

Notice of Privacy Practices and Patient's Privacy Rights

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Effective: January 1, 2019

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS.
PLEASE REVIEW IT CAREFULLY.**

This Notice applies to PhyMed Management, LLC, and its affiliated physician groups. PhyMed and its affiliated physician groups are referred to together in this notice for simplicity as “we” and “us”.

PATIENT HEALTH INFORMATION

Under Federal law, your patient health information, known as “protected health information,” is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Patient health information also includes billing, insurance, and payment information.

This notice will tell you the ways that we may use and disclose any patient health information about you. Your rights regarding your health information and obligations we have regarding the use and disclosure of this information are also described.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following are descriptions of different ways that we may use and disclose your patient health information. We are required to comply with any state laws that impose stricter standards than the uses and disclosures described in this notice. Your health information may be stored electronically and is subject to electronic disclosure, including through a health information exchange.

Treatment: Your health information may be used and disclosed to provide you with medical treatment or services, including disclosure of information about you to doctors, nurses, technicians, and other medical providers or personnel who are involved in taking care of you. For example, we may share information with your surgeon concerning your medical treatment and status during surgery.

Payment: We may use and disclose your health information so that the treatment and services you received from your anesthesia provider may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may send your medical information to your insurance carrier to request payment for services, contact your insurance or other payors to verify coverage or determine eligibility for benefits, and disclose information to collection agencies.

Health Care Operations: We may use and disclose your health information to conduct our standard internal operations, including proper administration of records, to evaluate our quality of treatment, to assess the care and outcome of your case and others like it, and to arrange for legal services, when necessary. For example, we may use this information in

reports to evaluate our staffing needs or requirements at the hospital, disclose information for peer review or disease management activities, use information to contact you with appointment reminders, and contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law: We will use and disclose your health information when required to do so by federal, state, or local law. These types of disclosures may include reports of gunshot wounds and disclosures to the United States Department of Health and Human Services for it to determine our compliance with privacy regulations.

Law Enforcement Purposes: As authorized by law, we may disclose your health information to law enforcement officials for certain law enforcement purposes.

Lawsuits and Judicial Proceedings: We may disclose information about you in response to a court or administrative order in response to a subpoena, discovery request, or other lawful process when certain requirements are followed.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Health Oversight Activities: We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and inspections necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Activities: We may use and disclose health information for public health activities, including the collection of vital statistics, disease information, and information related to recalls of dangerous products by public health authorities.

Serious Threat to Health and Safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Communication with Family/Disaster Notification: Unless you object, we may disclose to your family members or others involved in your care information relevant to their involvement in your care or payment for your care or information necessary to inform them of your location and condition. We may also release information to disaster relief agencies, so they may assist in notifying those involved in your care of your location and general condition.

Abuse, Neglect or Domestic Violence: As permitted or required by law, we may disclose information to appropriate agencies about individuals we believe to be victims of abuse, neglect, or domestic violence.

Workers Compensation: We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness as required by state law.

Military Personnel: If you are a member of the armed forces, we may release information as required by military command authorities.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Deaths: We may report information regarding deaths to coroners, medical examiners, and funeral directors.

Organ Donation: We may use and disclose information to entities involved in procuring, banking, and transplanting organs, eyes, and tissues to assist with donation or transplantation.

Research: We may use and disclose information for approved medical research in certain cases.

To Business Associates: We may disclose your health information to third parties known as “Business Associates” that perform various activities (e.g. legal services, delivery of goods) for us and that agree to protect the privacy of your health information.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION/AUTHORIZATION

Other than as described above, we will not use or disclose your patient health information other than with your written authorization.

- Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes, or sell your health information unless you have signed an authorization.
- If you or your representative authorize us to use or disclose your health information, you may revoke that authorization in writing at any time to stop future uses or disclosures. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision to revoke your authorization.

OUR RIGHTS

When it comes to your health information, you have certain rights regarding patient health information we maintain about you. To exercise any of these rights, submit a written request to our Privacy Officer at the address at the end of this notice.

You have the right to:

- Inspect and/or request a copy of your protected health information that may be used to make decisions about you. This type of information usually includes medical and billing records. If you request a copy of the information, we may charge you a reasonable fee for our labor and supply costs for creating the copy and postage, if applicable. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.
- Ask us to correct or amend your protected health information that you think is incorrect or incomplete. When requesting an amendment, you must provide a reason that supports your amendment request.
- Request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. You do not have to give a reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and how payment will be handled.
- Ask us to restrict or limit your protected health information we use or share. You have a right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, or health operations. However, we are not required to agree to your request, except for requests to restrict disclosures to a health plan when you have paid in full out-of-pocket for your care and when the

disclosures are not required by law. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- Get a list of those with whom we've shared your protected health information. You have the right to request a list of the disclosures we have made of your health information for certain reasons, including reasons related to public purposes authorized by law and certain research. The list will not include disclosures that we are not required to record such as disclosures you authorize. The first list you request within a 12-month period will be free. For any additional lists, there may be a charge to you for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request prior to any costs being incurred.
- Get a copy of this privacy notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time, even if you have received this notice previously electronically. You may also obtain a copy at our website.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your health information;
- Give you and other individuals this notice of our legal duties and privacy practices regarding health information;
- Follow the terms of the notice currently in effect; and
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your health information.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice.

- If we change the terms of this notice, the changes will apply to all health information we already have about you as well as any information we receive in the future. The notice will contain the effective date on the first page.
- If we change our notice, we will provide a copy of the revised notice to you upon request. We will also post a copy of the current notice in our office and on our website.

FILE A COMPLAINT

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or the U.S. Department of Health and Human Office for Civil Rights. We will not retaliate against you for filing a complaint.

PhyMed Management, LLC Privacy Officer
110 29th Avenue North, Suite 301, Nashville, TN 37203
844-520-7606
<https://www.phymed.com>

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201
877-696-6775
<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>