

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

*We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical office properly. We are required by law to maintain the privacy of protected health information, to provide individuals with 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. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.*

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

Except for the following purposes, we will obtain your written, signed consent to the use and disclose your health information:

**For Treatment:** We use your health information to provide your medical care. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of your health. For example, your referring doctor will need results of exams done in our office to decide what treatment is best for you. We may share your medical information with other physicians or other health care providers who will provide services that we do not provide. At times, we may need to share your information with other healthcare providers you have had to get a complete medical history to help in interpreting your exams. For example, another healthcare provider may need identifying numbers (i.e. date of birth or social security number) to locate your individual history. Other healthcare providers may be a part of your medical care outside of this office and may require the information we have about you.

**For Payment:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we may give your health plan the information it requires before it will pay us or reimburse you for services

**For Healthcare Operations:** We may use and disclose health information about you in order to operate the medical office and to make sure you and our other patients receive quality care. For example, we may also use health information from all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain

new treatments are effective. We may also share your medical information with our “business associates”, such as a billing service, that performs administrative services for us. We have a written contract with each of these business associates. These contracts contain terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information.

**Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical care at this office. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Health-Related Products and Services/Marketing:** Provided we do not receive any payment for making these communications, we may tell you about health-related products, services or treatment alternatives that may be of interest to you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

***You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures that occurred before that time. If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment or healthcare operations and we may, therefore, choose to discontinue providing you with healthcare services.***

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required By Law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law.

**Research:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**Organ and Tissue Donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Military, Veteran, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Public Health Risk:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, no –accidental physical injuries, reactions to medication or problems with products.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Worker's Compensation:** We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**Sale of Health Information:** We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

**Family and Friends:** We may disclose health information about you to your family member or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment determine that a disclosure to your family member or friend is in your best interest.

**Change of Ownership:** In the event this medical office is sold or merged with another organization, your health information will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**Breach Notification:** In the case of a breach of unsecured protected health information, we will notify you as required by law. In some circumstances, our business associate may provide the notification.

## OTHER USES AND DISCLOSURE OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. We must obtain your authorization separate from any other consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke your authorization and we will no longer use or disclose information about you for the reasons covered by your written authorization. However we cannot take back any uses or disclosures that have already been made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed written authorization

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We may charge a reasonable fee for the costs of copying, mailing or other associated supplies. We may deny your request under limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Amend:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical office's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal.

**Right to an Accounting of Disclosures:** You have the right to request an "account of disclosures". This is a list of disclosures we make of medical information about you for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to the Administrator. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. 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.

**We are not required to agree to your Request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the Request for Restrictions on Use/Disclosure of

Medical Information to the Administrator. We reserve the right to accept or reject any request, and will notify you of our decision.

**Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

**Right to Request Confidential Communication:** 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 can ask that we only contact you at work or by mail. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

**Right to a Paper or Electronic Copy of this Notice:** You have the right to a paper or electronic copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact the Administrator.

### **CHANGES TO THIS NOTICE**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Compliance Officer:

Kelly Firestine  
840 Crescent Center Drive, Suite 200  
Franklin, TN 37607  
615-550-6000

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT**

(Revise 09/22/2013)

