



Morehouse School of Medicine Notice of Privacy Practices

Effective Date - 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.

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of:

- Ø Any Morehouse School of Medicine (MSM) healthcare professional authorized to enter information into your medical record; and support staff authorized to handle your medical information.
- Ø All departments and units of the MSM Research Community.
- Ø All employees, staff and faculty members of the MSM Research Community.

The Research Community's sites and locations will follow the terms of this notice. In addition, these sites and locations may share medical information with each other for treatment, payment or hospital operational purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from us. We need the record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by us.

This Notice of Privacy Practices describes how we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- § Protect the privacy of medical information that identifies you;

- § Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- § Follow the terms of the notice that is currently in effect.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

- Ø **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. We may however request that you suspend your access rights while a clinical trial (in which you are a participant) is in progress. Your right to access your protected health information will be reinstated at the conclusion of the clinical trial.

To inspect and copy your medical information, submit a written request to the Administrative Director of the Clinical Research Center. If you request a copy of your medical information, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request.

- Ø **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the Administrative Director of the Clinical Research Center. You must also provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us;
 - Is not a part of the medical information kept by our facility;
 - Is not part of the information which you would be permitted to inspect or copy;
 - Is accurate and complete.

- Ø **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of disclosures of your protected health information for purposes other than treatment, payment and operations.

To request an accounting of disclosures, you must submit your request in writing to the Administrative Director of the Clinical Research Center. Your request should state the C Tj/3.1875 ns.iod,you wouy yot of 0 long

about you to someone who is involved in your care or the payment for your care, like a family member or friend.
We are not required to agree to your request. If we do

Ø **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law. You will be notified, if required by law, of any such uses or disclosures.

SPECIAL SITUATIONS.

Ø **Military.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Ø **Worker's Compensation.** We may release your medical information to comply with worker's compensation laws or similar legally established programs.

Ø **Public Health Risks.** We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent serious threat to your health and the safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury, disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or product defects;
- To enable product recalls ;
- To notify 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; or
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required by law.

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