



Summary of the Notice of Privacy Practices

Effective : April 14, 2003

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.

Esta informacion esta disponible en espanol. Si necesita copia en espanol, pidala a un miembro del personal.

This one page summary provides a brief overview of your privacy rights. Please read all of the following pages for a complete description of these rights. If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this Notice.

This Notice describes the privacy practices of MCG Health System, which is made up of the following separate health care organizations: The Medical College of Georgia Physicians Practice Group Foundation (PPG), MCG Health Inc. (MCGHI), and selected departments of The Medical College of Georgia (MCG). These organizations are allowed to share medical information with each other for treatment, payment, and operational activities. We will use this information in order to provide our patients with complete and comprehensive health care services.

Our Commitment to You. We are committed to protecting your medical information. We are required by law to protect the privacy of medical information about you, to give you this Notice about our privacy practices and to follow the practices outlined in this Notice of Privacy Practices.

Your Rights Concerning Your Medical Information. You have the right to inspect or copy your medical information. There may be a fee for this service. You may ask us to amend your medical information if you believe it is incorrect or incomplete. You may receive an accounting of certain disclosures of medical information that we have made about you. You may request special confidential communications. You may request restrictions on information disclosed about you. You have the right to complain to us and to the federal government if you believe your privacy rights have been violated. You have a right to a paper copy of this Notice.

We reserve the right to make changes to this Notice. We will post a copy of the current Notice in the locations where you receive services.

How We May Use and Disclose Your Medical Information. We may use your medical information for treatment (such as sending medical information about you to your referring physician), payment (such as sending a bill to your insurance company), and for health care operations (such as teaching students or evaluating the performance of our staff).

- Under certain circumstances we are allowed to use or disclose your medical information without your written permission. We may give out information about you for public health purposes, reports of abuse, neglect, or domestic violence, health oversight audits or inspections, research studies, funeral arrangements and organ donations, government programs, workers' compensation, and emergency situations. We also may disclose patient information when required by law, such as in response to a request from law enforcement or in response to judicial orders.

We also may contact you for appointment reminders, to tell you about possible treatment options and health services, or for fundraising efforts. If you are a hospital inpatient, we will put your name in our facility directory unless you tell us otherwise. We may disclose medical information about you to a friend or family member who is involved in your care.