



# HIPAA

## NOTICE OF PRIVACY PRACTICES

***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!***

*This notice takes effect on November 27, 2006, and remains in effect until this office replaces it.*

*The health and billing records we maintain are the physical property of this office.*

### OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. Protected health information is the information we create and obtain in providing our services to you. We need this information to provide you with quality care and to comply with certain legal requirements. Such information may include documentation of your symptoms, examination, test results, diagnoses, and treatment. It also includes billing documents for those services. This notice will tell you about the ways we may use and share your protected health information. We also describe your rights and certain duties we have regarding the use and disclosure of your protected health information.

### OUR LEGAL DUTY

#### Law Requires Us to:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the notice that is now in effect.

#### We Have the Right to:

- Change our privacy practices and the terms of this notice at any time, provided that law permits the changes.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

#### Notice of Change to Privacy Practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. *We will not use or disclose your medical information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.*

#### For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other people who are taking care of you. We may also share medical information about you to your other healthcare providers to assist them in treating you. Examples of uses of your health information for treatment purposes are:

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

**For Payment:**

We may use and disclose your medical information for payment purposes. An example of use of your health information for payment purposes is:

- We submit requests for payment to your health insurance company. The health insurance company, or business associate helping us obtain payment, requests information from us regarding your medical care given. We will provide information to them about you and the care given.

**For Healthcare Operations:**

We may use and disclose your medical information for our healthcare operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the certificates, licenses, and credentials we need to serve you. An example of the use of your information for health care operations is:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

***Additional Uses and Disclosures***

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

**Patient Contact**

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

**Notification**

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, your personal representative, or other person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission, if possible, before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-rays, or medical information for you.

**Communication with Family**

Using our best judgment, we may disclose to a family member, other relative, close personal friend (as specified), 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.

**Controlling Disease**

As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Child Abuse & Neglect**

We may disclose protected health information to public authorities as allowed by law to report child abuse or neglect.

**Food and Drug Administration (FDA)**

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

**Victims of Abuse, Neglect, or Domestic Violence**

We may disclose protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information, when necessary, to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

### **Health Oversight Activities**

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or for similar reasons related to the administration of healthcare.

### **Court Orders and Judicial and Administrative Proceedings**

We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances necessary for your health and for the health and safety of other individuals.

### **Law Enforcement**

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds or other physical injury), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

### **Coroners, Medical Examiners and Funeral Directors**

We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

### **Organ Procurement Organizations**

Consistent with applicable law, 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.

### **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 Government 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.

### **Workers' Compensation**

If you are seeking compensation through Workers' Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers' Compensation.

### **Disaster Relief**

Your protected health information may be used or disclosed to a public or private organization or person who can legally assist in disaster relief efforts.

### **Other Uses and Disclosures**

Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise authorized by law or with your written authorization, which you may revoke at any time by delivering your written authorization to our office using the form we provide to you upon request. Revocation of your authorization will only apply to the extent that we have not already taken action in reliance on the authorization.

### **Website**

This Notice will be maintained on our website, [www.sevenspringsortho.com](http://www.sevenspringsortho.com).

## YOUR INDIVIDUAL RIGHTS

### You Have a Right to:

- Request that we place additional restrictions on our use or disclosure of your medical information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request granted (except in the case of an emergency).
- Look at or get copies of your medical information. You may exercise this right by delivering your request in writing to our office using the form we provide to you upon request. We may charge you for each page and for postage if you want the copies mailed to you. You may appeal a denial of access to your protected health information, except in certain circumstances.
- Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions by delivering a written request to our office using the form we provide to you upon request.
- To get confidential communications of your medical information. We normally communicate with you about your medical information by sending a letter to your home address or calling you at your home telephone number. We will accommodate your reasonable request asking us to communicate your medical information to you by different means or at a different place. Your request for such alternative communication of your medical information must be made in writing to our office.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. The physician or other health care provider is not required to make such amendments. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information. If we deny your request, you may respond with a statement of disagreement and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.

## QUESTIONS AND COMPLAINTS

If you have any questions about this notice, would like additional information, or want to report a problem regarding the handling of your information, please contact the Privacy Contact/Office Manager at this location or our Privacy Officer by telephone at (615) 370-9992, or by mail 317 Seven Springs Way, Suite 101, Brentwood, Tennessee 37027.

Additionally, if you believe your privacy rights have been violated, you may also submit a written complaint to any physician or member of management at Seven Springs Orthopaedics & Sports Medicine, PLLC and/or to the U.S. Department of Health and Human Services. The address, telephone numbers, and fax number to file your complaint involving covered entities (including this office) located in Tennessee is:

Region IV, Office for Civil Rights  
U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, SW  
Atlanta, GA 30303-8909  
Voice Phone: (404) 562-7886  
Fax: (404) 562-7881  
TDD: (404) 331-2867

We cannot and will not retaliate against you in any way if you choose to file a complaint. We cannot and will not require you to waive the right to file a complaint with the U.S. Department of Health and Human Services as a condition of receiving treatment from the office.