

Georgia Cumberland Academy



GCA's
Privacy Policy Notice



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.

**Effective Date:
August 2006**



Our pledge regarding your medical information

GCA is committed to protecting medical information about you. We create and store records of the care and services you receive at GCA.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- make sure that your medical information is protected
- give you this Notice describing our legal duties and privacy practices with respect to your medical information and
- follow the terms of the notice that is currently in effect.

Definition of terms:

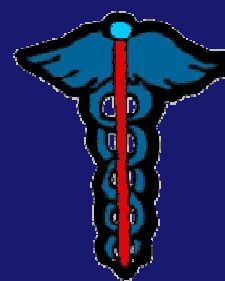
When we say “you” in this notice, this refers to the patient or student who is the subject of the health information.

When we say “we,” “our” or “us,” this refers to Georgia Cumberland Academy.

When we say “medical information,” this includes information that identifies you and tells about your past, present or future physical or mental health or condition. This also includes information about payment for health care services, such as your billing records.

Who will follow this notice?

The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, volunteers and business associates of GCA .



Health Care Providers and GCA Staff

The following sections describe different ways that we may use and disclose your medical information. We will describe each category

of uses or disclosures and give some examples. Some information, such as certain drug and alcohol information, HIV information and mental health information, is entitled to special restrictions. GCA abides by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed.

All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories.



Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, we may need to tell the hospital's food service if you have diabetes so that we can arrange for appropriate meals.



We may also share medical information about you with other GCA personnel or non-GCA health care providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside GCA who may be involved in your continuing medical care after you leave GCA, such as other health care providers, transport companies, community agencies and family members. We may also tell your health plan about a proposed treatment to determine whether your plan will cover the treatment.



Health Care Operations

We may use and disclose medical information about you for GCA operations. These uses and disclosures are made for quality of care and school activities. Your medical information also may be

used or disclosed to comply with law and regulation, accreditation purposes, patients' claims, grievances or lawsuits, health care contracting relating to our operations, legal services, business planning and development, business management and administration, underwriting, and other insurance activities.

For example, we may review medical information to find ways to improve treatment and services to our students. We also may disclose information to doctors, nurses, technicians, medical, and other GCA personnel for performance improvement and educational purposes.

Appointment reminders. We may contact you to remind you that you have an appointment at GCA school nurse office or one of the local doctor offices.



Treatment Alternatives

We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.



Health-related services, or Fund-raising activities

We may contact you to provide information about GCA-sponsored activities, including fund-raising programs and events. We would only use contact information, such as your name, address, phone number, and the dates you attended GCA.

Your written consent is required if we want to use your medical information to support research, teaching, or patient care at GCA related to your specific treatment.



News-gathering Activities

A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a story for external news media. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures.

For example, a reporter working on a story about an accident may ask whether any of the patients undergoing that treatment might be willing to be interviewed. Your written consent is required if we want to use any of your medical information for these kinds of news-gathering purposes.



Individuals Involved in Your Care or Payment for Your Care

Unless you say no, we may release medical information to anyone involved in your medical care such as a friend, family member, personal representative, or any individual you identify.

We may also tell your family or friends about your general condition and that you are at the hospital.



Disaster-Relief Efforts

We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status and location.

During a disaster, we will not disclose of your private information unless we must do so to respond to the emergency.

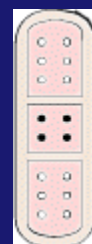
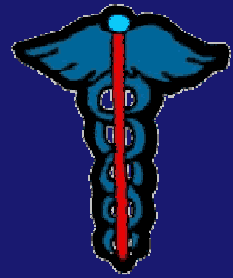
To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help stop or reduce the threat. Organ, eye, and tissue donation: If you are an organ, eye, or tissue donor, we may release medical information to organizations that handle organ, eye or tissue procurement or transplantation, or to an organ-, eye, or tissue-donation bank, as necessary to help with organ, eye, or tissue procurement, transplantation, or donation.

Workers' Compensation

We may disclose medical information about you for workers' compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness. Public-health disclosures: We may disclose medical information about you for public-health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability
- reporting vital events such as births and deaths
- reporting child abuse or neglect
- reporting adverse events or surveillance related to food, medications or defects or problems with products
- notifying persons of recalls, repairs or replacements of products they may be using



- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
- reporting to the employer findings concerning a work-related illness or injury or workplace-related medical surveillance
- notifying the appropriate government authority as authorized or required by law if we believe a patient has been the victim of abuse, neglect or domestic violence

Health-Oversight Activities

We may disclose medical information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

Legal proceedings, lawsuits, and other legal actions. We may

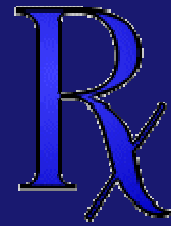


disclose medical information to courts, attorneys, and court employees when we get a court order, subpoena, discovery request, warrant, summons, or other lawful instructions from those courts or public bodies and in the course of certain other lawful, judicial, or administrative proceedings.

Law enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at GCA; and
- In case of a medical emergency, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, medical examiners, and funeral directors: In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.



National-Security and Intelligence Activities.

As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, Counterintelligence, and other national-security activities. Protective services for the U.S. president and others. As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the U.S. president, other authorized persons, or foreign heads of state.

Your Rights Regarding Medical Information

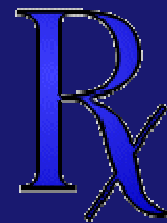
Your medical information is the property of GCA. You have the following rights, however, regarding medical information we maintain about you:

Right to inspect and copy. With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and health information restricted by law), you have the right to inspect and/or receive a copy of your medical information.

We may require you to submit your request in writing. We may charge you a reasonable fee for copying your records. We may deny access, under certain circumstances, such as if we believe it may endanger you or someone else. You may request that we designate a licensed health care professional to review the denial.

Right to request an amendment or addendum: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information or an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for GCA.

We may require you to submit your request in writing and to explain why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot take out what is in the record. We add the supplemental information. With your assistance, we will notify others who have the incorrect or incomplete health information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.



We may deny your request if the health information:

- was not created by GCA (unless the person or entity that created the health information is no longer available to respond to your request);
- is not part of the medical records kept by or for GCA;
- is not part of the information which you would be permitted to inspect and copy; or
- is determined by us to be accurate and complete.

Right to An Accounting of Disclosures

You have the right to receive a list of the disclosures we have made of your medical information since August 2006.



This List Will Not Include Disclosures Made:

- to carry out treatment and health care operations;
- to you or your personal representative;
- incident to a permitted use or disclosure;
- to parties you authorize to receive your health information;
- to your family members, other relatives or friends who are involved in your care, or who otherwise need to be notified of your location, general condition or death;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials; or as part of a “limited data set”

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, Payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. a family member or friend: To request a restriction, you must tell your caregivers.

As Health Care Providers

We may disclose your medical information for reasons not provided in this Notice. For example, you may want your lawyer to have a copy of your student’s medical or academic records. These requests must be provided to us in writing.

Right To a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.



Copies of this notice will be available at the GCA nurse station, or by contacting the GCA Privacy Officer as explained at the end of this notice, or you may obtain an electronic copy at GCA's Web site, www.gcasda.org.



Future Changes to GCA' Privacy Practices and This Notice

We reserve the right to change GCA' privacy practices and this notice.

We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the GCA Web site, www.gcasda.org. In addition, at any time you may request a copy of the notice currently in effect.

Our Right to Check Your Identity

For your protection, we may check your identity whenever you have questions about your treatment or billing activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your medical information.

Questions or Complaints

If you believe that your privacy rights have not been followed as directed by federal regulations and state law or as explained in this notice, you may file a written complaint with us. Please send it to the GCA Privacy Officer at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

If you have any questions or would like further information about this notice, please contact GCA.

Phone: 706-629-4591

Fax: 706-629-1272

Address: 397 Academy Drive, Calhoun, GA 30701

E-mail: Privacy@gcasda.org or hipaa@gcasda.org



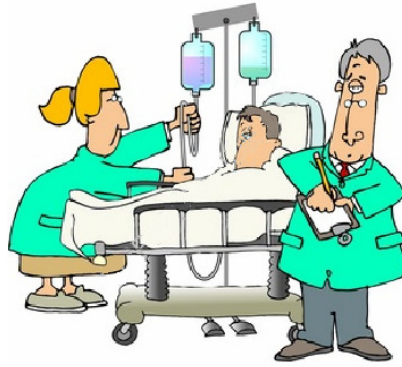
Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission.

If you provide us permission to use or disclose medical information about you, you may revoke that permission,

in writing, at any time. However, uses and disclosures made

before your cancellation are not affected by your action. This notice is effective April 14, 2006.



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Phone: 706-629-4591

Fax: 706-629-1272

Address: Attention: Nurse's Office 397 Academy Drive, Calhoun, GA 30701

E-mail: Privacy@gcasda.org or hipaa@gcasda.org

