

GREATER KNOXVILLE DERMATOLOGY

HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:**

Privacy Officer: Sherri Moore

Mailing Address: 7730 Dannaher Drive, Powell TN 37849

Telephone: 865-524-7107

**About This Notice**

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this Notice explaining our privacy practices with regard to that information. This Notice also explains your rights and our obligations.

**What is Protected Health Information (PHI)?**

Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse

**We may use and disclose your PHI in the following circumstances:**

**For Treatment:** to give you medical treatment or services and to manage and coordinate your medical care. **For Payment:** so that we can bill for the treatment and services you get from us and can collect payment from you, an insurance company, or another third party. We may tell your health plan about a treatment you are going to receive to find out if your plan will cover the treatment. If a bill is overdue we may need to give PHI to a collection agency to the extent necessary to help collect the bill, and we may disclose an outstanding debt to credit reporting agencies. **For Health Care Operations:** for checking on the performance of our staff in caring for you, for our cost-management activities, for audits, or to get legal services. We may give PHI to other health care entities for their health care operations, for example, to your health insurer for its quality review purposes. **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services:** to contact you to remind you that you have an appointment, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you. **Guardians:** We may disclose the PHI of minor children to their parents or guardians or to a legal guardian. **As Required by Law:** We will disclose PHI about you when required to do so by international, federal, state, or local law. **Business Associates:** to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing or transcription. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI. **Military and Veterans:** as required by military command authorities. **Public Health Risks: 1)** to the FDA for purposes related to safety or effectiveness of an FDA-regulated product or activity; **2)** prevent or control disease; **3)** report child abuse or neglect; **4)** report reactions to medications, problems with products, or recalls; **5)** exposure to a disease; **6)** the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure. **Health Oversight Activities:** such as audits, investigations, and licensure. **Lawsuits and Disputes:** if you are in a lawsuit or dispute, we may disclose PHI in response to a court order, subpoena, or to defend ourselves. **Law Enforcement:** in response to a court order, subpoena, warrant, summons, or similar process.

**Uses and Disclosures That Require Us to Give You an Opportunity to Opt Out:**

**Individuals Involved in Your Care or Payment for Your Care:** we may disclose PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. We will provide you with an opportunity to object to and opt out of such a disclosure whenever we practicably can do so. **Disaster Relief:** to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so. **Other Uses and Disclosures:** Uses for marketing purposes can only be made with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer.

**Special Protections for HIV, Alcohol, and Substance Abuse, Mental Health, and Genetic Information:**

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

**You have the following rights, subject to certain limitations, regarding your PHI:**

**Right to Inspect and Copy:** You have the right to inspect and/or receive a copy of PHI that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances.

**Right to an Electronic Copy of Electronic Medical Records:** You have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with copying or transmitting the PHI. If you choose to have your PHI transmitted electronically, you will need to provide a written request to this office listing the contact information of the individual or entity who should receive your electronic PHI.

**Right to Receive Notice of a Breach:** We are required to notify you by first class mail or by e-mail of any breach of your Unsecured PHI. **Right to Request Amendments:** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (4) is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than 6 years before your request. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in our care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

**Right to Restrict Certain Disclosures to Your Health Plan:** You have the right to restrict certain disclosures of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service or which you have paid out of pocket in full. We will honor this request unless we are otherwise required by law to disclose this information. This request must be made at the time of service.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. You must specify how or where we are to contact you. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You can get a copy of this Notice at our website:

<http://www.greaterknoxvillederm.com>.

**How to Exercise Your Rights:**

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer.

**Changes to This Notice:**

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with us. In order to file a complaint, contact our Privacy Officer at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.