drug Administration—To a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs to replacements, or to conduct post marketing surveillance, as required.

Criminal Activity—Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Inmates—If you are an inmate of a correctional facility we may disclose to the institution or agents thereof protected health information necessary for your health, in the course of providing care to you.

Disaster Relief—To an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, or location.

Worker's Compensation—we may disclose Information as authorized to comply with worker's compensation laws.

What Are Your Rights Regarding Your Health Information?

HoG wants you to know your rights regarding your health information and your dependent's health information.

Right to Receive HoG's Notice of Privacy Practices

A copy of this Notice was sent to all clients in April 2003. Pharmacy customers who live outside the state of Georgia will be mailed a copy of this Notice within sixty days of having a prescription filled at the HoG Pharmacy. New clients who live in Georgia will be given a copy of this Notice when they first meet with an HoG nurse or social worker or they will be mailed a copy of this Notice within sixty days of having a prescription filled at the HoG or Beacon Pharmacy or the first face to face contact with an HoG Program staff member. The Notice of Privacy Practices is available at HoG's website at www.hog.org. A copy is also posted in the HoG office lobby. Any revisions or changes made to this Notice and their effective dates will be put on the HoG website. You may request a paper copy of the Notice of Privacy Practices at any time by calling HoG's Privacy Officer at 770-518-8272 or HoG's 800 number.

Right to Request Confidential Information

You have the right to ask that HoG communicate with you about personal information in a certain way or in a certain location. For example, you may ask that we contact you at home, rather than work. HoG will do this whenever it is possible to do so.

- Requests to change how HoG communicates with you must be submitted to HoG's Privacy Officer at the address listed at the end of this Notice.
- Requests must state how you want us to contact you and/or where you want us to contact you.

Right to Request Restrictions

You have the right to ask that your health information not be used or given out for treatment, payment, and health care operation reasons. This is called requesting a restriction. You do not have the right to ask for restrictions for giving out your information when we are legally required to do so.

To request a restriction on the use of your information, send a written request to HoG's Privacy Officer at the address listed at the end of this Notice. The request must include:

1. The information you wish to restrict.
2. Whether you wish to restrict the use of information, the giving out of information, or both.
3. To whom you want the restriction to apply.

It is the policy of HoG that serious consideration be given to all such requests. It is also our policy that once a particular restriction is agreed to, that HoG is bound by that restriction. HoG also has the right to deny a request for restriction of protected health information. However, HoG must agree to your request for a restriction of disclosure of your PHI if:

1. The disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law; and
2. The PHI pertains solely to a health care item or service which has been paid in full.

You will be notified, in writing, of our decision regarding a request for restriction.

Right to withdraw a Privacy Authorization for the use or giving out of protected health information.

HoG must have your written permission to use or give out your information for any reasons other than normal treatment, payment, and health care operations. You give permission by signing a form called a Privacy Authorization.

- You may withdraw your Privacy Authorization (permission) at any time. To do so you must send a written cancellation to HoG's Privacy Officer at the address listed at the end of this Notice.
- When HoG receives your withdrawal, we will stop using or giving out the information permitted by the Privacy Authorization.
- Anything permitted by the Privacy Authorization that was done before we received your withdrawal cannot be changed.

Right to Access

You have the right to look at and get a copy of your protected health information contained in a specific set of records. This is called a designated record set. HoG's designated record set includes medical and billing records.

- If you would like a copy of your information in HoG's designated record set, you must send a written request to HoG's Privacy Officer with your signature witnessed and sealed by a Notary Public to the address listed at the end of this Notice. HoG will answer your written request within 30 days. HoG may

ask for an extra 30 days if necessary. We will let you know if we need the extra time.

- HoG does not keep complete copies of your medical record. If you would like a copy of your medical record, contact your doctor and give him or her a written request for the record.
- HoG has the right to keep you from having or seeing all or part of your designated record set for certain reasons. HoG will tell you the reasons in writing. HoG will also give you information about how you can file an appeal if you are not satisfied with HoG's decision.
- HoG will charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend

If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information.

To request a change, you must do the following:

1. Send your request, in writing, to HoG's Privacy Officer. The address is at the end of this Notice.
2. Include the reason why you are asking for a change.

HoG will answer your request within 60 days of the date we receive it.

HoG may deny the request for change for reasons including, but not limited to, the following:

1. HoG did not write the information.
2. The information is not information kept by HoG.
3. The information is not information that you are allowed to see and copy.
4. The information is already correct and complete.

Right to a List of Disclosures

You have the right to ask for a list of disclosures. This is a list of every time HoG:

- Gave your health information to outside people or organizations other than you or those who are involved in your care.
- Gave or used your information when it was not part of normal treatment, payment, or health care operations.

To ask for a list of disclosures, you must send a request in writing to HoG's Privacy Officer at the address listed at the end of this Notice. Your request must give a time period that you want to know about. The time period may not be longer than six years and may not include dates before April 14, 2003. HoG will act on your request within 60 days. The first list you request within a 12-month period will be free. For

additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

What should you do if you have a complaint about the way that your health information is handled?

If you believe that your privacy rights have been violated, you may file a complaint with HoG or with the Secretary of the Department of Health and Human Services. To file a complaint with HoG or to appeal a decision about your health information, send it in writing to HoG's Privacy Officer at the address listed at the end of this Notice. You will not be penalized for filing a complaint.

What is the effective date?

The effective date of this Notice of Privacy Practices is April 14, 2003.

Where should you send requests or questions about your protected health information?

Please send questions or requests, such as the examples listed in this Notice, to the following address:

Attention: Privacy Officer
Hemophilia of Georgia
8607 Roberts Drive
Suite 150
Sandy Springs, GA 30350

770-518-8272
HoG's 800 number