

(Puede obtener una copia de este formulario en Espanol, si la pide.)

Effective Date: 8/1/2013

Joint 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.

1. **Purpose:** _____ and its professional staff, employees, and volunteers and all of its affiliated entities (referred to collectively as Practice) follow the privacy practices described in this Notice. The Practice is required by law to maintain the privacy of your medical information. This Notice describes how we may use and disclose your medical information. Not every use and disclosure in a category will be listed. Your medical information is stored electronically and is subject to electronic disclosure.

2. **Organized Health Care Arrangement.** The Practice and its medical staff participate together in an organized health care arrangement to provide health care to you at the Practice. This Notice applies to physicians and other members of the Medical Staff who have agreed to abide by its terms concerning the services they perform at the Practice. This Notice does not create an agency relationship, a joint venture, or any other legal relationship between those covered by this Notice. Under this arrangement, the Practice may share your medical information as necessary for treatment, payment and health care operations relating to the organized health care arrangement.

3. **Uses and Disclosures for Treatment, Payment, and Health Care Operations.** We will use and disclose your medical information for treatment, payment and health care operations. Treatment involves providing and coordinating your care. For example, we may disclose your information to a specialist to help diagnose or treat you. Payment involves uses and disclosures to assist in obtaining payment for our services. For example, we may disclose your information to health plans or other payors to determine whether you are enrolled with the payor or eligible for health benefits, submit claims for payment, and provide information to entities that help us submit bills and collect amounts owed. Health care operations involves our standard internal operations, such as quality assurance activities, peer review, arranging for legal services, providing appointment reminders and training.

4. **Other Uses and Disclosures Not Requiring an Authorization.** Your medical information may be used and disclosed as described below:
 - Practice directory to anyone who asks about you by name (may include your name, general condition, and your location in the Practice).
 - Religious affiliation and directory information to a practice chaplain or member of the clergy.
 - Family members or close friends involved in your care or payment for your treatment.
 - A government disaster relief agency if you are involved in a disaster relief effort.
 - To inform you of treatment alternatives or benefits or services related to your health. If we receive anything of value for making these communications, we will notify you of this fact, and you will have an opportunity to opt out of future communications.
 - To contact you to raise funds for the Practice, but information used and disclosed for fundraising will be limited to your name and other limited information permitted by law. You will have the opportunity to opt out of receiving fundraising communications.
 - As required by law.
 - Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
 - Health oversight activities (e.g., audits, inspections, investigations, and licensure activities).
 - Lawsuits and disputes (e.g., as required by a court or administrative order or in response to a subpoena or other legal process).
 - Law enforcement (e.g., in response to legal process or as required or allowed by law).
 - Coroners, medical examiners, and funeral directors.
 - Organ and tissue donation organizations.



Joint Notice of Privacy Practices (continued)

- Certain research projects as approved by an Institutional Review Board or if certain conditions are met.
 - To prevent a serious threat to health or safety.
 - To military authorities if you are a member of the armed forces.
 - National security and intelligence activities.
 - Protection of the President or other authorized persons or foreign heads of state, or to conduct special Investigations.
 - Inmates or others in custody to a correctional institution or law enforcement
 - Workers' Compensation (in compliance with applicable laws).
 - To business associates (individuals or entities that perform functions on our behalf) (e.g., to install a new computer system) provided they agree to safeguard the information.
- 5. Substance Abuse Information.** Alcohol and drug abuse information has special privacy protections. The Practice will not disclose any information identifying an individual as being a substance abuse patient or provide any medical information relating to the patient's substance abuse treatment unless (i) the patient consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime of a threat to commit a crime, or to report abuse or neglect as required by law.
- 6. Your Authorization Is Required for Other Uses and Disclosures.** Except as described above, we will not use or disclose your medical information unless you authorize (permit) the Practice in writing to use or disclose your information. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization. You may revoke your authorization, and thereby stop any future uses and disclosures, by notifying us in writing.
- 7. Your Medical Information Rights.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by the Practice:
- **Right to request restriction.** You may request limitations on how we use or disclose your medical information for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery). We are not required to agree to your request, except for requests to restrict disclosures to a health plan for purposes of payment or health care operations when you have paid in full out-of-pocket for the item or service covered by the request and when the disclosure is not required by law. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
 - **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted and how payment will be handled.
 - **Right to inspect and copy.** You have the right to look at and obtain a copy of your medical records, billing records, and other records used to make decisions about your care. We may charge you a fee for our postage and labor costs and supplies to create the copy. Under limited circumstances, your request may be denied and you may request review of the denial by another licensed health care professional chosen by the Practice. The Practice will comply with the outcome of the review. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.
 - **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you have the right to request that your records be amended. Under limited circumstances, the Practice may deny your request for amendment. If denied, you will receive an explanation for the decision and information explaining your options.
 - **Right to accounting of disclosures.** You may request a list of instances where we have disclosed your medical information for certain types of disclosures. The accounting will not include disclosures that we are not required to record, such as disclosures made pursuant to an authorization. The first accounting you request within a 12-month period is free, but we will charge a fee for any additional lists requested within the same 12-month period.
 - **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our website,



**Joint Notice of Privacy Practices
(continued)**

- 8. Other Obligations.** The Practice is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect and are also required to comply with any federal or state laws that impose stricter standards than those described in this Notice. The Practice may change this Notice at any time and these changes will be effective for medical information we have about you as well as any information we receive in the future. We will post a copy of the current notice in the Practice and on our website. You may also get a current copy by contacting our Privacy Officer at the phone number at end of this Notice. We are required by law to notify affected individuals following a breach of unsecured medical information.
- 9. Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to the Practice or the Department of Health and Human Services.

Contact the Corporate Compliance Department at 615-467-1300 * 4481 if:

- **You have a complaint;**
- **You have any questions about this Notice; or**
- **You wish to obtain a form to exercise your individual rights described in section 7 of this Notice.**

Your name and signature on this sheet indicates that you have received a copy of the Joint Notice of Privacy Practices on the date and time indicated.

If you have any questions regarding the information set forth in the Joint Notice of Privacy Practices, please do not hesitate to contact the Corporate Compliance Department at 615-467-1300 * 4481.

Printed Name: _____ Relationship to Patient: _____

Signature: _____ Date and Time Received: _____

For Practice Use Only

We attempted to obtain written acknowledgement of receipt of our Joint Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Patient is a minor; personal representative signed on patients behalf
- Patient verbally requested the individual above to sign on his/her behalf
- Other (please specify) _____

Registration Clerk Signature _____

Date _____

Time _____

