

# Notice of Privacy Practices

## Tennessee Reproductive Medicine, PLLC

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.

IF YOU HAVE ANY QUESTIONS ABOUT ANY PART OF THIS NOTICE, PLEASE ASK TO SPEAK TO OUR PRIVACY OFFICER.

This notice of Privacy Practices describes how we may use and disclose your protected health information needed to treat you, obtain payment for services, for health care operations and for other purposes permitted by law. The term "protected health information," means any information about you, including information that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

Tennessee Reproductive Medicine, PLLC, sometimes referred to herein as the "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) and HITECH. Our Practice is required to comply with the terms of this Notice of Privacy Practices.

This Notice of Privacy Practices will apply to:

- Any health care professional authorized to enter information into your chart (including physicians, PAs, RNs, etc.);
- All areas of the Practice (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with our Practice or Center;
- Our business associates (including a billing service, or facilities to which we refer patients), on-call physicians, and so on

### **CHANGES TO OUR NOTICE OF PRIVACY PRACTICES**

This Notice is effective January 1, 2015. The Practice may change the terms of this Notice at any time. The new notice will be effective for all protected health information that we maintain at that time with the last revision date in the lower left corner. The current notice will always be posted in our Practice. To request a revised Notice of Privacy Practices you may:

1. Call the office at (423) 876-2229 and request a copy be sent to you at your mailing address, or e-mail address; or
2. Ask for a copy at your next visit to our office

## **OUR COMMITMENT TO YOU:**

We understand that your medical information is personal to you, and we are committed to protecting the information about you. You should be comfortable in sharing any information about your health with your doctor in order to help him/her provide the most appropriate health care. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

All of our medical and administrative staff understands that the Practice is required by law to:

- Make sure that the protected health information about you is kept private;
- Provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you; and
- Follow the conditions of the Notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following are examples of different ways that we use and disclose protected health information that we have and share with others. Each type of use or disclosure provides a general explanation and provides some examples of uses. This list does not include every potential use or disclosure of information in a category. The explanation is provided only to help you understand how the practice may use or disclose your protected information in compliance with any authorizations or consents required by law.

**Medical Treatment:** We will use medical information about you that was on file prior to, and which may be obtained after, this Notice 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 that has already obtained your permission to have access to your protected health information. Therefore we may, and most likely will, disclose medical information about you to doctors, nurses, laboratory or imaging technicians, medical students, hospital or home health personnel who are involved in taking care of you. We may also disclose information to other doctors who may be treating you or to who we may refer you for care. These doctors may need information from your medical record to provide appropriate care.

Different areas of the Practice also may share medical information about you including your record(s), prescriptions, requests for lab work and x-rays. We may also discuss your medical information with you to recommend possible treatment options or alternatives that may be of interest to you. We also may disclose medical information about you to people outside our practice who may be involved in your medical care; this may include your family members, or other personal representatives authorized by you or by a legal mandate (a guardian or other person who has been named to handle your medical decisions, should you become incompetent). You have the right to restrict who we share information with.

**Payment:** We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at the Practice, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment or to facilitate payment of a referring physician.

**Health Care Operations:** We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients receive quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer and where, deciding what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Business Associates:** We may also use or disclose information about you for internal or external utilization review and/or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like. Effective February 2010, The Practice's Business Associate Agreements have been amended to provide that all HIPAA/HITECH security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate. We share a continued obligation to maintain the privacy of your medical records.

**Appointment and Patient Recall Reminders:** We may ask that you sign in at the Receptionists' Desk, a "Sign In" log on the day of your appointment with the Practice. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machines, or otherwise which could (potentially) be received or intercepted by others. Please let us know in writing if this is not acceptable or if there is another telephone number, e-mail address, or method of notification you prefer.

**Emergency Situations:** In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. All research projects are subject to an approval process, which evaluates a proposed research project and its use of medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will obtain an Authorization from

you before using or disclosing your individually identifiable health information unless the authorization requirement has been waived. If possible, we will make the information non-identifiable to a specific patient. If the information has been sufficiently de-identified, an authorization for the use or disclosure is not required.

**Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat either to your specific health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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

**Public Health Risks:** Law or public policy may require us to disclose medical information about you 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 child abuse or neglect;
- 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Investigation and Government Activities:** We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payer, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member of our Practice in any actual or threatened action.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- 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 Practice; 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 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 Practice to funeral directors as necessary to carry out their duties.

**Inmates:** If you are an inmate of a correctional 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.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the Practice Privacy Officer at (423) 876-2229 or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer, who will direct you on how to file a complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

**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 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.

## PATIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE/CENTER REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

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

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect and copy your medical record, you must submit your request in writing to our medical records department. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies (tapes, disks, etc.) associated with your request.
- **Right to Amend:** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information. You have the right to request an amendment for as long as the Practice maintains your medical record. Your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.
- We may deny your request for an amendment 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: was not created by us, unless 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 Practice; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. If we deny your request, we will provide you a written explanation of the reason within 60 days.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" made by this practice after April 14, 2003. This is a list of the disclosures we made of medical information about you to others that are not involved with your treatment, payments of services rendered to you or health care operations as previously defined in this Notice of Privacy Practices. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003 (or the actual implementation date of the HIPAA Privacy Regulations). Your request should indicate in what form you want the list (for example, on paper, electronically). 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.
- Starting January 1, 2014, the HITECH Act will require the Practice to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior your request.
- **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 health care 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 (a family

member or friend). For example, you could ask that we not use or disclose information about a particular treatment you received. We are not required to agree to your request and we may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excepted from the consent requirement or we are otherwise required to disclose the information by law.

- HITECH states that if you pay in full for the services provided out of pocket you can request that the information regarding the service not be disclosed to your insurance since no claim is being made against the third party payer.
- To request restrictions, you must make your request in writing. In your request, you indicate: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)
- **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 only contact you at work or by mail, that we not leave voice mail or e-mail, or the like. To request confidential communications, you must make your request in writing. 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 us to contact you.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- **Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

## **HITECH Notification Requirements**

Under HITECH, the Practice is required to notify you if your PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of your PHI poses a significant risk for financial, reputational, or other harm to you. This notice will: (1) Contain a brief description of what happened, including the date of the breach and the date of discovery; (2) The steps you should take to protect yourself from potential harm resulting from the breach; (3) A brief description of what the Practice is doing to investigate the breach, mitigate losses, and to protect against further breaches.