

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Effective Date: April 14, 2003

OUR RESPONSIBILITIES

As required by law we will maintain the privacy of your health information. We will provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you. We will abide by the terms of this notice.

USES AND DISCLOSURES

For Treatment

As required by law we will maintain the privacy of your health information. We will provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you. We will abide by the terms of this notice.

For Payment

We will submit a claim form to your insurance company or a third party payor. For example, we will provide the type of service rendered, such as surgery, and also provide a diagnosis requiring procedure.

For Health Care Operations

Members of the medical staff may use information in your health care record to assess the care, quality improvement, outcome evaluation, protocol and clinical guidelines, development of nursing programs, credentialing, medical review, legal services and insurance. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. For example, the information from your medical chart may be used for an internal quality assessment review.

For Business Associates

We use business associates to provide services and we may disclose your health information so they can perform the service needed. We require the business associate to safeguard your information as contracted.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we maintain are the physical property of the doctor's office/hospital. You have the following rights with respect to your Protected Health Information.

1. Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office/hospital – we are not required to grant the request but will comply with any request granted unless needed for emergency care.
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) upon your first visit to our office or you may receive it by mail along with other information sheets for your chart.

Affiliate Covered Entity

Protected health information will be made available to hospital personnel for treatment, payment and healthcare operations. Other facilities may require protected health information such as home health agencies and other caregivers.

Public Health Activities

We may disclose health information for the following entities but not limited to:

- Controlling disease
- Child abuse and neglect
- Food and Drug Administration
- Victims of abuse, neglect, or domestic violence
- Oversight agencies
- Judicial/Administrative proceedings
- Law Enforcement
- Coroners, medical examiners, and funeral directors
- Organ procurement organizations
- Research
- Threat to health and safety
- For specialized government functions
- Correctional institutions
- Workers compensation

We may also use and disclose protected health information:

- To remind you of an appointment for medical care or advise of test results
- To discuss possible treatment option
- To advise of health-related services
- To communicate with you by mail

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Memorial Medical Building West | Hutcheson Medical Center
721 Glenwood Drive, Suite 471 | 100 Gross Crescent Drive, Suite 200
Chattanooga, TN 37404 | Fort Oglethorpe, GA 30742
Ph 423-622-2494 | Fx 423-622-4532

NOTICE OF PRIVACY PRACTICES

YOUR HEALTH INFORMATION RIGHTS [CONTINUED]

3. Right to inspect and copy your health record and billing record – you may exercise this right by delivering the request in writing to our office/hospital using the form we provide to you upon request; appeal a denial of access to your protected health information except in certain circumstances.
4. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office/hospital using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
5. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office/hospital using the form we provide to you upon request. An accounting will not include internal uses of information of treatment, payment, or operation, disclosures made to family members or friends in the course of providing care.
6. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request.
7. You also have the right to request a limit on the medical information we disclose about you to anyone involved in your care or payment of your care.

If you want to exercise any of the above rights, please contact Shirley Roberts at 423-622-2494 during normal hours. She will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.

TO REQUEST INFORMATION OR FILE A COMPLAINT

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Shirley Roberts at 423-622-2494.

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 Shirley Roberts. You may also file a complaint by mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

OTHER USES AND DISCLOSURES

Other uses and disclosure besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

Notification – Opportunity to Agree or Object

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.

Opportunity to Agree or Object Not Required

We reserve the right to change this Notice as necessary to comply with current Federal Government requirements. You will be able to receive a copy of the current Notice as it is made available in our office.