

V. YOUR RIGHTS (Continued)

E. **The Right to Receive An Accounting:** You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) made for the purpose of carrying out treatment, payment or health care operations, (ii) made to you, (iii) of information maintained in our patient directory, or made to persons involved in your care, or for the purposes of notifying your family or friends about your whereabouts, (iv) for national security or intelligence purposes, (v) to correctional institutions or law enforcement officials who had you in custody at the time of disclosure (vi) that occurred prior to April 07, 2008, (vii) made pursuant to an authorization signed by you, (viii) that are part of a limited data set, (ix) that are incidental to another permissible use or disclosure, or (x) made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Privacy Officer. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. **The Right to Obtain a Paper or Electronic Copy of this Notice:** You have a right to a paper copy of this Notice by request or may request a copy electronically. Request must be in writing to the Privacy Officer.

G. **Notice to Coroners, Funeral Directors and for Organ Donation:** We may disclose health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. We may also use and/or disclose health information for cadaveric organ, eye or tissue donation purposes.

H. **For Research Purposes:** We may use and/or disclose your health information for research when the use and/or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protect t

I. **In the Event of a Serious Threat to Health or Safety:** We may, consistent with applicable law and ethical standards of conduct, use and/or disclose your health information if we believe, in good faith, that such use and/or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. **For Specified Government Functions:** In certain circumstances, the Federal Regulations authorize the Practice to use and/or disclose your health information to facilitate specified government functions relating to the military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. **For Worker's Compensation:** The Practice may release your health information to comply with worker's compensation laws or similar programs.

VI. OUR DUTIES

The Practice is required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. Any changes to this Notice will be posted at our offices and will be available from us upon request.

VII. COMPLAINTS

You have the right to express complaints to the Practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the Practice by contacting the Practice's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have.

VIII. CONTACT PERSON

The Practice's contact person for all issues regarding patient privacy and your rights under Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the Practice can be mailed to the Privacy Officer by sending it to:

St. Thomas Medical Group, PLLC
4230 Harding Road, Suite 400
Nashville, Tennessee 37205
ATTN: Privacy Officer
615-297-2700

IX. EFFECTIVE DATE

This Notice is effective April 14, 2003.

This Notice was revised December 11, 2017.

Revision to this notice effective immediately: Per HIPAA Omnibus Final Rule; immunization disclosure for school admission. Refer to: Item II, A.

HEALTH INSURANCE PORTABILITY
AND
ACCOUNTABILITY ACT
HIPAA

Federal civil rights laws and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, together protect your fundamental rights of nondiscrimination and health information privacy. Civil Rights help to protect you from unfair treatment or discrimination, because of your race, color, national origin, disability, age, sex (gender), or religion. Federal laws also provide conscience protections for health care providers.

The Privacy Rule protects the privacy of your health information; it says who can look at and receive your health information, and also gives you specific rights over that information. In addition, the Patient Safety Act and Rule establish a voluntary reporting system to enhance the data available to assess and resolve patient safety and health care quality issues and provides confidentiality protections for patient safety concerns.



NOTICE OF
PRIVACY PRACTICES
FOR
ST. THOMAS
MEDICAL GROUP

St. Thomas Medical Group, PLLC
4230 Harding Road, Suite 400
Nashville, Tennessee 37205
PH: 615-297-2700
WEB: www.stmg.org

(referred to in this document as “the Practice”)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

The Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we, meaning the Practice, all of the physicians in the Practice and all of our employees, may use and disclose your health information, including your protected health information. It also describes your rights to access and control your health information in some cases. Your “protected health information” means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider and that relates to your past, present or future physical or mental health condition.

I. USES AND DISCLOSURES OF HEALTH INFORMATION

The Practice may use your health information for purposes of providing treatment, obtaining payment for treatment and conducting health care operations. Disclosures of your health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

A. Treatment: We will use and/or disclose your health information 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 for treatment purposes. For example; we may disclose your health information a pharmacy to submit a prescription, to a laboratory for testing or to a home health agency that is providing care in your home. We may also disclose health information to other physicians who may be treating you or consulting with your physician with respect to your care. On some cases, we may also disclose your health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment: YOUR HEALTH INFORMATION WILL BE USED, AS NEEDED, TO OBTAIN PAYMENT FOR THE SERVICES THAT WE PROVIDE. This may include certain communications to your health insurer to get approval for the treatment that we recommend. For example, if certain procedures are recommended, we may need to disclose information, including diagnosis, to your health insurer to get prior approval for the procedure. We may also disclose health information to your insurance company to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to get payment for services provided to you, we may also need to disclose your health information to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities.

I. USES AND DISCLOSURES OF HEALTH INFORMATION

C. Operations: We may use and/or disclose your health information, as necessary, for our own day-to-day operations in order to facilitate the function of the Practice and to provide quality care to all patients. Health care operations include such activities as:

- ◇ Quality assessment and improvement activities
- ◇ Employee review activities
- ◇ Training programs, including those in which students, trainees, or practitioners in health care learn under supervision.
- ◇ Accreditation, certification, licensing or credentialing activities
- ◇ Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs
- ◇ Business management and general administrative activities

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations, but only to the extent that we both have a relationship with you or if we are part of an “organized health care arrangement” with the other entity, such as the hospitals where our physicians practice.

D. Other Uses and Disclosures: As part of your treatment, payment and healthcare operations, we may also use and/or disclose your health information for the following purposes:

- ◇ To remind you of an appointment
- ◇ To inform you of potential treatment alternatives or options
- ◇ To inform you of health-related benefits or services that may be of interest to you.

II. USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT.

Federal privacy rules allow us to use and/or disclose your health information without your permission or authorization for a number or reasons, including the following:

A. When Legally Required: We will disclose your health information when we are required to do so by any Federal, State or Local Law .

B. When There are Risks to Public Health: We may disclose your health information for the following public activities and purposes:

- ◇ To prevent, control, or report diseases, injury or disability
- ◇ To report vital events such as birth or death
- ◇ To conduct public health surveillance, investigations or interventions
- ◇ To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance
- ◇ To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading disease
- ◇ To report to an employer information about an individual who is a member of the workforce
- ◇ To a school about patient immunization records

C. To Report Abuse, Neglect or Domestic Violence: We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities: We may disclose your health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection with Judicial and Administrative Proceedings: We may disclose your health information in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization

F. For Law Enforcement Purposes: As required by law for reporting of certain types of wounds or other physical injuries

- ◇ Pursuant to court order, court-ordered warrant, subpoena, summons or similar process
- ◇ For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- ◇ Under certain limited circumstances, when you are the victim of a crime

II. USES AND DISCLOSURES BEYOND TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT. (Continued)

F. For Law Enforcement Purposes: As required by law for reporting of certain types of wounds or other physical injuries (Continued)

- II. To a law enforcement official if the Practice has suspicion that your death was the result of criminal conduct

- ◇ In an emergency in order to report a crime

III. USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION BUT WITH OPPORTUNITY TO OBJECT

We may disclose your health information to your family member or a close personal friend if it is directly relevant to the person’s involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death. You may object to these disclosures, however, in an emergency situation, you will not have the opportunity to object.

If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person’s involvement with your care, we may disclose your health information as described.

IV. USES AND DISCLOSURES WHICH YOU AUTHORIZE

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization, or if you signed the authorization as a condition of obtaining insurance.

V. YOUR RIGHTS

You have the following rights regarding your health information

A. The Right to Inspect and Copy your Health Information: You may inspect and obtain a copy of your health information that is contained in a designated record set for as long as we maintain the health information. A “designated record set” contains medical and billing records and any other records that your physician and the Practice uses for making decisions about you.

Under Federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or for the use in, a civil, criminal or administrative action or proceeding; and health information that is subject to a law that prohibits access to health information. Depending on the circumstances you may have the right to have a decision to deny access reviewed.

Despite your general right to access your health information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the Federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, we may deny your request to inspect or copy your health information if, in our professional judgment, we determine that the access request is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision by a healthcare professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

V. YOUR RIGHTS (Continued)

You have the following rights regarding your health information:

(Continued) **A. The Right to Inspect and Copy your Health Information:** To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Notice. If you request a copy of your information, we may charge you a fee and are allowed by law 30 (thirty) days to comply. The patient is responsible for the cost of copying, mailing, or other cost incurred by us in complying with your request.

B. The Right to Request a Restriction on Uses and Disclosures of your Health Information: You may ask us not to use and/or disclose certain parts of your health information for the purposes of treatment, payment or health care operations. You may also request that we do not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The Practice is not required to agree to restriction that you may request if it is not feasible for us to ensure our compliance or believe it will negatively affect the care we provide for you. We will notify you if we deny your request to a restriction. If the Practice agrees to the requested restriction, we will comply with your request, unless the information is needed to provide you emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by providing a written request to the Privacy Officer listed on the final page of this Notice.

C. The Right to request to receive Confidential Communications from us by Alternative Means or at an Alternative Location: You have the right to request that you receive confidential communications about your own health information by alternative means or at alternative locations. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The Right to have your Physician Amend your Protected Health Information: You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. We will keep the written statement disagreeing with the denial on file and distribute it with all future disclosures of the information to which it relates. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

