



A Member of
FORT SANDERS REGIONAL MEDICAL CENTER

HIPPA - NOTICE OF PRIVACY PRACTICES FOR FORT SANDERS PERINATAL CENTER

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, THE PATIENT, 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 healthcare operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information (PHI). Protected Health Information is information about you, including, but not limited to, demographic information, treatment provided, and insurance information that may identify you, the patient, and that relates to your past, present, or future of physical and/or mental health and/or condition and related healthcare services.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Uses and Disclosures of Protected Health Information

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

Treatment

Our office and facility will use and disclose your protected health information (PHI) to provide, coordinate and/or manage your healthcare and any other related services. This includes the coordination or management of your healthcare with a third party. For example, our office would disclose your protected health information (PHI), as necessary, to a home health agency that provides care to you, the patient. For example, your protected health information (PHI) may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you properly.

Payment

Your protected health information (PHI) will be used, as needed, to obtain payment for your healthcare services. For example, obtaining approval for a hospital stay may require that your relevant protected health information (PHI) may be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations

We may use and disclose, as needed, your protected health information (PHI) in order to support the business of your physician's office and/or practice. This business includes, but is not limited to: quality assessment, employee review, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the check-in desk where you will be asked to sign your name and indicate your physician. We may also call you, the patient, by name in the waiting room when your physician is ready to see you. We may use and/or disclose your protected health information (PHI) as necessary, to contact you, the patient, to remind you of your appointment with our office.

We may use and/or disclose your protected health information (PHI) in the following situations without your authorization: as Required by law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation Research, Criminal Activity, Military Activity, National Security, Workers' Compensation, Inmates, Required Uses and Disclosures. Under the law, we must make disclosures to you, the patient, when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization and/or opportunity to object unless required by law. You, the patient, may revoke this authorization, at any time in writing, except to the extent that your physician or the physician's office has taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

The following is a statement of your rights with respect to your protected health information (PHI).

- You have the right to inspect and copy your protected health information (PHI). Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in a reasonable anticipation or for use in a civil, criminal, or administrative action or proceeding and protected health information (PHI) that is subject to law that prohibits access to protect health information (PHI).
- You have the right to request a restriction of your protected health information (PHI). This means you may ask us not to use or disclose any part of your protected health information (PHI) for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information (PHI) may not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the 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 a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information (PHI), your protected health information (PHI) will not be restricted. You, the patient, then has the right to use another Healthcare Professional.
- You have the right to request to be able to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.
- You have the right to have your physician amend your protected health information (PHI). If we, the office, deny your request for amendment, you have the right to file a statement of disagreement with us and we, the office, may prepare a rebuttal to your statement will provide you, the patient, with a copy of any such rebuttal.
- You have the right to receive an account of certain disclosures we have made, if any, of your protected health information (PHI). We reserve the right to change the terms of this notice and will inform you by mail of any changes. You, the patient, then have the right to object or withdraw as provided in this notice.
- You have the right to make an official complaint. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy and rights have been violated by our physician or our office/practice. You may file a complaint with us by notifying our privacy contact of your complaint. We will NOT retaliate against you for filing an official complaint.

We are required by law to maintain the privacy of our patients and to provide our patients with this notice of our legal duties and our privacy practices with respect to you, the patient's protected health information (PHI). If you have any objections to this form, please ask to speak with our HIPPA compliance officer in person or by phone at our main office phone number.

This notice became effective on April 14, 2003.

Your signature below is only an acknowledgement that you have received notice of our privacy practices.

Print Name: _____ Signature: _____ Date _____