

Notice of Privacy Practices for Professional 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!

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines that he/she will need to consult with another physician/ specialist in the area. He/she will share the information with such physician/ specialist and obtain his/ her input, or a physician who may have referred you to us for treatment may provide your health history to us.

Example of use of you health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment request information from us regarding your medical care given. We will provide information to them about you and the care given.

Example of use of your health information for health care operations:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, collection services, software companies who host or access patient health information and insurance. We will share information about you with such business associates as necessary in order to obtain these services.

Your Health Information Rights

The health and billing records that we maintain are the physical property of Upper Cumberland Ear, Nose & Throat. You will have the following rights with respect to your Protected Health Information:

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted;
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
3. Right to inspect and copy your health record and billing record: You may exercise this right by delivering the request in writing to our office using the form that we provide you upon request; appeal a denial of access to your protected health information except in certain circumstances;
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
5. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
6. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request, and,

If you want to exercise any of the above rights, please contact **Crystal Garrett, Privacy Officer** at (931) 528-1575, in person or in writing during regular office hours. You will be provided with assistance on the steps to take to exercise your rights.

Our Responsibilities

This office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we cannot accommodate a requested restriction or request, and;
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for accounting of disclosures.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact **Crystal Garrett, Privacy Officer** at (931) 528-1575.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to **Crystal Garrett**. You may also file a complaint by mailing or emailing it to the Secretary of Health and Human Services at the address below:

Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
Phone: (202) 619-0257
Toll Free: 877-696-6775
Email: OCRprivacy@hhs.gov
Website: <http://www.dhhs.gov>

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses and Disclosures allowed by the Privacy Rule

Patient Contact

We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may also contact you as part of a fund raising effort.

Notification- Opportunity to Agree or Object

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative or other person responsible for your care, about your location, about your general condition, or your death.

Communication with family: Using our best judgment, we 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 in payment for such care if you do not object or in an emergency.

We may use and disclose your protected health information to assist in disaster relief efforts.

Opportunity to Agree or Object Not Required with following activities:

PUBLIC HEALTH ACTIVITIES

Controlling Disease: As required by law, we may disclose your protected health information to the public health or legal authorities charge with preventing and/ or controlling disease, injury or disability.

Child Abuse or Neglect: We may disclose protected health information to public authorities as allowed by law to report child abuse and/ or neglect

Food and Drug Administration (FDA): We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post- marketing surveillance information to enable product recalls, repairs or replacements.

Provider note: *Health care providers working for an industry performing medical surveillance or evaluation whether the individual has a work related injury or illness may disclose the protected health information to the work related injury or illness to the employer, if the employer needs the findings in order to comply with OSHA regulations.*

Victims of Abuse, Neglect or Domestic Violence: We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or potential victim.

Oversight Agencies: Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight agencies to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

Judicial/ Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as required by law; such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury

Coroners, Medical examiner and Funeral Directors: We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carryout their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or to other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue(s) for the purpose of donation and transplant.

Research: We may disclose 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 you protected health information.

Threat to Health and Safety: To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

Specialized Governmental Functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Correctional Institutions: If you are an inmate of a correctional institution, w may disclose to the institution or it's agents the protected health information necessary for your health and the health and safety of other individuals.

Worker's Compensation: If you are seeking compensation through worker's compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to worker's compensation.

Other Uses and Disclosures: Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

Website: If we maintain a website that provides information about our entity, this notice will be posted on the website.

