Hospital Authority of Valdosta and Lowndes County, Georgia
Notice of Privacy

Your Information. Your Rights. Our Responsibilities.
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 describes this facility’s practices and that of: all
physicians and health care practitioners who have clinical
privileges; any health care practitioner authorized to enter
information into your medical record; all departments, units or
clinics of this facility, whether located on the hospital campus
or at other locations; any member of a volunteer group we
allow to help you while you are in this facility; all employees,
staff and other facility personnel. All these persons, entities,
sites and locations may share medical information with each
other for treatment, payment or operations as described in this
notice.

Your Rights:

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if
you have agreed to receive the notice electronically. We will
provide you with a paper copy promptly.

When it comes to your health information, you have
certain rights. This section explains your rights and some of
our responsibilities to help you.

Request confidential communications
• You can ask us to contact you in a specific way (for
example, home or office phone) or to send mail to a
different address. We will say “yes” to all
reasonable requests.

Choose someone to act for you
• If you have given someone medical power of
attorney or if someone is your legal guardian, that
person can exercise your rights and make choices
about your health information.
• We will make sure the person has this authority and
can act for you before we take any action.

Ask us to limit what we use or share
• You can ask us not to use or share certain health
information for treatment, payment, or our
operations. We are not required to agree to your
request, and we may say “no” if it would affect your
care.
• If you pay for a service or health care item out-of-
pocket in full, you can ask us not to share that
information for the purpose of payment or our
operations with your health insurer. We will say
“yes” unless a law requires us to share that
information.

Get an electronic or paper copy of your medical record
• You can ask to see or get an electronic or paper copy
of your medical record and other health information
we have about you. Ask us how to do this.
• We will provide a copy or a summary of your health
information, usually within 30 days of your request.
We may charge a reasonable, cost-based fee.

Ask us to correct your medical record
• You can ask us to correct health information about
you that you think is incorrect or incomplete. Ask us
how to do this.
• We may say “no” to your request, but we’ll tell you
why in writing, usually within 60 days.

Get a list of those with whom we’ve shared information
• You can ask for a list (accounting) of the times we’ve
shared your health information for six years prior to
the date you ask, who we shared it with, and why.
• We will include all the disclosures except for those
about treatment, payment, and health care operations,
certain other disclosures (such as any you asked
us to make). We’ll provide one accounting a year for
free but will charge a reasonable, cost-based fee if
you ask for another one within 12 months.

File a complaint if you feel your rights are violated
• You can complain if you feel we have violated your
rights by contacting the HIPAA Privacy Officer at
(229)433-6999 or submitting a written complaint to
privacy.officer@sgmc.org.
• You can file a complaint with the U.S. Department
of Health and Human Services Office for Civil Rights
by sending a letter to 200 Independence Avenue,
S.W., Washington, D.C. 20201, calling 1-877-696-
6775, or visiting
www.hhs.gov/ocr/privacy/hipaa/complaints/.
• We will not retaliate against you for filing a
complaint.

Your Choices:

For certain health information, you can tell us your
choices about what we share. If you have a clear preference
for how we share your information in the situations described
below, talk to us. Tell us what you want us to do, and we will
follow your instructions.
Unless you tell us otherwise:
• We may share information with your family, close
friends, or others involved in your care or payment
for your care.
• In the event of a disaster, we may share information
in a disaster relief organization.
• We may include your information in a hospital
directory.

If you are not able to tell us your preference, for example
if you are unconscious, we may go ahead and share your
information if we believe it is in your best interest. We
may also share your information when needed to lessen a
serious and imminent threat to health or safety.

In these cases we never share your information unless you
give us written permission:
• Marketing purposes.
• Sale of your information.
• Most sharing of psychotherapy notes.

In the case of fundraising:
• We may contact you for fundraising efforts, but you
can tell us not to contact you again.
Our Uses and Disclosures:

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you
We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization
We can use and share your health information to run our facility, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
• Preventing disease
• Helping with product recalls
• Reporting adverse reactions to medications
• Reporting suspected abuse, neglect, or domestic violence
• Preventing or reducing a serious threat to anyone’s health or safety
• Sharing immunization records with educational institutions
• Evaluating workplace injuries or illnesses

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
We can use or share health information about you:
• For workers’ compensation claims
• For law enforcement purposes or with a law enforcement official
• With health oversight agencies for activities authorized by law
• For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities:
• We are required by law to maintain the privacy and security of your protected health information.
• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
• We must follow the duties and privacy practices described in this notice and give you a copy of it.
• We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information you may contact our HIPAA Privacy Officer at (229) 433-6999 or email privacy.officer@sgmc.org or you may visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our facilities, and on our web site.

Other Terms
• Effective Date of this Notice: September 23, 2013.
• This facility and the physicians and other health care providers who are have clinical privileges/functions at this facility work together in an organized health care arrangement to provide medical services to you when you are a patient of this facility.
• This facility and such physicians and other health care providers will share medical information that they collect from you at this facility as necessary to carry out treatment, payment, healthcare operations relating to the provision of care to patients at this facility.

You may Contact the HIPAA Privacy Officer, (229) 433-6999, privacy.officer@sgmc.org.