

NOTICE OF PRIVACY PRACTICES

We value relationship with you as a patient and respect for your privacy is the very foundation of that relationship. This notice describes our privacy policies, including how we collect, use and safeguard protected medical information and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO OUR PRACTICE.

If you have any questions about this notice please contact our privacy officer at: (615) 444-3836

Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 5/1/2010, and will remain in effect until we replace it. (updated 9/19/2013)

We reserve the right to change our privacy practices and providing that applicable law permits the terms of this notice at any time. You may request a copy of our notice at any time.

Routine Uses and Disclosures of Medical Information

We use and disclose medical information about you for:

Treatment. We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you. For example, we will allow your physician, physician assistant or nurse to access your medical record for the purpose of treating you, or may provide health information to another doctor in an unrelated organization to assist in your treatment. We may share this information with other care providers and others so that they may jointly perform care and treatment activities, payment activities and business operations along with us. Others involved in your care, such as a laboratory technician, consulting providers, or a social worker, may also see your information.

Payment. We may use or disclose information for purposes of obtaining payment for your health care services. For example, we may need to give your health insurer(s) information about your condition and treatment to support their payment for your care or to determine whether they will cover your treatment or to obtain their preapproval. We may disclose your medical information to another health care provider or entity subject to the federal and state Privacy Rules so they can obtain payment. *(NEW as of 9/19/13) You have the right to restrict release of information to your health plan when you paid for services out-of-pocket, and in full. To accommodate such restriction requests, you must alert us in writing and we will flag their account accordingly.*

Health Care Operations. We may use or disclose information for health care operations purposes. For example, we may review your health information to evaluate the treatment and services provided, the performance of our staff, to educate our staff or students on how to provide or improve care, or to confirm our compliance with federal and state laws and regulations. Some other examples are:

- Sending you a satisfaction survey;
- We may use or disclose medical information to contact you to provide appointment reminders for treatment or medical care or other operations.
- To tell you about treatment alternatives. For example we may use or disclose your information to provide you with information about treatment alternatives that may be of interest to you.
- Review of information about many of our patients to determine if additional services should be added or perhaps are no longer needed;
- We may remove identifiable information from the medical record so others may use it for studies in health care delivery without learning who the patients are;
- We may disclose your medical information to another provider who has a relationship with you and is subject to the same Privacy rules, for their health care operation purposes.
- To a "business associate." We may disclose information to a person or entity with whom we contract to perform some of our functions for us, and who needs access to the information to perform those functions: for example, a billing service or attorney.

- To you. We may disclose information to you or, if you lack capacity, to someone authorized to act for you. We may tell you about other benefits and services. We may use or disclose your information to provide you with information about health-related benefits and services that may be of interest to you.
- To family and friends involved in your care. Unless you object, we may disclose to a relative or friend information about your location and general condition, and other information directly relevant to that person's involvement with your care or payment for your care. For example, we may tell your spouse what to look for to recognize whether your condition is improving or declining. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical record, supplies, x-rays or other similar forms of medical information.
- For a facility directory. We may include limited information about you in a facility directory while you are at our facility. This information may include your name, location in the facility, your general condition (e.g., "fair," "stable," "critical," etc.) and your religious affiliation, if any. The directory information, except your religious affiliation, may be released to people who ask for you by name. Your directory information, including religious affiliation, may be given to a member of the clergy even if he or she does not ask for you by name. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so your family can be notified about your condition and location.

On Your Authorization. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

By Law or Special Circumstances. We may use or disclose your medical information when we required by law to do so, such as to comply with a court order and for the following purposes deemed to be in the public interest or benefit:

- As required by law;
- Public Health. We may disclose your protected health information for public health activities and purposes, including for the purpose of controlling disease, injury or disability and vital statistic reporting, child abuse reporting, FDA oversight; We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law or rule permits us to do so.
- Health oversight. We may disclose your information to a health oversight agency for its oversight activities such as audits, investigations, inspections, licensure or disciplinary actions.
- Product Monitoring, Repair and Recall. We may disclose your information to a person or company that is required by the Food and Drug Administration to report or track product defects or problems, to repair, replace, recall or enable look backs on defective or dangerous products, or monitor product performance.
- Abuse, neglect, domestic violence. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the public health authority or agency authorized to receive such information.
- Legal proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal or, in certain circumstances, in response to a subpoena, discovery request or other lawful process.
- Law enforcement. We may disclose protected health information for law enforcement purposes, including disclosures in response to limited information requests for identification and location purposes, disclosures pertaining to victims of a crime, and disclosures about decedents. We may also disclose protected health information in order to comply with laws requiring reporting of certain types of injuries or deaths, to report crimes under certain emergency circumstances, or to report a crime that occurred on our property.
- Coroners, medical examiners, funeral directors, and organ donation. We may disclose protected health information to a coroner, medical examiner, or funeral director, to permit them to carry out their functions. This may be required, for example, in order to determine the cause of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation or transplantation purposes.
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state worker's compensation laws.

Health Related Benefits and Services. We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

Disclosure of Medical Information for Treatment, Payment and Health Care Operations. We may disclose your medical information in the ways discussed above for treatment, payment and health care operations without specific authorization.

Use and Disclosure with Your Written Authorization

In addition to the uses and disclosures above, we can use or disclose medical information for any other purpose, if you give us your written, signed authorization to use or disclose the information for that specific purpose. You may revoke such authorization by written request.

HIV Information

We may not disclose HIV information without your specific authorization, unless required by law, to you or your personal representative; to agents or employees of health care providers who participate in the administration or provision of your care or handles or processes specimens of bodily fluids or tissues, and the agent or employee has a need to know such information; to health care providers consulting between themselves or with health care facilities to determine diagnosis and treatment; to the State for public health purposes; to a health care provider who processes, procures, distributes or uses body parts of a deceased person; to health care provider staff committees for the purposes of conducting program monitoring, program evaluation, or service reviews; to pursuant to court order; or, to persons who have been subject to a significant exposure during the course of medical practice or in the performance of professional duties.

DNA Information

We may not disclose DNA information without your specific authorization, except to the following persons: to your physician; or to other persons as may be required by law in your state or required by the Federal government.

Alcohol and Drug Abuse Information

We may not disclose your medical information that contains alcohol and drug abuse information except to you, law may otherwise allow your personal representative or pursuant to an authorization or as.

Your Rights Regarding Medical Information About You

Right to Inspect and Copy

You have the right to inspect or get copies of your medical information, with limited exceptions. You must make a request in writing to obtain access to your medical information. However, under federal and state law, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to that protected health information. If you are denied access to your medical information, you may request that the denial be reviewed.

If you request copies, we will charge you a fee for copying and postage if you want the copies mailed to you. Format and content of the medical record and any of its part are copyright protected and can be used only with written permission of the Practice.

Disclosure Accounting

You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, since 5/1/2010. You must make a request in writing to request a listing of disclosures. If you request this accounting we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us for a full explanation of our fee structure.

Restriction

You may ask us not to use or disclose any part of your medical information for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your information in violation of that restriction except for emergency treatment. With this in mind, please discuss any restriction you wish to request with your treating physician. You may revoke a restriction previously made by you by

contacting us. We will not be bound to the restrictions unless our agreement is signed by you and the appropriate facility representative.

Confidential Communication

To request to receive confidential communications from us by alternative means or at an alternative location. For example, you may request that we send mail to you or call you at an office address rather than home address. We will accommodate reasonable requests, but we may ask you how payment will be handled or the specification of an alternative address or other method for contact. We will not request an explanation from you about the reason for your request. You must make your request in writing during your registration process.

Amendment

If you believe our records are incorrect or incomplete, you may request an amendment of protected health information about you in our records for as long as we maintain the record. Your request must be in writing, and it must explain why the information should be amended. In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information is accurate and complete or if we did not create the record you seek to amend unless you establish that the original entity that created the record is no longer available to act on your request. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be attached to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice

If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Practice Addendum

UPDATE: 9/19/2013

1. Patient will be notified of any breach of his or her unsecured protected health information (PHI).
2. Authorization is required to release any psychotherapy notes.

Contact Information

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