



## Notice of Privacy Practices for Protected Health Information

**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 federal law, your patient health information is protected and confidential. Patient health information (PHI) includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your PHI also includes payment, billing, and insurance information.

We use and disclose PHI about you for treatment, to obtain payment and for healthcare operations, including administrative purposes and evaluation of the quality of care that you receive. This notice gives examples of how we will use or disclose your PHI for treatment, payment and health care operations (TPO). The Notice also describes other uses and disclosures we may make. Not every use or disclosure in a category will be listed.

***Treatment:*** We will use and disclose your PHI to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will use PHI to determine the most appropriate course of care. We may also disclose the information to other health care providers, such as hospitals, consulting physicians and nurses, who are participating in your treatment, to pharmacists who are filling your prescriptions and to family members who are helping with your care.

***Payment:*** We will use and disclose your PHI for payment purposes. For example, we may need to obtain authorization from your insurance company before providing surgery or ordering other types of testing. We will submit bills and maintain records of payments from your health plan.

***Health Care Operations:*** We will use and disclose your PHI to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, arranging for legal services, and to assess the care and outcomes of your case and others like it.

### **Other Uses and Disclosures**

Subject to certain requirements, we may use or disclose PHI about you for the following purposes, even without your written authorization.

- *As Required By Law*
- *Special Uses/Appointment Reminders* – uses and disclosures to contact you with appointment reminders and to provide information to you about treatment alternatives, test results or other health-related benefits and services that may be of interest to you
- *Public Health Activities* – disclosures to public health authorities charged with preventing or controlling disease, such as the CDC or FDA
- *Reporting Of Abuse, Neglect Or Domestic Violence* – disclosure to the appropriate government authorities if we believe abuse of a child or adult has occurred
- *Threats to Health and Safety* – uses or disclosures to help prevent a serious threat to either yours or someone else's health or safety
- *Health Oversight Activities* – disclosures to government agencies for health oversight activities authorized by law, such as audits, civil, administrative or criminal investigations, inspections, and licensure or disciplinary actions to further the administration of healthcare
- *Judicial And Administrative Proceedings* – disclosures authorized by court order, subpoena or discovery request
- *Law Enforcement* - certain disclosures to law enforcement officials, including disclosures in response to a court order, subpoena, warrant, summons or similar process; about criminal conduct at our locations or of certain wounds or injury required by law
- *Coroners And Medical Examiners* – disclosures to funeral directors, medical examiners or coroners to allow them to carry out their duties
- *Organ Or Tissue Donation* – uses or disclosures to organ procurement organizations for the purpose of donation and transplant
- *Specialized Governmental Functions* – disclosures such as armed forces, veterans, foreign military personnel, national security and intelligence activities, to protect the President and certain others
- *Research* – uses or disclosures to researchers when the research has been approved by an institutional review board or certain conditions are met
- *Workers Compensation* – disclosures necessary to comply with laws relating to Workers Compensation

- *Inmates* – disclosures regarding inmates in custody to law enforcement officials to provide health care or protect the health and safety of you, others and the correctional institution
- *Business Associates* – disclosures to individuals and entities (“business associates”) that perform various functions on our behalf (such as our billing company). Business associates are required to agree to safeguard all PHI that they create or receive on our behalf.
- *Personnel Representatives* – disclosures to individuals authorized to act as your representative, such as an individual authorized under a health care power of attorney in the event you are incapacitated
- *Individuals Involved In Your Care or Payment For Your Care* – disclosures about you to a friend or family member who is involved in your care or who helps pay for your care or to an entity to assist in disaster relief efforts to assist in notifying your family about your condition, status and location

In any other situation, we will ask for your written authorization before using or disclosing any PHI about you. If you choose to sign an authorization to use or disclose PHI, you or your representative can later revoke that authorization by notifying us in writing to stop any future uses and disclosures.

### **Individual Rights**

You have the following rights with regard to your PHI. Please contact the person listed below to obtain the appropriate form for exercising these rights. All requests must be made in writing.

*Request Restrictions:* You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

*Confidential Communications:* You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments or follow-up examinations.

*Inspect and Obtain Copies:* In most cases, you have the right to look at or get a copy of your PHI. We may charge a fee for the costs of copying, mailing or other supplies or services associated with your request.

*Amend Information:* If you believe that information in your record is incorrect, or if information is missing, you have the right to request that we correct the existing information or add the missing information. You must include a reason that supports your request for an amendment. We may deny your request if the PHI is already correct or for certain other reasons permitted by law.

*Accounting of Disclosures:* You may request a list of instances where we have disclosed health information about you for reasons other than TPO or for other disclosures excluded from the accounting requirement. The first list you request within a 12-month period is free, but we may charge a fee for any additional lists that you request. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

*Right to a Paper Copy of this Notice:* You have the right to obtain a paper copy of this Notice at any time. Even if you have received this Notice electronically, you still retain the right to receive a paper copy upon request.

### **Our Legal Duty**

We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI and to abide by the terms of the Notice currently in effect. We are also required to comply with any federal or state laws that impose stricter standards than the uses and disclosures described in this Notice.

### **Changes in Privacy Practices**

We may change our policies and this Notice at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area. We reserve the right to make the revised notice effective for PHI that we already have about you as well as any PHI that we receive in the future. For questions about our privacy practices, contact the person listed below.

### **Complaints**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

### **Contact Person**

If you have any questions, requests, or complaints please contact our Compliance Officer at 865-588-8838.

**Effective Date:** The effective date of this Notice is January 2<sup>nd</sup>, 2007.