



# NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed by us. You have the right to obtain a paper copy of this Notice upon request. It is also posted on our Patient Portal. Please make yourself familiar with its content.

## Protected Health Information (PHI)

Under federal law, your PHI is protected and confidential. PHI includes all medical information (symptoms, test results, diagnosis, treatment, any medical information). Your PHI also includes payment, billing, and insurance information. In general, uses/disclosures of your PHI require your approval. The exceptions are below.

### PHI uses and Disclosures that do not require patient authorization.

1. PHI used/disclosed for your treatment, to your insurance company for payment and their operations, including quality audits. More specifics below:
  - Treatment:* We will use your PHI to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your medical record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, or to family members who are authorized to help with your care.
  - Payment:* We will use your PHI for insurance payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We also must submit bills that include your PHI to your health plan.
  - Health Care Operations:* We and your insurance company will use your PHI to conduct internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.
2. PHI may be used/disclosed for several other specific reasons as permitted by law. See list below:
  - a. *Required by Law:* We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
  - b. *Public Health Activities:* As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
  - c. *Health oversight:* We may be required to disclose PHI to assist in investigations and audits, eligibility for government programs, and similar activities.
  - d. *Judicial and administrative proceedings:* We may disclose PHI in response to an appropriate subpoena or court order. *Law enforcement purposes:* Subject to certain restrictions, we may disclose PHI required by law enforcement officials.
  - e. *Deaths:* We may report PHI regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
  - f. *Serious threat to health or safety:* We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
  - g. *Military and Special Government Functions:* If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also disclose PHI to correctional institutions or for national security purposes.
  - h. *Research:* We may use or disclose PHI for government approved medical research.
  - i. *Workers Compensation:* We may release PHI about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

### Other Uses and Disclosures of PHI that do require your consent:

In any other situation not listed above, we will ask for your written authorization before using or disclosing any PHI about you. If you sign an authorization to disclose PHI, you have the right to revoke that authorization at any time by submitting it to us in writing and confirming its receipt by us. Specific examples of uses that require your approval are:

*Uses and disclosures for our marketing purposes.*

*Uses and disclosures that constitute the sale of PHI (except in the event the practice is sold to another company your records will be transferred)*

### Other Individual Rights you have regarding your PHI:

1. *Request Restrictions:* You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.
  - a. You have the right to restrict disclosures of protected health information to your insurance if you have paid for services out of pocket in full.
2. *Confidential Communications:* You may ask us to communicate with you by sending notices to a special address that is not your home address, or not using postcards to remind you of appointments.
3. *Inspect and Obtain Copies:* In most cases, you have the right to view and request a copy of your health information, on paper or electronically. You are required to bring your own Electronic portable and there will be a charge to offset our costs for obtaining or making the copies, as allowed by state law, whether it be on paper or by electronic media.
4. *Amend Information:* If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.
5. *Accounting of Disclosures:* You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

### Our Legal Duty

We are required by law to protect and maintain the privacy of your health information. We are required to post this Notice. We are required to provide you a copy of the notice upon request and to abide by the terms of the Notice currently in effect. We are also required to notify you following a breach of your PHI.

### Changes in Privacy Practices

We may change our PHI policies at any time. Before we make a significant change in PHI policy, we will change our PHI Notice and post the new Notice in the waiting area and each examination room. You can also request a copy of the Notice at any time. For more information about our privacy practices, contact the Privacy Officer as below.

### Complaints

If you believe we have violated your privacy rights, or if you disagree with a decision we made about your PHI, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services - address available from the Privacy Officer. You cannot be penalized for filing a complaint.

Please contact the person listed below to obtain the appropriate form for exercising these rights.

### Contact Person

If you have any questions, requests or complaints for SPC please contact:

Privacy Officer - Summit Primary Care  
3939 Central Pike  
Hermitage, TN 37076

**Effective Date:** The effective date of this Notice is 5-6-13.

I hereby acknowledge receipt of the Notice of Privacy Practices given to me by Summit Primary Care.

Patient: \_\_\_\_\_

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_