

**The Gift of Life Foundation**  
**1348 Carmichael Way**  
**Montgomery, Alabama 36106**  
**Phone: (334) 272-1820**

**NOTICE OF PRIVACY PRACTICES**  
**Effective 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.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information.

We will take reasonable measures to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You may ask questions or obtain a copy of the notice by contacting our Privacy Officer at (334) 272-1820.

**Permitted Uses and Disclosures of Your Health Information**

**1. General Uses and Disclosure.** Under the Privacy Rules, we are permitted to use and disclose your Health Information for the following purposes and in support of the following, without obtaining your permission, unless more stringent state or federal laws apply:

- **Treatment:** We are permitted to use and disclose your Health Information in the provision and coordination of your health care. For example, we may disclose your Health Information to your physician, hospital and to other health care providers who have a need for such information for your care and treatment.
- **Payment:** We are permitted to use and disclose your Health Information for the purposes of determining coverage, billing, and reimbursement. For example, your provider may submit a claim to us for payment. The claim form will include information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.
- **Health Care Operations:** We are permitted to use and disclose your Health Information for our health care operations. Health care operations include, but may not be limited to, quality assessment and improvement activities, management and general administrative activities. For example, we may call your name in the waiting room when a GOL representative is ready to see you; you may be asked to use a sign-in sheet at a registration desk; or a letter, phone, or home visit may be used to remind you or your appointment or provide a required visit.
- **Business Associates:** We are permitted to use and disclose your Health Information with a third party "Business Associate" that performs various activities (e.g., billing, quality assurance, peer review). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information we will have a written contract that contains terms that will protect the privacy of your protected health information.
- **Required by Law:** We are permitted to disclose your Health Information when required to do so by federal, state or local law (e.g., in response to a subpoena, discovery request, or other lawful order from a court.)
- **Public Health:** We are permitted to disclose your Health Information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Communicable Disease:** We are permitted to disclose your Health Information, if authorized or required by law, to a person who may have been exposed to a communicable disease or are at risk of contracting or spreading the disease or condition.
- **Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, licensure and inspections. Oversight activities seeking this information include government agencies such as Medicaid that oversee the health care system; government benefits program, other government regulatory programs and civil rights laws.
- **Food and Drug Administration (FDA):** We are permitted to disclose to the FDA your Health Information relative to adverse events with respect to food, supplements, product defects or problems, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Abuse or Neglect:** We are permitted to disclose your Health Information to a local, state, or federal government authority if we have reasonable belief that abuse, neglect or domestic violence as occurred.
- **Law Enforcement:** We may disclose your Health Information when requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders; in emergency circumstances; or when required to do so by law.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose your Health Information to a coroner, medical examiner, or funeral director consistent with applicable law to carry out their duties; or to an organ procurement organization for procurement, banking, or transplantation or cadaveric organs, eyes, or tissue for the purpose of facilitating donation and transplantation.
- **Research:** We may disclose your Health Information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

- **Criminal Activity:** Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military, Veterans, and National Security:** When appropriate conditions apply, we may use or disclose Health Information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for eligibility determination of VA benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your Health Information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** We may disclose your Health Information to the extent authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the institution or official, where such information is necessary.

**2. Uses and Disclosures Which Require an Opportunity to Verbally Agree or Object.** Except in emergency situations, you will be notified in advance and have opportunity to verbally agree or object to the following use and disclosure of your Health Information.

- **Communication with Family or Friends:** Our service professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- **Marketing:** We may use or disclose your Health Information, as necessary, to provide you with information about health care and health-related benefits and services that may be of interest to you.

**3. Uses and Disclosures Which Require Your Written Authorization.** As required by the Privacy Rules, all other uses and disclosures of your Health Information (not described above) will be made only with your written permission, which is called an **Authorization**. You may revoke this authorization, at any time, in writing, except to the extent that action has been taken in reliance on the use or disclosure indicated in the authorization.

### **Your Rights**

The following describes your rights regarding the Health Information we maintain about you. To exercise your rights, you must submit your request in writing to our Privacy Officer at 1348 Carmichael Way, Montgomery, Alabama 36106.

**Right to Request Restrictions.** You have the right to request that we restrict uses or disclosures of your health information to carry out treatment, payment, health care operations, or communications with family or friends. We are not required to agree to a restriction.

**Right to Receive Confidential Communications.** You have the right to request that we send communications that contain your health information by alternative means or to alternative locations. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

**Right to Inspect and Copy.** You have the right to inspect and copy health information that we maintain about you in a designated record set. A "designated record set" is a group of records that we maintain such as enrollment, payment, and claims adjudication record systems. If copies are requested or you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor and supply cost of copying; postage; and preparation cost of an explanation or summary, if such is requested. We may deny your request to inspect and copy in certain circumstances as defined by law. If you are denied access to your health information, you may request that the denial be reviewed.

**Right to Amend.** You have the right to have us amend your health information for as long as we maintain such information. Your written request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

**Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your health information made by us in the six years prior to the date the accounting is requested (or shorter period as requested). This does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; communications with family and friends; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to HIPAA compliance date of April 14, 2003. Your first request for accounting in any 12-month period shall be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request for accounting within the same 12-month period.

**Right to Obtain a Paper Copy.** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

### **Complaints**

You may contact us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a grievance with us or get further information about the complaint process by notifying our Privacy Officer at The Gift of Life Foundation, 1348 Carmichael Way, Montgomery, Alabama 36106. We will not retaliate against you for filing a complaint.