

# 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.**

**Uses and Disclosures:** We will use and disclose elements of your protected health information (PHI) in the following ways:

**Without your signed authorization**

- Treatment
- Payment
- Health care operations
- When release is required by law, including in judicial settings, to health oversight regulatory agencies and law enforcement.
- In emergency situations or to avert serious health/safety situations.
- To medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- To organ, tissue and other donations organizations, upon or proximate to your death, if we have no indication on hand about your donation preferences (or a positive indication).
- To contact you about appointment reminders, treatment alternatives and other health related benefits and services.
- In fundraising for ourselves.
- To the sponsor of your health plan.
- All other uses and disclosures by us will require us to obtain from you a written authorization in addition to any other permission you will provide us.

**Your rights:** You have the following rights concerning your PHI:

- **Restrictions:** To request restricted access to all or part of your PHI. To do this, you must contact our privacy officer or contact. We are not required to grant your request.
- **Confidential communications:** To receive correspondence of confidential information by alternate means or location. To do this, you must contact our privacy officer or contact.
- **Access:** To inspect or receive copies of your protected health information. To do this, you must contact our privacy officer or contact.
- **Amendments:** To request changes be made to your PHI. To do this, you must contact our privacy officer or contact. We are not required to grant your request.
- **Accounting:** To receive an accounting of the disclosures by us of your PHI in the six years prior to your request. To do this, you must contact our privacy officer or contact.
- **This notice:** To get updates or reissue of this notice, at your request.
- **Complaints:** To complain to us or the U.S. Dept. of Health and Human Services if you feel your privacy rights have been violated. To register a complaint with us, please contact our privacy officer. The law forbids us from taking retaliatory action against you if you complain.

**Our duties:** We are required by law to maintain the privacy of your PHI. We must abide by the terms of this notice or any update of this notice.

**Privacy contact:** For more information about our privacy practices, please contact:

Pam Alexander, CEO 901-756-5565

**Effective date:** 04-14-03

I acknowledge receipt of this notice: Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Patient: \_\_\_\_\_

If you are signing as the patient's representative: \_\_\_\_\_

Print your name: \_\_\_\_\_ Describe your authority: \_\_\_\_\_