

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
(HIPAA)

EAST TENNESSEE MEDICAL ASSOCIATES, P.C.
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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical and mental health and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our staff and others outside our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party involved in your health care management, i.e., home health agency or a referring physician.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services, i.e., obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health insurance plan to obtain approval for the hospital admission.

Healthcare Operation: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fund-raising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see our patients along with our physicians. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate the name of your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations may include but are not limited to: requirements by law, Public Health issues, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, Coroners, Funeral Directors, organ donation, research, criminal or military activity, workers' compensation and National Security.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to laws that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to all restrictions that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request and receive confidential communications from this office by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice alternatively i.e., electronically.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may file a complaint with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file your complaint with our privacy contact (Office Manager). **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective April 14, 2003.