

RHEUMATOLOGY & OSTEOPOROSIS CENTER OF MEMPHIS, PC
NOTICE OF PRIVACY PRACTICES (NPP)

Effective date: September 23, 2013

THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT OUR PATIENTS. PLEASE REVIEW THE DOCUMENT CAREFULLY.

This notice describes the privacy practices of Rheumatology & Osteoporosis Center of Memphis, PC, which at the current time has a single location. If at some point in the future, we have more than one office, all locations will follow the terms of this notice and may share health information with each other for treatment, payment, or health care operations purposes described in this notice.

Our Pledge Regarding Health Information

We understand that health information about patients is personal. We are committed to protecting the security of that information, called protected health information (PHI), and to preventing its disclosure without your authorization.

We create a record of the care and services that patients receive from us. We need this record to provide patients with quality care and to comply with certain legal requirements. This notice applies to all records of patient care generated by Rheumatology & Osteoporosis Center of Memphis, PC, whether made by a physician or by others working in this practice. This notice tells you about the ways in which we may use and disclose our patients' PHI. We also describe rights to the PHI that we keep about patients and explain our obligations we have regarding the use and disclosure of our patients' PHI.

By law, we are required to:

- Make sure that health information that identifies our patients is kept private
- Provide you with this notice of our legal duties and privacy practices with respect to PHI
- Follow the terms of the notice that is currently in effect
- Notify you if there is a security breach of protected health information (PHI) except when the PHI is encrypted is disposed of securely

How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose health information. Within each category, we have provided a list of examples.

For Treatment: We may use health information about our patients to provide them with health care treatment or services. We may disclose health information about our patients to physicians, nurses, technicians, health students, or other personnel who are involved in the delivery of their care. These healthcare providers may work at our offices; at the hospital if patients are hospitalized under our supervision; or at another physician's office, lab, pharmacy, or other health care provider where we may have referred a patient for x-rays, laboratory tests, prescriptions, or other treatment purposes. For example, a physician treating a patient for arthritis may need to know if that individual has diabetes because diabetes may impact the healing process. In addition, the physician may need to tell the dietitian at the hospital if the patient has diabetes so that we can arrange for appropriate meals. We may also disclose health information about our patients to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

For Payment: We may use and disclose information about treatment and services we provide to patients for billing purposes. The information may include monies that we have received from the individual who guarantees payment, from an insurance company, or from a third party. For example, we may need to give your health plan information about your office visit so the plan will either pay us or reimburse you for the visit. We may also tell your health plan about a treatment before we provide to you in order to obtain prior approval, if required, or to determine if your plan will cover the treatment. If we provide a service to you for which you pay in full out-of-pocket and you request that we not send PHI to your insurance company, we are obligated to comply with your request except when the information is needed to comply with the law.

For Health Care Operations: We may use and disclose protected health information about you for the operation of our health care practice. These uses and disclosures are necessary to run our practice and to make sure that all our patients receive quality care. For example, we may use health information in a general review of our treatments and services or, more specifically, to evaluate staff performance. We may also combine the health information of many patients to decide what improvement we could make, what additional services we should offer, what services are not needed, or whether certain new treatments are effective. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning the identities of our specific patients.

Health-Related Services and Treatment Alternatives: We may use and disclose protected health information (PHI) to tell you about health-related services or recommend possible treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to send you this information or if you wish us to send this information to a different address.

Appointment Reminders: We may use and disclose protected health information to contact you as a reminder of a scheduled appointment for you. We may also use it to notify you of a missed appointment and how to contact us to reschedule. Please let us know if you do not wish to have us contact you for this purpose or if you wish us to contact you at a different address.

As Required by Law: We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to his/her health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health activities. These activities generally include the following:

- The prevention or control of disease, injury, or disability
- The reporting of births and deaths
- The reporting of child abuse or neglect
- The reporting of reactions to medications or problems with products
- The notification of people about recalls of products they may be using
- The notification of a person or organization required to receive information on Food and Drug Administration–regulated products
- The notification of a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- The notification of the appropriate government authority, if we believe a patient has been the victim of abuse, neglect, or domestic violence (we will only make this disclosure if you agree or when required or authorized by law)

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

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information if requested to do so by a law enforcement official:

- In reporting certain injuries, as required by law: gunshot wounds, burns, dog bites, and injuries to perpetrators of crime
- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person (name and address, date of birth or place of birth, social security number, blood type or Rh factor, type of injury, date and time of treatment and/or death, if applicable, and a description of distinguishing physical characteristics)
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility
- In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description, or location of a person who committed a crime

Coroners, Health Examiners, and Funeral Directors: We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

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

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about him/her to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy health information such as medical and billing records that may be used to make decisions about your care.

In order to request inspection and copying of health information that may be used to make decisions about you, submit a written request to Rheumatology & Osteoporosis Center of Memphis, PC, Privacy Official, 540 Trinity Creek Cove, Cordova, TN 38018. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. This review will be conducted by another licensed health care professional chosen by our practice. The person conducting the review will not be the person who denied your request. This practice will comply with the outcome of the review.

Right to Request Information in a Form of Your Choosing: You have the right to request the provision of protected health information (PHI) in a form of your choice such as paper or electronic. We will grant or deny the request within 30 days, and we may at times request a 30-day extension period. If any of the protected health information (PHI) is stored off-site, we will respond to your request within 60 days. We may charge you a reasonable, cost-based fee for preparing the information that you request.

Right to Request that We Send Information to Other Designated Parties: You have the right to request that we send copies of the protected health information (PHI) to other designated parties, provided that you submit a written signed request, designating the name, identity, and correct address of the designated recipient.

Right to Amend: If you believe that our health information about you is either incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing on the Request for Correction/Amendment of Protected Health Information form and submitted to this office's Medical Records Department. On the form you must include information supporting and the reasons for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for our practice
- Is not part of the information that you would be permitted to inspect and copy
- Is accurate and complete

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures: You have the right to request a list of the disclosures of your protected health information (PHI) we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to Rheumatology & Osteoporosis Center of Memphis, PC Privacy Official, at 540 Trinity Creek Cove, Cordova, TN 38018. Your request must state a time period that may not be longer than 6 years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in writing within 30 days of your request. If we are unable to provide you with this information within 30 days, we will notify you of that fact and inform you of the date by which we can supply the list. This date will not be more than 60 days from the date you made the request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for care, such as a family member or friend. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively affect the care we provide you.

If we do agree, we will comply with your request, unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to this office's Medical Records Department on the To Request Restrictions on the Use and Disclosure of PHI form. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box.

To request confidential communications, you must make your request in writing to this office's Medical Records Department on the To Request Confidential Handling of Specified Health Information form. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

Right to Request Withholding of Disclosures to Health Plans: If you pay out-of-pocket in full for a service that we provide to you, you may request that we withhold from the payer disclosure of information on that service. We are obligated to comply with that request unless disclosure is otherwise required by law.

Right to Request Withholding of Use and Disclosure of Psychotherapy Notes: You may request that we withhold use and disclosure of psychotherapy notes related to care that we provide for you.

Right to Be Notified Should there Be a Breach: You have the right to receive notice from us regarding a breach in disclosure of protected health information (PHI).

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please contact Rheumatology & Osteoporosis Center of Memphis, PC, Tim Wallace, Privacy Official, 540 Trinity Creek Cove, Cordova, TN 38018.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at each of our sites and on our website. The notice will contain on the first page, at the top, the effective date. You may request a copy of our most current notice at any time.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services in Washington, DC. To file a complaint with us, complete our Patient Comment and Privacy Complaint form. All complaints must be submitted in writing to Rheumatology & Osteoporosis Center of Memphis, PC, Tim Wallace, Privacy Official, 540 Trinity Creek Cove, Cordova, TN 38018. You will not be penalized for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information (PHI) about you for the reasons covered by your written authorization. We cannot revoke any disclosures that we have already made with your permission. We are required to retain our records of the care that we provided to you.

RHEUMATOLOGY & OSTEOPOROSIS CENTER OF MEMPHIS, PC

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM.

I, _____, have received a copy of Rheumatology & Osteoporosis Center of Memphis, PC's Notice of Privacy Practices.

Signature of Patient

Date