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Effective Date: Immediately

Tennessee Retina, 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.

Respecting the privacy of your medical information is important to us. We understand that it is personal and we are committed to protecting it. Patient records are kept in order to provide quality care and to comply with legal requirements. This notice describes how medical information about you may be used or disclosed and how you can acquire access to this information. Please review carefully.

Our Practice provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice applies to all of the records of your care generated by the Practice, whether made by the practice or an associated facility.

Law Requires Us To:

1. Give you this notice
2. Follow the terms of this notice now in effect
3. Keep your medical information private and only disclose patient information based on federal regulations.

We Have The Right To:

1. Change our privacy practice and the terms of this notice at any time based on regulations.
2. These changes, when made, will be effective for all medical information we keep, including information we created before the changes.

Notice of Change to Privacy Practice:

1. When making a change in our privacy practices, we will document the change in this privacy practice notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive from you in the future. We will post a new copy of the most current notice in the practice.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record typically contains your symptoms, medical history, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided

- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why about those who may access your health information
- Make more informed decisions when authorizing disclosures to others

How We May Use and Disclose Patient Medical Information

This notice describes different ways that we are permitted to use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. Medical Treatment:

We may use and disclose medical information about the patient to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, referral staff, or other medical personnel who are involved in caring for you at the hospital or outside the hospital. We may also disclose medical information about you to people who may be involved in maintaining your health or well-being during your hospital/office visit and after discharge, such as family members, friends, home health services, support agencies, or others who provide services that are necessary for your well-being. This includes all other healthcare providers involved in your care.

2. For Payment:

We may use and disclose your medical information so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also give information to someone who helps pay for your care.

3. For Healthcare Operations:

We may use and disclose medical information about the patient for other healthcare operations. Clinical operations are activities that are necessary to run the clinic and to make sure that all of our patients receive quality care. We may combine medical information about many hospital patients for purposes of making decisions about what additional services the clinic should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students and other clinical personnel for review and learning purposes. When we do this, information that identifies you may be removed from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are. If ownership of the clinic changes as a result of sale, transfer, merger or consolidation, your medical information would be disclosed to the new entity, if that entity was to follow the same privacy policies.

Additional Uses and Disclosures

1. **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you either have or need an appointment for treatment or medical care in the office or in regards to a referral outside the office. Appointment information may be left on answering machines, voicemail, or with a live person. If you do not want us to contact you with appointment reminders, you must send a written notice to our Privacy Officer (see contact information below).
2. **As Required By Law:** We will disclose your medical information when required to do so by federal, state, or local law.
3. **Coroners, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors or designees as necessary to carry out their duties.
4. **Health Oversight Activities:** We may, when requested, disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
5. **Inmates:** If you are an inmate of a correction institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
6. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order. Under certain circumstances, we may also disclose your medical information in response to a subpoena or other lawful process, but we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, or if you or a court have provided written authorization.
7. **Law Enforcement:** We may release your medical information if asked to do so by a law enforcement official, if permitted by law:
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; and
 - In emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
8. **Military and Veterans:** If you are a member of the armed forces, we may release your medical information as required by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as required by law.

- 9. National Security and Intelligence Activities:** If permitted by law, we may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, as authorized by law.
- 10. Organ and Tissue Donation:** If you are a potential organ donor, we may release medical information to organ procurement organizations, or eye or tissue banks, as necessary, to facilitate organ or tissue donation and transplantation.
- 11. Protective Services for the President and Others:** We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations, if permitted by law.
- 12. Public Health Risks:** We may disclose, when requested, your medical information for public health activities. These activities generally include the following:
- To prevent or control disease, injury or disability
 - To report births and deaths
 - To report abuse and/or neglect of a child, elder or disabled person
 - To report reactions to medications or problems with products
 - To notify people of recalls of products they may be using
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- 13. Research:** We may use or disclose certain health information about your condition and treatment when an Institutional Review Board has approved a research protocol, and procedures have been established to ensure the privacy of patients involved in the study will be adequately protected. We may review your medical record to determine if you are eligible for participation in a research protocol that may be appropriate for you. If so, your doctor or a representative from our Research Department may contact you to tell you more about the protocol. We also may use your records to prepare or analyze a research protocol or for research that is limited to the records of decedents so long as we follow certain procedures designed to protect your privacy.
- You may withdraw permission to be contacted at any time by submitting your request in writing to our Privacy Officer (contact information below).
- 14. Regarding Patient Names:** We may use patient names in the waiting area, as well as throughout the office when required to identify a patient.
- 15. Special Situations:** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- 16. To Avert a Serious Threat to Health or Safety:** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would be only to someone able to help prevent the threatened harm.
- 17. Test Results:** We may use and disclose information to contact you regarding the availability of test results.

18. Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or health-related benefits that may be of interest to you.

19. Victims of Abuse, Neglect, or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably believe that a patient is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

20. Workers' Compensation: We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your written permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

1. Right to Inspect and Obtain a Copy: You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your care. This information includes medical and billing records but does not include psychotherapy notes.

To inspect or obtain a copy of the information about you, you must submit your request in writing to our Privacy Office (contact information below). To inspect or obtain a copy of your physician's office records, please contact your physician's office directly. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. Right to Amend: If you think that the information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for the hospital. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received. No part of the original documentation in the medical record can be destroyed.

To request an amendment of your hospital record, your request must be made in writing and submitted to our Privacy Officer (see contact information below). To request an amendment of your physician office record, contact your physician's office directly. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

Was not created by us, or where the person or entity that created the information is no longer available to make the amendment;

- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- 3. Right to Request an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of certain disclosures or releases we made of your information for which your authorization was not obtained. The list will not include releases made for purposes of treatment, payment, or healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer (see contact information below). Your request must state a time period, which may not be longer than six years ago and may not include dates before (date). Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 4. Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions on your hospital records, you must make your request in writing to our Privacy Officer (see contact information below). To request restrictions on your physician office records, contact your physician's office directly. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our internal use, our disclosure to an outside party, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

- 5. Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer (see contact information below). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- 6. Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us at any time to give you a copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Reception Desk or our Privacy Officer.

You may also obtain a copy of this notice at our Web site: www.TNRETINA.com

Filing a Privacy Complaint

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer (see contact information below) or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contacting Our Privacy Officer

To request any of the above privacy rights or to for answers to questions about this Privacy Notice, contact our Privacy Officer:

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