

Notice of Privacy Practices for Protected Health Information

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!

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, electronic and health care operations. Protected health information (PHI) is the information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

An example of the use of your health information for Treatment purposes is:

- During the course of your treatment, we may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice, such as referring or specialist physicians.

An example of the use of your health information for Payment purposes:

- We may use and disclose PHI so that we can bill for the treatment and services you get from us and can collect payment from you, an insurance company, or another third party. For example, we may need to give your health plan information about your treatment in order for your health plan to pay for that treatment. We also may tell your health plan about a treatment you are going to receive to find out if your plan will cover the treatment. If a bill is overdue we may need to give PHI to a collection agency to the extent necessary to help collect the bill, and we may disclose an outstanding debt to credit reporting agencies.

An example of the use of your Information for Health Care Operations:

- We may use and disclose PHI for our health care operations. For example, we may use PHI for our general business management activities, for checking on the performance of our staff in caring for you, for our cost-management activities, for audits, or to get legal services. We may give PHI to other health care entities for their health care operations, for example, to your health insurer for its quality review purposes.

Your Health Information Rights

The health and billing records we maintain are the physical property of Dickson Medical Associates. You have the following rights, subject to limitations, with respect to your Protected Health Information:

1. **Right to Request a Restriction.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment or is required by law.
2. **Right to a paper copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. This Notice of Privacy Practices will also be posted on our website at www.dicksonmd.com.
3. **Right to Inspect and/or Receive a Copy of PHI** that may be used to make decisions about your care or payment for your care. But you do not have a right to inspect or copy psychotherapy notes. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
4. **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in one or more designated record sets electronically (for example an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with copying or transmitting the electronic PHI. If you chose to have your PHI transmitted electronically, you will need to provide a written request to DMA Health Information Services listing the contact information of the individual or entity who should receive your electronic PHI.
5. **Right to Request an Amendment.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided below and it must tell us the reason for your request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (2) is accurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.
6. **Right to an Accounting of Disclosures** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than 6 years before your request. Your request should indicate in what form you would like the accounting (for example, on paper or by e-mail). The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

7. **Right to Restrict Certain Disclosures to Your Health Plan.** You have the right to restrict certain disclosures of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a new health care item or service for which you have paid out of pocket in full. We will honor this request unless we are otherwise required by law to disclose this information. This request must be made at the time of service.
8. **Right to Confidential Communication.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a special address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a Notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

Following is a List of Other Uses and Disclosures Allowed by the Privacy Rule:

PATIENT CONTACT: We may contact you to provide you with appointment reminders, with information about treatment options or alternatives, or with information about other health-related benefits and services that may be of interest to you.

MINORS. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

PERSONAL REPRESENTATIVES. If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI. Unless you object we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family - Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person **you identify**, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

MEDICAL RESIDENTS AND MEDICAL STUDENTS. Medical residents or medical students may observe or participate in your treatment or use your PHI to assist in their training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.

BUSINESS ASSOCIATES. We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

PUBLIC HEALTH ACTIVITIES. We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

VICTIMS OF ABUSE , NEGLIGENCE, OR DOMESTIC VIOLENCE. We can disclose protected health information to governmental authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of professional judgment the doctor believes the disclosure is necessary to prevent serious harm to the individual or other potential victim. But we will only disclose the information to someone who may be able to help prevent the threat.

OVERSIGHT AGENCIES. Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations: inspections; licensures or disciplinary actions, and for similar reasons related to the administration of healthcare, government programs, and compliance with civil rights laws.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS. We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, or as directed by a proper subpoena, discovery request, court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order. We may also use or disclose your PHI to defend ourselves if you sue us.

NEWSLETTERS AND OTHER COMMUNICATIONS. We may use your PHI to communicate to you by newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

LAW ENFORCEMENT. We may disclose your PHI for law enforcement purposes as required by international, federal, state, or local law, such as when required by court order, subpoena, warrant, summons or similar process, including laws that require reporting of certain types of wounds or other physical injury; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; 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.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. We may disclose your PHI to funeral directors, medical examiner, or coroner consistent with applicable law to allow them to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS. If you are an organ or tissue donor, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

RESEARCH. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

MILITARY AND VETERANS. If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

THREAT TO HEALTH AND SAFETY. To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

FOR SPECIALIZED GOVERNMENTAL FUNCTIONS. We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

CORRECTIONAL INSTITUTIONS. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution or its agents the PHI as necessary for your health, the health and safety of other individuals, and the safety and security of the correctional institution.

WORK RELATED INJURY OR ILLNESS. We may disclose to your employer protected health information pertaining to the work related injury or illness, if the employer needs the findings in order to comply with OSHA regulations.

WORKERS COMPENSATION. If you are seeking compensation through Workers Compensation or similar programs that provide benefits for work-related injuries or illness, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out:

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE. We may disclose PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to and opt out of such a disclosure whenever we practicably can do so.

DISASTER RELIEF. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

SPECIAL PROTECTIONS FOR HIV, ALCOHOL, SUBSTANCE ABUSE, MENTAL HEALTH AND GENETIC INFORMATION. Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI. Please check with DMA Administration for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

OTHER USES AND DISCLOSURES:

Uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI can only be made with your written authorization. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization which you may revoke except to the extent information or action has already been taken. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

FOREIGN LANGUAGE VERSION. If you have difficulty reading or understanding English, you may request a copy of this Notice in [name of language(s)].

WEBSITE

This Notice of Privacy Practices will be posted on our website at www.dicksonmd.com which provides information about our entity,

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request in person or in writing to our Custodian of Medical Records at Dickson Medical Associates, 127 Crestview Park Drive, Dickson, TN 37055, during normal hours. He/she will provide you with assistance on the steps to take to exercise your rights. We may ask you to fill out a form that we will supply.

To Request Information or File a Complaint

If you have questions, would like additional information, or you believe your privacy rights have been violated, you may contact the Executive Assistant at Dickson Medical Associates, (615)441-4477. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Dickson Medical Associates Administration. You may also file a complaint by mailing it to the Secretary of Health and Human Services, whose street address is 200 Independence Avenue S.W., Washington, D.C., 20201. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

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