

TN Maternal Fetal Medicine, PLC
Protected Health Information - 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 carefully. Should you have any questions about this notice please contact our office at 615.284.8636.

This Notice of Privacy Practices describes how we may use and disclose "Protected Health Information" (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical and mental health condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. We will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1) Uses and Disclosures of Protected Health Information (PHI) Based Upon Your Written Consent:

You will be asked by TMFM to sign an authorization form. Once you have consented to the use and disclosure of your PHI for treatment, payment and health care operations your physician will use or disclose your PHI as described in this section (1). Your PHI may be used to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your PHI that TMFM is permitted to make once you have signed an authorization form. These examples are not meant to be exhaustive, but to describe the types of uses that may be made by our office.

a. **Treatment:** We will use and disclose your PHI 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 that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose your PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

b. **Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for hospital admission.

c. **Health Care Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your provider. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of your PHI. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our office and request that these materials not be sent to you.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your provider or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

2) **Other Permitted and Required Uses and Disclosures That May be Made With Your Consent, Authorization or Opportunity to Object:**

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of your PHI, then your provider may, using professional judgment, determine information that is relevant to your health care. We may use and disclose your PHI in the following instances:

a. **Others Involved in Your Health Care:** Unless you object, we may disclose to a member of your immediate family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI or notify or assist in notifying an immediate family member, a relative, a close friend or any other person you identify that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief and to coordinate uses and disclosures to family or other individuals involved in your care.

b. **Emergencies:** We may use or disclose your PHI in an emergency situation. If this happens, your provider shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. Your provider or another provider in the practice is required by law to treat you and if the provider has attempted to obtain your consent but is unable to, he or she may still use or disclose your PHI to treat you.

c. **Communication Barriers:** We may use or disclose your PHI if your provider or another provider in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to use or disclose your PHI under the circumstances.

3) **Other Permitted and Required Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object:**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

a. **Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

b. **Public Health:** We may use or disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may use or disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public authority.

c. **Communicable Disease:** We may use or disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

d. **Health Oversight:** We may use or disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, government regulatory programs and civil rights law organization.

e. **Abuse or Neglect:** We may use or disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may use or disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the use or disclosure will be made consistent with the requirements of applicable federal and state laws.

f. **Food and Drug Administration (FDA):** We may use or disclose your PHI to a person or company required by the FDA to report adverse events, product defects, problems, or biologic product deviations in order to track products, enable product recalls, to make repairs or replacements or to conduct post marketing surveillance, as required.

g. **Legal Proceedings:** We may use or disclose your PHI in the course of any judicial or administrative proceedings, in response to a court order or administrative tribunal, but only to the extent such disclosure is expressly authorized and in certain conditions in response to a subpoena, discovery request or other lawful process.

h. **Law Enforcement:** We may use or disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes required by law, limited information requests for identification and location, information pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of the practice and medical emergency, not on the practice's premises where it is likely that a crime has occurred.

i. **Coroners, Funeral Directors and Organ Donation:** We may use or disclose your PHI to a coroner or medical director for identification purposes, determining cause of death or for the coroner or medical director to perform other duties authorized by law. We may use or disclose your PHI to a funeral director, as authorized by law, in order for the funeral director to carry out his or her duties. We may use or disclose your PHI in a reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

j. **Research:** We may use or disclose your PHI 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 PHI.

k. **Criminal Activity:** We may use or disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of another person. We may use or disclose your PHI if it is necessary in order for law enforcement authorities to identify or apprehend an individual believed to be involved in criminal activity.

l. **Military Activity and National Security:** We may use or disclose your PHI, when appropriate conditions apply, to Armed Forces personnel. These conditions are for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military services. We may use or disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

m. **Workers' Compensation:** We may use or disclose your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

n. **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your provider created or received your PHI in the course of providing care for you.

4) **Required Uses and Disclosures:**

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

5) **Your Rights:**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

a. **You Have the Right to Inspect and Copy Your PHI:** You may inspect PHI about you that are contained in a designated record set for as long as we maintain our medical records. A designated record set contains medical and billing records and any other records and information that your provider and the practice use for making decisions about you. Under federal law, you may not inspect or copy the following records:

- Psychotherapy notes
- Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and
- PHI that is subject by law and prohibits access; depending on the circumstances, you may have the right to have this decision reviewed.

b. **You Have the Right to Request in Writing the Restriction of Your PHI:** You may request, in writing, for us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request, in writing, that any part of your PHI not be disclosed to family members, friends or any person that may be involved in your care for notification purposes. Your request must state the specific restrictions requested and to whom you want the restrictions to apply. We are not required to agree to restrictions that you request. If your provider believes it is in your best interest to permit the use or disclosure of your PHI, your PHI will not be restricted. If your provider agrees to the request for restrictions, we may not use or disclose your PHI in violation of your written restrictions unless it is needed to provide emergency treatment. Please discuss any restrictions you wish to request with your provider. You may submit your written restriction request to our office. Please contact our office at 615.284.8636 if you have questions about access to your medical records.

c. **You Have the Right to Receive Confidential Communications From TMFM by Alternative Means:** We will accommodate any reasonable request on how to contact you or any reasonable request on where to contact you. In order to meet your request we may ask you for information on how payments will be handled, specifications of an alternative address or other method of contact. We will not request an explanation from you as to the basis of your request. Again, please make this request in writing to our office.

d. **You Have the Right to Have Your Provider Amend Your PHI:** You may request an amendment of your PHI in your designated record set for as long as we maintain our medical records. In certain cases, we may deny your request for an amendment. Should we deny your request, you have the right to file a statement of disagreement with and we will prepare a rebuttal and provide you with a copy of such rebuttal. Please contact our office if you have any questions regarding the information in your medical record and about amending your medical record.

e. **You Have the Right to Receive an Accounting of Our Use or Disclosure of your PHI:** This right applies to use or disclosure for purposes other than treatment, payment or health care operations as described in this *Notice of Privacy Practices*. This right excludes use or disclosure we may have made to you or for you for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding all other disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations as described in this *Notice of Privacy Practices*.

f. **You Have a Right to Obtain a Copy of in this Notice of Privacy Practices:** Upon request we will gladly provide a copy of this notice.

6) **Complaints**

You may express your complaints directly to us or to the Secretary of Health and Human Services if you believe we have violated your PHI privacy rights. You may file a complaint with us by notifying our office in writing of your complaint. We will not retaliate against you for filing a complaint. We will do all we can to resolve your complaint

**Please contact our office at 615.284.8636
if you have further questions regarding the complaint process.**