

Patient Guide

Key information for your stay

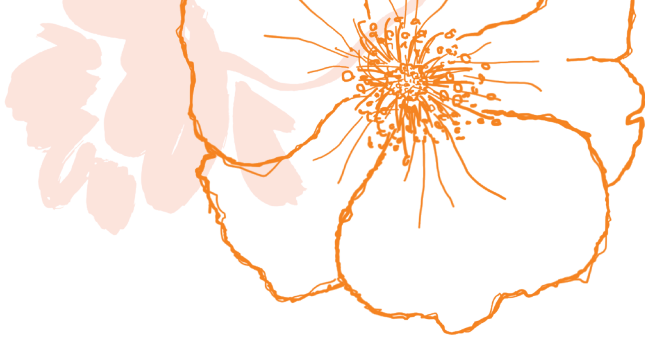


Real change lives here

Table of Contents

Welcome.....	3
Phone Directory.....	4
Our Commitment to Care.....	5
Access to Services.....	6
Facts About Your Stay.....	7
Take Charge of Your Care.....	11
Rights and Responsibilities.....	12
Notice of Privacy Practices.....	19
Advance Directives.....	26





Welcome

Thank you for the privilege of caring for you during your stay at Piedmont Newton. Your care, safety, comfort and satisfaction are our highest priorities.

Piedmont Newton has been a healthcare leader for more than 40 years, proudly providing quality care to patients in Newton and the surrounding counties. Our commitment to you and our community is the foundation on which this institution was built and continues to build.

We appreciate your trust in our system of care and look forward to serving you and your family for years to come when healthcare services are needed.

Sincerely,
Piedmont Newton

This material is for your educational use only. It does not contain, nor should it be construed as containing medical advice. Talk to your doctor before making any lifestyle or treatment changes. The people shown are models and are not known to have any health condition. Images are for illustrative purposes only.

Phone Directory

Key Numbers

Main: 770.786.7053

Customer Solutions Center (Billing): 1-855-788-1212

Other Hospital Numbers

Administrative Supervisor
770.385.4387

MyChart Support
855.788.6277

Women's Diagnostic Center
770.385.4436

Cafeteria
770.385.4285

Care Management
770.385.4189

Patient Experience
678.625.2038

Cardiac Rehabilitation
770.385.4430

Sleep Disorder Center
770.385.4159

Central Scheduling
770.385.4436

Wound Care & Hyperbaric
Center 770.385.4325

Health Information Management
(Medical Records)
770.385.4233

Volunteer Services
678.212.7422

Imaging Center
770.385.4436

For more information on the resources available at Piedmont Newton,
visit piedmont.org/newton

Our Commitment to Care

How's your stay? Are you getting the care you need? Are your doctors and nurses listening and responding to your questions or requests? Our goal is to provide the best quality care. To do so, we ask for feedback from patients like you.

During Your Stay

Please speak with your nurse or nursing supervisor if you have any questions or concerns about your care.

If your issue still is not resolved, you can file a complaint both with us and with external agencies. Contact our Patient Experience Rep. Coordinator at 678.625.2038.

After Your Stay

Once you leave our care, we may ask you to take a patient experience survey. This survey is a tool to measure and report patient satisfaction. It's made up of simple questions on key topics, such as:

- Doctor and nurse communication
- Medicine and discharge information
- Pain management and staff responsiveness
- Overall quality of the hospital

If you're selected to receive this survey, please take the time to complete it. The results will help us know what we're doing right and where we can improve.

You also have the right to file your complaint with:

Georgia Department of Public Health:

2 Peachtree St. NW, 15th Floor
Atlanta, Georgia 30303
404.657.2700

Quality Improvement Organization — DNV 866.496.9647

DNV Healthcare Corporate Office

Attn: Hospital Complaint DNV
Healthcare, Inc
400 Techne Center Drive, Suite 100
Milford, OH 45150-2792

Fax: 281.870.4818

Email: hospitalcomplaint@dnv.com

Online complaint form:

dnvhealthcareportal.com/patient-complaint-report

Quality Improvement Organization (QIO) Beneficiary Compliance:

888.317.0751

Online complaint form:

qioprogram.org/file-complaint

For Patient Rights and Responsibilities, see p. 12–18.

Access to Services

Language or interpretive services are available to any individual/patient or their designated contact person, at no cost. Please let your nurse or a care team member know if you need assistance.

Language

We can provide you with a translator and/or interpreter for medical services in more than 150 languages, including American Sign Language (ASL). For more information, please see page 13.

Hearing

To ensure effective communication with patients and their companions who are deaf or hard of hearing, we provide appropriate auxiliary aids and services free of charge.

Please ask your nurse or other care team member for assistance, or contact the Corporate Ethics Line at 800.466.0462.



*Our purpose,
our promise*

To make a positive
difference in every
life we touch.

Fast Facts About Your Stay

Cafeteria

Location: First floor

Monday through Friday:

Breakfast: 8 a.m. – 9 a.m.

Lunch 11:30 a.m. – 2 p.m.

Saturday and Sunday:

Lunch 11:30 a.m. – 2 p.m.

Before any food or beverages (for guest or patient) are brought into a patient's room, please check with the nurse first. Patients may be on a strict diet and/or may be sensitive to the sight and smell of food.

Calling Your Nurse

Your room is equipped with a nurse call system. If you need help, press the bedside call light (red button). A second call light is located in the bathroom for your convenience.

Chaplain Services/Chapel

The Robert J. Williams Memorial Chapel is located on the ground floor near the main lobby. The chapel is open for prayer and meditation at all times. Patients who wish to be visited by their minister, priest, rabbi or any other member of the clergy should express their wishes to their nurse. Volunteer chaplains can be called at your request.

Durable Medical Equipment

You may not bring personally owned, leased or rented medical equipment into the facility. Staff must obtain any medical equipment needed for patient care from a hospital-approved vendor.

Electrical Appliances

Electrical personal grooming equipment such as hairdryers or curling irons are permitted for use in patient rooms. However, the staff must inspect all equipment before plugging it in to be sure they meet fire and safety requirements. Departments and/or nursing units can be more stringent in exercising this policy dependent upon individual patient needs. Under no circumstances will electrical equipment using a heating element, such as heating pads, electric blankets, irons, coffee pots or portable heaters, be permitted for use within the facility.

Photos, Videos and Audio Recordings

For the privacy of our patients and care team, taking photos, videos or audio recordings is prohibited without consent

Thank you for your cooperation.

Fast Facts About Your Stay (continued)

Housekeeping

Our Environmental Services staff members clean patient rooms daily. If you have any concerns, please share them with your nurse.

Information Desk

The patient information desk is located in the main lobby and is available to provide room numbers, directions and other information.

Internet

We are proud to offer you wireless internet access throughout the hospital. Feel free to take advantage of this service to check your email, and most importantly, to keep up-to-date with your friends and family.

Leaving Your Room

Patients are requested to check with the nursing station before leaving the area. This is to ensure that we know where to locate you, and to ensure that your doctor has given approval.

Mail and Flower Delivery

We will deliver any mail to your room daily. Mail received after you've gone home will be forwarded to the address on your hospital record. Flowers are delivered to your room as they arrive at the hospital. If you are a patient in the Critical Care Unit (CCU), you may not receive flowers until you are transferred to a non-critical care unit. Please note: Patients opting out of the facility directory will not receive flowers or mail.

Mail should be addressed as follows for patients:

Patient First and Last Name
Patient Room Number
5126 Hospital Drive
Covington, Georgia 30014

Parking

Visitors are encouraged to park in front of the hospital at the Main Entrance. Handicapped parking is marked and available throughout the campus. Visitors also may park in the parking areas located between Tate Street and Newton Drive adjacent to Labor and Delivery.

Patient Meals/ In-room Dining Service

Check with your nurse to find out about your unit's meal delivery service.

Personal Items

Piedmont Newton Hospital cannot be responsible for the loss or damage of personal possessions left in your room. Personal items such as eyeglasses, contact lenses, hearing aids, cellphones, electronic devices and dentures are easily misplaced. When you are not using them, you should place them in protective containers.

The best place for your jewelry, cash, credit cards and other valuables is at home. However, if you have brought them with you, please contact your nurse to place your valuables in a secure location. To collect your valuables, contact your nurse at the time of discharge and they will be returned.



Physician Rounds

Please note that physicians make rounds—see patients—every day. However, times may vary.

Quietness

Piedmont Newton and our nursing team recognize the importance of a quiet and healing environment.

We strive to balance the practical considerations of cleaning so that it minimizes the disturbance to you. Sometimes, the equipment and technology that we use to treat you do create some undesirable noise. We are making every effort to keep the atmosphere around you quiet at night so you can rest as much as possible.

Security

Security guards are on duty 24 hours a day. You may see them patrolling the hospital and parking areas. If you would like escort service to your vehicle, or if you need to contact security, please call: 678.300.2235

TV

Your room is furnished with a color TV. This can be operated via remote control from your bed.

Vending Areas

Vending machines are located outside the emergency room waiting area on the first floor and between the ICU and Women's Services hallway on the second floor. An additional drink machine is located near the cafeteria. Ask a member of our staff for complimentary coffee.

Your Room

Every effort is made to make sure that everything in your room is in proper working order and that you are comfortable. If you experience any problems with your room or the equipment in it (lights, TV, shower, bed, etc.), please notify your nurse, who will arrange to address the problem.

Tobacco-Free Campus

Our campus is tobacco-free. This policy encompasses the building, which has been smoke-free for several years, as well as the rest of the campus, including the parking areas, patios, walkways and green areas.

Tobacco use by patients, visitors, volunteers, employees, vendors and physicians is prohibited on the hospital grounds.

Tobacco use is the number-one cause of preventable disease and death in the United States today, with more than 435,000 succumbing to tobacco-related diseases each year. This represents one in five deaths in our country. This has impacted the hospital's decision to go tobacco-free.

The attending physician may order a nicotine patch for patients who routinely smoke, if deemed appropriate.



Take Charge of Your Care

You are the center of your health care team. Let these tips help you get the best results from your hospital stay:

Speak up

Ask questions and voice concerns. It's your body, and you have the right to know.

Pay attention

Always double-check that you are getting the right treatments and medicines from the right hospital staff.

Educate yourself

Learn about your medical condition, tests and treatment options so you know why following your care plan is so important.

Find a support person

Pick someone to help speak up for your care and needs during your stay.

Know your meds

Understand what your medicines treat, why you need them and how to take them for the best results.

Check before you go

Make an informed decision when selecting additional healthcare services. Choose only accredited providers who meet patient safety and quality standards. Go to [QualityCheck.org](https://www.qualitycheck.org) to learn more.

Participate in your care

You are the center of your healthcare team. Make sure you know what's happening every step of the way—from admission through discharge.



Rights and Responsibilities

Patient Rights

We respect the dignity and pride of each individual we serve. We comply with applicable federal civil rights laws and do not discriminate on the basis of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state or local law.

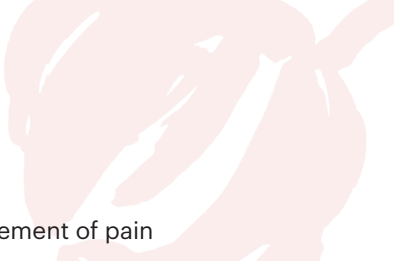
Each individual shall be informed of the patient's rights and responsibilities in advance of administering or discontinuing patient care. We adopt and affirm as policy the following rights of patient/clients who receive services from our facilities:

Considerate and Respectful Care

- To receive ethical, high-quality, safe and professional care without discrimination
- To be free from all forms of abuse and harassment
- To be treated with consideration, respect and recognition of his/ her individuality, including the need for privacy in treatment. This includes the right to request the facility provide a person of one's own gender to be present during certain parts of physical examinations, treatments or procedures performed by a health professional of the opposite sex, except in emergencies, and the right not to remain undressed any longer than is required for accomplishing the medical purpose for which the patient was asked to undress

Information Regarding Health Status and Care

- To be informed of his/her health status in terms that the patient can reasonably be expected to understand, and to participate in the development and implementation of his/her plan of care and treatment
- The right to be informed of the names and functions of all physicians and other healthcare professionals who are providing direct care to the patient
- The right to be informed about any continuing healthcare requirements after his/her discharge from the hospital. The patient also shall have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge
- To be informed of risks, benefits and side effects of all medications and treatment procedures, particularly those considered innovative or experimental
- To be informed of all appropriate alternative treatment procedures
- To be informed of the outcomes of care, treatment and services

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- To appropriate assessment and management of pain
 - To be informed if the hospital has authorized other healthcare and/or education institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in his/her treatment

Decision-making and Notification

- To choose a person to be his/her healthcare representative and/or decision-maker. The patient also may exercise his/her right to exclude any family members from participating in his/her healthcare decisions
- To have a family member, chosen representative and/or his or her own physician notified promptly of admission to the hospital
- To request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate
- To be included in experimental research only when he or she gives informed, written consent to such participation. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices
- To formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives
- To leave the healthcare facility against one's physician's advice to the extent permitted by law

Access to Services

- To receive, as soon as possible, the free services of a translator and/or interpreter, telecommunications devices, and any other necessary services or devices to facilitate communication between the patient and the hospitals' healthcare personnel (e.g., qualified interpreters, written information in other languages, large print, accessible electronic formats)
- To bring a service animal into the facility, except where service animals are specifically prohibited pursuant to facility policy (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation)
- To pastoral counseling and to take part in religious and/or social activities while in the hospital, unless one's doctor thinks these activities are not medically advised
- To safe, secure and sanitary accommodation and a nourishing, well-balanced and varied diet

Rights and Responsibilities (continued)

- To access people outside the facility by means of verbal and written communication
- To have accessibility to facility buildings and grounds. We recognize the Americans with Disabilities Act, a wide-ranging piece of legislation intended to make American society more accessible to people with disabilities. The policy is available upon request
- To a prompt and reasonable response to questions and requests for service
- To request a discharge-planning evaluation

Access to Medical Records

- To have his/her medical records, including all computerized medical information, kept confidential and to access information within a reasonable time frame. The patient may decide who may receive copies of the records except as required by law
- Upon leaving the healthcare facility, patients have the right to obtain copies of their medical records

Ethical Decisions

- To participate in ethical decisions that may arise in the course of care including issues of conflict resolution, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment, and participation in investigational studies or clinical trials
- If the healthcare facility or its team decides that the patient's refusal of treatment prevents him/her from receiving appropriate care according to ethical and professional standards, the relationship with the patient may be terminated

Protective Services

- To access protective and advocacy services
- To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff
- The patient who receives treatment for mental illness or developmental disability, in addition to the rights listed herein, has the rights provided by any applicable state law
- To all legal and civil rights as a citizen unless otherwise prescribed by law
- To have, upon request, an impartial review of hazardous treatments or irreversible surgical treatments prior to implementation except in emergency procedures necessary to preserve one's life

- To an impartial review of alleged violations of patient rights
- To expect emergency procedures to be carried out without unnecessary delay
- To give consent to a procedure or treatment and to access the information necessary to provide such consent
- To not be required to perform work for the facility unless the work is part of the patient's treatment and is done by choice of the patient
- To file a complaint with the Department of Health or other quality improvement, accreditation or other certifying bodies if he/she has a concern about patient abuse, neglect, misappropriation of a patient's property in the facility or other unresolved complaint, patient safety or quality concern

Payment and Administration

- To examine and receive an explanation of the patient's healthcare facility's bill regardless of source of payment, and may receive, upon request, information relating to the availability of known financial resources
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate
- To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care
- To be informed in writing about the facility policies and procedures for initiation, review and resolution of patient complaints, including the address and telephone number of where complaints may be filed. Please see page 17 for additional information.

Additional Patient Rights

- Except in emergencies, the patient may be transferred to another facility only with a full explanation of the reason for transfer
- To initiate their own contact with the media
- To get the opinion of another physician, including specialists, at the request and expense of the patient
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment
- To request a transfer to another room if another patient or a visitor in the room is unreasonably disturbing him/her
- To request pet visitation except where animals are specifically prohibited pursuant to the facility's policies (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation)

Rights and Responsibilities (continued)

Patient Responsibilities

The care a patient receives depends partially on the patient himself/herself. Therefore, in addition to the above rights, a patient has certain responsibilities. These should be presented to the patient in the spirit of mutual trust and respect.

- To provide accurate and complete information concerning his/her health status, medical history, hospitalizations, medications and other matters related to his/her health
- To report perceived risks in his/her care and unexpected changes in his/her condition to the responsible practitioner
- To report comprehension of a contemplated course of action and what is expected of the patient, and to ask questions when there is a lack of understanding
- To follow the plan of care established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders
- To keep appointments or to notify the facility or physician when he/she is unable to do so
- To be responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders
- To assure that the financial obligations of his/her healthcare care are fulfilled as promptly as possible
- To follow facility policies, procedures, rules and regulations
- To be considerate of the rights of other patients and facility personnel
- To be respectful of his/her personal property and that of other persons in the facility
- To help staff assess pain, request relief promptly, discuss relief options and expectations with caregivers, work with caregivers to develop a pain management plan, tell staff when pain is not relieved, and communicate worries regarding pain medication

Visitation Rights

Piedmont Eastside recognizes the importance of family, spouses, partners, friends and other visitors in the care process of patients. We adopt and affirm as policy the following visitation rights of patients/clients who receive services from our facilities:

- To be informed of their visitation rights, including any clinical restriction or limitation of their visitation rights

- To designate visitors, including, but not limited to, a spouse, a domestic partner (including same-sex), family members and friends. All visitors will enjoy full and equal visitation privileges consistent with any clinically necessary or other reasonable restriction or limitation that facilities may need to place on such rights
- To receive visits from one's attorney, physician or clergy person at any reasonable time
- To speak privately with anyone he/she wishes (subject to hospital visiting regulations) unless a doctor does not think it is medically advised
- To refuse visitors
- Media representatives and photographers must contact the hospital spokesperson for access to the hospital

To report a patient rights concern, please contact:

Quality Improvement Organization (QIO) Beneficiary Compliance:
888.317.0751

Online complaint form: <https://qioprogram.org/file-complaint>

Quality Improvement Organization — DNV
866.496.9647

DNV Healthcare Corporate Office
Attn: Hospital Complaint DNV Healthcare, Inc
400 Techne Center Drive, Suite 100
Milford, OH 45150-2792

Fax: 281-870-4818

Email: hospitalcomplaint@dnv.com

Online complaint form: dnvhealthcareportal.com/patient-complaint-report

Ethics and Compliance Hotline
800.466.0462

If you need access to services, including a translator and/or interpreter, or to report a concern regarding discrimination in access to services, contact:

Rights and Responsibilities (continued)

Patient Experience Rep. Coordinator

Piedmont Newton Hospital
5126 Hospital Drive
Covington, Georgia 30014
678.625.2038

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Patient Experience Rep. Coordinator is available to help you.

You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

By Mail

U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)



Notice of Privacy Practices

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

Our Responsibilities

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information.

We will abide by the terms of this notice.

Uses and Disclosures

The following categories describe examples of the way we use and disclose health information:

For Treatment

We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility.

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. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and X-rays. We also may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this facility. We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment.

We also may tell your health planner about treatment you are going to receive to determine whether your plan will cover it.

Notice of Privacy Practices (continued)

For Healthcare Operations

Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results then will be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Fundraising

We may contact you to raise funds for the facility; however, you have the right to elect not to receive such communications.

We also may use and disclose health information:

- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- For population-based activities relating to improving health or reducing healthcare costs;
- To tell you about health-related benefits or services;
- For conducting training programs or reviewing competence of healthcare professionals; and
- To a Medicaid eligibility database and the Children's Health Insurance Program eligibility database, as applicable

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voicemail.

Business Associates

There are some services provided in our organization through contracts with business associates. Examples include physician services in the Emergency Department and Radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Directory

We may include certain limited information about you in the facility directory while you are a patient at the facility. The information may include your name, location in the facility, your general condition (e.g., good, fair), and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory, please request the Opt Out form from the admission staff or facility privacy official.

Individuals Involved in Your Care or Payment For Your Care and/or notification purposes

We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care, or to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

Research

The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You also may be contacted to participate in a research study.

Future Communications

We may communicate to you via newsletters, mail outs or other means regarding treatment options, health-related information, disease-management programs, wellness programs, research projects, or other community-based initiatives or activities our facility is participating in.

Organized Healthcare Arrangement

This facility and its medical staff members have organized this document and are presenting it to you as a joint notice. Information will be shared as necessary to carry out treatment, payment, and healthcare operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment, as it may affect treatment at the time.

Notice of Privacy Practices (continued)

Affiliated, Covered Entity

Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment, and healthcare operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information, as it may affect treatment at this time. Please contact the facility privacy official for further information on the specific sites included in this affiliated, covered entity.

Health Information Exchange/Regional Health Information Organization

Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other healthcare industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include, but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes permitted by law.

As required by law, we may disclose information when required to do so by law.

As permitted by law, we also may use and disclose health information for the following types of entities, including, but not limited to:

- Food and Drug Administration
- Public health or legal authorities charged with preventing or controlling disease, injury, or disability
- Correctional institutions
- Workers' compensation agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies
- Funeral directors and coroners
- National security and intelligence agencies
- Protective services for the president and others
- A person, or persons, able to prevent or lessen a serious threat to health or safety

Law Enforcement

We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative Proceedings

We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant, or subpoena.

Authorization Required

We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

State-specific Requirements

Many states have requirements for reporting, including population-based activities relating to improving health or reducing healthcare costs.

Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

Inspect and Copy

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain, limited circumstances.

If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information.

You have the right to request an amendment for as long as the information is kept by or for the facility. Any request for an amendment must be sent in writing to the facility privacy official. We may deny your request for an amendment, and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment, or healthcare operations where an authorization was not required.

Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the facility privacy official.

We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or healthcare operations (and not treatment purposes), and 2) your information pertains solely to healthcare services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services.

Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

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 still are entitled to a paper copy of this notice. If the facility has a website, you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link. To exercise any of your rights, please obtain the required forms from the privacy official and submit your request in writing.

Changes to This Notice

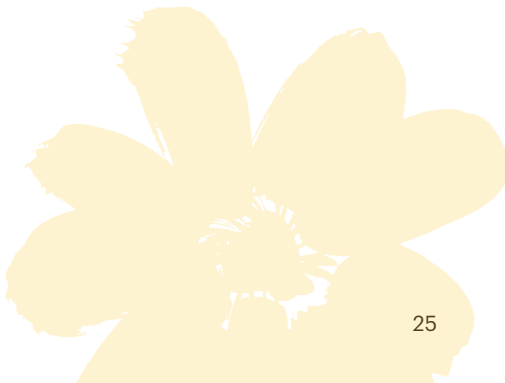
We reserve the right to change this notice, and the revised or changed notice will be effective for information we already have about you, as well as any information we receive in the future. The current notice will be posted in the facility and on our website, and will include the effective date. In addition, each time you register at or are admitted to the facility for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility's Patient Rights documentation. You also may file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.



Advance Directives

One of the most important decisions you can make about your care is to fill out advance directives in case you can no longer speak for yourself. Advance directives are documents that let others know your wishes about the type of care you want. They will only be used if you become unconscious or too ill to communicate yourself.

Different states have different laws about advance directives. Check with your Admissions department or nurse if you have any questions.

Directives can include:

Living Will

This set of instructions explains the type of life-prolonging medical care you wish to accept or refuse. It can include your wishes about the use of resuscitation (CPR) if your heart stops, a ventilator if you stop breathing, or feeding tubes or IVs if you cannot eat or drink.

Durable Power of Attorney

For Healthcare

This is a legal document that names your healthcare proxy—someone who can make medical decisions for you if you're unable to do so. An official healthcare proxy can represent your wishes on emergency care but also on other medical issues like potential treatment options, blood transfusions, kidney dialysis, etc. Choose someone you trust, discuss your medical wishes and make sure the person agrees to represent you in this role.

For Finances

You also have the right to appoint someone or the same person to help manage your finances if you cannot.

Fill Out Your Forms

Make sure you submit advance directives each time you go to the hospital so your most current information and wishes are on file. You do not need a lawyer to fill these out.

For more information and to get the forms you need, contact your nurse, case manager or social worker.



Real change lives here

Piedmont Newton Hospital

770.786.7053

5126 Hospital Drive
Covington, Georgia 30014

piedmont.org/newton