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.

NOTICE OF PRIVACY PRACTICES
CONFIDENTIALITY OF YOUR HEALTH CARE INFORMATION

This notice is required by law to tell you how Georgia Perimeter College (“GPC”) protects the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding an employee’s medical/dental history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, enrollment and claims records. GPC receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI is prohibited.

We must follow the privacy practices that are described in this notice. However, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute it to you within 60 days of the change to our practices. You may also request a copy of this notice from the privacy officer (refer to Contact section at the end of this notice). You should receive a copy of this notice upon employment in a benefits eligible position and/or upon receiving treatment from GPC health care providers, and we will notify you of how you can receive a copy of this notice every three years.

Permitted Uses and Disclosures of Your PHI

We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. We may disclose PHI to third parties that perform services for GPC in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for GPC in the administration of your benefits. These affiliates have implemented privacy policies and procedures and comply with applicable federal and state law.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and /or disclosures without prior authorization are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government
functions such as military and veterans activities, for workers compensation purposes, and for use in creating summary information that can no longer be traced to you.

Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses or exposures to a minimum. We use administrative, technical and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

**Examples of Uses and Disclosures of Your PHI for Treatment, Payment or Healthcare Operations**

Such activities may include but are not limited to submitting enrollment information and premiums to health care providers, providing customer service, resolving your grievances and providing information to other providers.

**Uses or disclosures of PHI for treatment:**

GPC may use or disclose your PHI to determine eligibility for services requested by your health care provider.

**Uses and/or disclosures of PHI for payment:**

GPC may use and disclose your PHI to remit premium payments on your behalf.

**Uses and/or disclosures of PHI for health care operations:**

GPC may use and disclose your PHI to audit files for compliance with policies.

**Disclosures GPC Must Make Without an Authorization**

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U.S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. GPC must disclose your PHI without your prior authorization in response to the following:

- Court order
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful activity
- Subpoena in a civil action
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration
- Law enforcement search warrant; or
• Coroner’s request during investigations

Disclosures GPC Makes With Your Authorization

GPC will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by GPC or by a person requesting your PHI from GPC.

Your Rights Regarding PHI

You have the right to request an inspection of and obtain a copy of your PHI.

You may access your PHI by contacting GPC at the address listed at the end of this notice. You must include your name, address, telephone number, and identification number and the PHI you are requesting. GPC may charge a reasonable fee for providing you copies of your PHI. GPC will only maintain PHI that we obtain or utilize in providing your health care benefits. You may need to contact your health care provider(s) to obtain PHI that GPC does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact GPC at the address at the end of this notice if you have questions about access to your PHI.

You have the right to request a restriction of your PHI.

You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in an emergency. You may not limit the uses and disclosures that we are legally required or allowed to make.

You have the right to correct or update your PHI.

This means you may request an amendment of PHI about you for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. Please contact GPC at the address at the end of this notice if you have questions about amending your PHI.
You have the right to request or receive confidential communications from us by alternative means or at a different address.

We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to GPC at the address listed at the end of this notice.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact GPC at the address listed at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice by e-mail.

You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of this notice.

Complaints

You may complain to us or the U.S. Secretary of Health and Human Services if you believe that GPC has violated your privacy rights. You may file a complaint with us by notifying GPC at the address below. GPC will not retaliate against you for filing a complaint.

Contact

You may contact GPC at the address and telephone number listed below for further information about the complaint process or any information contained in this notice.

Privacy Officer
Patrice Masterson
Georgia Perimeter College
3251 Panthersville Road
Decatur, GA 30034
(678) 891-2783
patrice.masterson@gpc.edu