

## NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA), revised in 2013, requires us as your health care provider to maintain the privacy of your protected health information, to provide you with the notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required by law to maintain these records of your health care and are dedicated to maintaining confidentiality.

You will be asked to sign a consent form authorizing us to use and disclose your personal health information as defined under HIPAA.

The Act also allows us to use your information for treatment, payment and certain health operations unless otherwise prohibited by law and without your authorization.

**Treatment:** We may disclose your protected health information to you, to our staff, or to other health care providers in order to get you the care you need. This may include: the coordination or management of health care by a healthcare provider with a third party, consultation between healthcare providers relating to a patient, or the referral of a patient for health care from one healthcare provider to another. An example of this would be a referral to a specialist.

**Payment:** We may send information to you, or to other parties, in order to receive payment for the services we delivered. This may include: obtaining reimbursement for the provision of health care, determinations of eligibility or coverage, billing, claims management, collection activities, justification of charges, disclosure to consumer reporting agencies, and information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for health care services to your insurance company.

**Health Care Operations:** We are allowed to use or disclose your protected health information to train new health care

workers, to evaluate the health care delivered, to improve our business development, or for other internal needs. These may include: any activity related to covered functions in which we participate in the function of our offices, such as conducting quality assessment activities, protocol development, case management, care coordination, auditing functions, business management, general administrative grievances, and marketing for which an authorization is not required. An example of this would be evaluation customer service to patients.

We are required to disclose information as required by law, such as public health regulations, health care oversight activities, certain law suits, law enforcement and family members or others involved in your care (with limitations).

We may contact you to provide appointment reminders or to inform you about treatment alternatives or other health related benefits or services that may be of interest to you. We may also contact you for fundraising purposes.

Certain ways, that your protected health information could be used or disclosed, require an authorization from you. For example, uses that constitute sale of protected health information. We cannot disclose your protected health information to your employer, or to your school, without your authorization unless required by law. Other uses and disclosures not described in this notice will be made only with your written authorization, which you may revoke, in writing, at any time.

You have several rights concerning your protected health information. You have the right to access your records and/or receive a copy of your records. Your request must be in writing. We are required to allow access, or provide a copy, within 30 days of your request. We may provide the copy to you, or to your designee, in an electronic format acceptable to you, or as a hard copy. We may charge you our cost for making and providing the copy. If your request is denied, you may request a review of this denial by a licensed health care provider.

You have the right to request restrictions on how your protected health information is used for treatment, payment and health operations. For example, you may request that certain friends or family members not have access to this information. We are not required to agree to this request, but if we agree to your request, we are obligated to fulfill the request, except in an emergency where this restriction might interfere with your care. We may terminate these restrictions if necessary to fulfill treatment and payment.

We are required to grant your request for restriction if the requested restriction applies only to information that would be submitted to a health plan for payment for a health care service or item or for health operations, if you have paid for the item or

service in full out of pocket, and if the restriction is not otherwise forbidden by law. For example, we are required by law to submit information to federal health plans and managed care organizations even if you request a restriction. We must have your restriction documented prior to initiating the service. Some exceptions may apply, so ask for a form to request the restriction and to get additional information. We are not required to inform other covered entities of this request, but we are not allowed to use or disclose restricted information to business associates that may disclose the information to the health plan.

You have the right to request confidential communications. For example, you may prefer that we call your cell phone number rather than your home phone. These requests must be in writing, and revoked in writing, and must give us an effective means of communication for us to comply. If the alternate means of communications incurs additional cost, that cost may be passed on to you.

Your medical records are legal documents that provide crucial information regarding your care. You have the right to request an amendment to your medical records. You must make this request in writing; and, understand that we are not required to grant this request.

You have the right to an accounting of disclosures of how we have used or disclosed your protected health information.

You have the right to receive a copy of this notice, either electronically, or on paper. We are bound to abide by the terms of this notice and reserve the right to make revisions to this policy. Should revisions be made, a copy of the revised policy will be made available at your request.

If you have any questions about our privacy practices, please contact our Privacy Officer at the number below.

You have the right to file a complaint with us or with the Office for Civil Rights. We will not discriminate or retaliate in any way for this action. To file a complaint, please contact the applicable party:

Brittany Davis, Privacy Officer  
(931) 526-5460

Office for Civil Rights  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

We are required to abide by the policies stated in this Notice of Privacy Practices, which became effective September 19, 2013.