



FAITH FAMILY MEDICAL CENTER

PRIVACY NOTICE

Effective Date: 7/9/14

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 this notice, please contact:

Privacy Officer – Sherry Mast
Faith Family Medical Center
326 21st Ave. N.
Nashville, TN 37203
(615) 341-0808 Ext. 3033
smast@faithmedical.org

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of the facility and that of:

Any healthcare professional authorized to enter information into your medical chart

All departments in the facility

All employees, staff and other facility personnel

Any Emergency Physician, Surgeon or Consulting Physician involved in your care

All of these people follow the terms of this notice. They may also share medical information with each other for treatment, payment or health care operations as described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand your medical information is personal. We are committed to protecting the privacy of this information. This notice will tell you about the ways in which we may use and disclose

medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Protect and maintain the privacy of your medical information;
- Give you and other individuals this notice of our legal duties and privacy practices with respect to medical information, and
- Follow the terms of the notice that is currently in effect at the time your medical information was obtained; and
- Notify affected individuals in the event of a breach of unsecured protected health information.

We reserve the right to change the notice at any time. We reserve the right to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page. If we change our notice, we will provide a copy of the revised notice to you upon request. We will also post a copy of the current notice in the facility main office and on our website: www.faithmedical.org.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category we provide a brief description of the types of uses and disclosures which may be made with respect to your medical information.

Not every use or disclosures 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.

We are required to comply with any state laws that impose stricter standards than the uses and disclosures described in this notice. Your medical information may be stored electronically and is subject to electronic disclosure, including through health information exchanges.

For Treatment. We may use and disclose medical information about you to provide you with medical treatment and services. We may use and disclose medical information about you to doctors, nurses, technicians, medical students or other facility personnel who are involved in your care at Faith Family Medical Center. We may also disclose your medical information to a third party for treatment purposes. For example, we may disclose your protected health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose protected health information to physicians who may be treating you or consulting with the facility with respect to your care. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

For Payment. We may use and disclose medical information about you so the treatment and services you receive at the facility may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of medical information to obtain prior authorization for your treatment and to determine eligibility for health benefits.

For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate the facility and make sure all of our patients receive quality care. Health care operations include quality assessment and improvement activities; accreditation reviews; internal audits; training of staff; activities designed to improve health or reduce health care costs; arranging for legal services; assessing care and outcome of your care; and providing appointment reminders or recommending possible treatment alternatives that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a friend or family member who is involved in your medical care or payment for your care, information relevant to their involvement in your care or payment for your care or information necessary to inform them of your location and condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that those involved in your care can be notified about your condition, status and location.

For a Facility Directory. We may use and disclose certain information about you including your name, your general health status and where you are in our facility in a directory while you are in the facility. We may disclose this information to people who ask for you by name, and we may disclose this information plus your religious affiliation to clergy. Please inform us if you do not want your information to be included in the directory.

Fundraising. We may use and disclose information about you, including your name, address, telephone number and the dates you received care, in order to contact you or your family to raise money for the facility. You may opt out of receiving fundraising communications. To opt out, please notify our Privacy Officer at the address listed below and indicate that you do not wish to be contacted. The facility will not condition your treatment on your choice to receive or not receive fundraising communications.

As 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 to your health or safety or the health and safety of the public or another person. Such disclosure would only be to someone able to help prevent the threat.

Research. We may use and disclose medical information about you for the purposes of research if certain requirements are met, such as approval by an Institutional Review Board.

Organ and Tissue Donation. We may use or release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Worker's Compensation. We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries.

Public Health Risks. We may disclose medical information about you for public health activities. These 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 Report Abuse, Neglect or Domestic Violence. We may 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.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose medical information about you in response to an order of a court or administrative tribunal. We may disclose medical information about you in response to a subpoena, discovery request or other lawful process, but only when reasonable efforts have been made to notify you of the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose medical information if asked to do so by law enforcement officials:

- 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 facility.
- 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 Home Directors. We may disclose 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 to funeral home directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the correctional institution or the law enforcement official. This would be necessary for the institution to provide you with health care, to protect your health and safety and the health and safety of others or for the safety and security of the correctional institution.

Business Associates. We may disclose your medical information to Business Associates that are contracted by us to perform services on our behalf which may involve receipt, use or disclosure of your medical information. All of our Business Associates must agree to protect the privacy of your medical information.

AUTHORIZATION TO USE OR DISCLOSE PHI

Other than as stated above, we will not use or disclose your medical information unless we have your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your medical information for marketing purposes or sell your medical information unless you have signed an authorization. If you or your representative authorize us to use or disclose your medical information, you may revoke that authorization in writing at any time to stop future uses or disclosures. However, your decision to revoke the authorization will not affect or undo any use or disclosure of medical information that occurred before you notified us of your decision to revoke your authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. You have the right to inspect and receive copies of medical information (paper or electronic) that may be used to make decisions about your care, including your medical and billing records. To inspect and receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to the PRIVACY OFFICER at the contact information listed below. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.

If you request a copy of the information, we may charge a reasonable fee for our labor and supply costs for creating the copy and postage, if applicable.

We may deny your request in certain instances. Under certain circumstances, you may request that the denial be reviewed. Another health care professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

Right to Amend. If you believe the medical information we have about you is incorrect or incomplete, you have the right to request that we amend the information. You have the right to request an amendment for as long as the information is kept by the facility.

To request an amendment, your request must be in writing and submitted to the PRIVACY OFFICER at the contact information listed below.

In addition, you must provide a reason that supports your request. We may deny the request if it does not include a reason for the amendment and for certain other reasons, including that the records are accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting (a list) of the disclosures of your medical information that we make for certain reasons, including reasons related to public health purposes and certain research disclosures. This list will not include disclosures that we are not required to record such as disclosures you authorize. To request this list of disclosures, you must submit your request in writing to the PRIVACY OFFICER at the contact information listed below.

Your request must state a time period, which may not be longer than six years prior to the date of the request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists that you request within the same twelve-month period, we may charge you a reasonable fee for the costs 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.

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, like a family member or friend.

To request restrictions, you must make your request in writing to the PRIVACY OFFICER at the contact information listed below. In your request, you must tell us what information you want to limit, whether you want us to limit our use, disclosure or both and to whom you want the limits to apply.

We are not required to agree to your request, except for requests to restrict disclosures to a health plan for purposes of payment or health care operations when you or someone on your behalf has paid in full out-of-pocket for your care and when the disclosures are not required by law. If we do agree with your request, we will comply with your request unless the information is needed to provide you emergency treatment.

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 home, not at work.

To request confidential communications, you must make your request in writing to the PRIVACY OFFICER at the contact information listed below.

We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time even if you have previously received this notice electronically. You may also obtain a copy of the current version of our notice at our website, www.faithmedical.org.

Right to Notification of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Faith Family Medical Clinic or the Secretary of the Department of Health and Human Services. The complaint to the facility must be submitted in writing to the Privacy Officer at the contact information listed below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

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