

Notice of Privacy Practices

Health Care Operations: We may use and disclose Protected Health Information for office operations. For example, we may use Protected Health Information in connection with: conducting quality assessment and improvement activities; complying with medical reviews, audits and state agencies as required by law, business management and general administrative activities, including customer service, claims inquiry, and the resolution of internal grievances.

Business Associates: We may disclose Protected Health Information to assist in certain health care operations, such as the operation and management of Electronic Medical Record Systems and Information Technologists. However, such disclosures will not be made unless the Business Associate contractually agrees to appropriately safeguard your Protected Health Information. We will only disclose the minimum Protected Health Information necessary to operations.

Appointment Reminders & Important Notices: We may use Protected Health Information to contact you as a reminder that you have an appointment for treatment or to follow-up regarding medical care. We may use the emergency contact information you give us to contact you if the telephone and address we have on record is no longer correct.

Family Members & Friends Involved in Your Care: We may share Protected Health Information with your family member, other relative, close personal friend, or other person that you identify and authorize by your disclosure of your child's PIN number or in writing. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure to another person is in your best interest. In such circumstances, we will only disclose the Protected Health Information that is directly relevant to the person's involvement with your child's health care or payment for health care.

Research: We may use the information you provide for research purposes when we have reviewed and approved the research proposal. Medical record information that identifies you or your child will only be used when given permission for us to do so. Additionally, when given permission, we may contact you regarding research purposes.

Treatment Alternatives: We may use the information you provide to tell you about or recommend possible treatment options or other health related benefits and services that may be of interest to you.

Why do I have to sign a consent form?

When you sign the Tullahoma Pediatrics Patient Consent Form, you are giving us permission to use and disclose Protected Health Information for treatment, payment, and health care operations as described above. The permission does not include psychotherapy notes, psychosocial information, alcoholism and drug abuse treatment records, marketing, and sale of protected health information and other privileged categories of information, all of which require a separate permission. You will need to sign a separate consent form to have Protected Health Information given out for any reason other than treatment, payment or health care operations or as required or permitted by law.

When is your consent not required to disclose protected health information?

Required by law or public health agency: We may disclose Protected Health Information when required to do so by federal, state or local laws. We may disclose Protected Health Information for the following reasons.

- In an emergency
- When communication or language is very limited
- When required by law
- When there are risks to public health
- To report reactions to medications and malfunction of durable medical equipment
- To conduct health oversight activities such as investigation, inspection, audits, surveys and licensing
- To report suspected child abuse or neglect
- To certain government agencies who monitor activity such as federal officials for intelligence, counterintelligence, and national security
- In connection with court or government cases
- For law enforcement purposes
- To coroners and funeral directors and for organ donation
- To report births

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- If health or safety is seriously threatened
- In connection with programs providing benefits for work-related injuries or illness.
- To provide immunization records to the Department of Health, physicians, health insurance company, state and federal agencies and schools upon the entities request.

Other uses and disclosures require your Authorization

Uses and disclosures of your Protected Health Information that are not described above will be made only with your written authorization. Your written authorization is required by law for us to disclose psychotherapy notes, psychosocial information, behavioral health visits, behavioral health diagnostic testing, alcoholism and drug abuse treatment records, marketing, and sale of Protected Health Information. Please be aware that once we have disclosed your Protected Health Information to a third party entity at your request, that entity may not be required to follow the same protection and privacy laws that we are required to follow so your information may no longer be kept private. There may be fees associated with the costs of providing records to you, or to a third party that you designate.

Can I change my mind and withdraw permission to disclose PHI?

If you provide us with an authorization to release your Protected Health Information, you may revoke it at any time, in writing, and this revocation will be effective for future uses and disclosures of Protected Health Information. However, the revocation will not be effective for information that we have already used or disclosed in reliance on previous authorization.

What happens if my PHI is disclosed without my authorization to someone not listed above?

You have the right to be notified if your Protected Health Information is breached. We have put safeguards in place to keep Protected Health Information secure. However, there is always a possibility that a breach in Protected Health Information could occur. We will notify you as required by law of any breach involving your child's (your) unsecured Protected Health Information. We will promptly investigate the occurrence, assess potential damages, and do our best to prevent the breach from reoccurring.

Your Privacy Rights

In accordance with federal regulations and Tullahoma Pediatrics policies and procedures, you have the following rights with respect to your Protected Health Information.

You have the right to request a restriction on certain uses and disclosures of your child's (your) health information. We will make every effort to honor your request to restrict the disclosure of PHI. In some situations, we may be required by law to share the health information. As an example, tuberculosis (TB) results are required by law to be reported to the Health Department. Although we will consider all restriction requests carefully, we are not required to agree to any requested restriction.

You have the right to request specific Protected Health Information from being disclosed to your insurance provider. You may request a restriction of PHI if services are paid for in full, out-of-pocket at the time of service, providing that acceptance of the payment for service is allowed by law. At this time, we are not allowed to accept payments out-of-pocket for covered services from TennCare members.

You have the right to request confidential communications. If our disclosure of all or part of your Protected Health Information could endanger you, you have the right to request that we communicate with you about your Protected Health Information in a different way or at a different location. For example, you may ask that we only contact you at a work address. It is your responsibility to make sure that we have your correct address and contact information. These requests must be made in writing to the Tullahoma Pediatrics Privacy Officer at the address listed below.

You have the right to review and ask for a copy of your child's (your) health information. This means that you may review and get a copy of your PHI that is contained in a designated record set for as long as we keep the PHI. A designated record set contains medical and billing records and any other records that Tullahoma Pediatrics, PLLC uses to make decisions about your child's (your) health care. You may not read or be given a copy of psychotherapy notes; information collected for use in a civil, criminal, or administrative action, or court case; and certain PHI that is protected by law. In some situations, you may have the right to have this decision reviewed. Please contact the Privacy Officer listed below if you have questions about access to your child's (your) medical record. If needed and at your

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request, we may provide an electronic copy of your child's (your) record if we are able to do so. A fee will be charged for requesting a copy of your health or medical records.

Request to correct/amend information in your or your child's health record. If you believe that your Protected Health Information is incorrect or incomplete, you have the right to request that we amend it. To request an amendment, submit your request in writing to the Tullahoma Pediatrics Privacy Officer listed below. Specify your requested amendment and the reason(s) that you believe the amendment is necessary.

We may deny your request if the reason (s) listed do not support your request. We may also deny your request if you ask us to amend information that was not created by us, is not part of the information that you would be permitted to inspect or copy, or is accurate and complete. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement or accurate summary thereof.

You have the right to an accounting of disclosures of your Protected Health Information. You have the right to receive a listing of disclosures of the health information for purposes outside of treatment, payment, office operations, releases to you, incident to an otherwise permitted use or disclosure, or pursuant to an authorization by you or your authorized representative. To request an accounting, submit your request in writing to the Tullahoma Pediatrics Privacy Officer listed below.

You have the right to receive a paper copy of this Notice of Privacy Practices.

What if I have a question or complaint?

If you have questions regarding your privacy rights please call the Tullahoma Pediatrics, PLLC/Manchester Pediatrics Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint by contacting the Tullahoma Pediatrics, PLLC/ Manchester Pediatrics Privacy Officer or the Regional office of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Tullahoma Pediatrics, PLLC
Manchester Pediatrics
Privacy Officer
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U.S. Department of Health and Human Services
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