



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES:

- ❖ HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- ❖ YOUR RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION
- ❖ HOW TO EXERCISE YOUR RIGHT TO GET COPIES OF YOUR RECORDS AT LIMITED COST OR, IN SOME CASES, FREE OF CHARGE
- ❖ HOW TO FILE COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY, OR SECURITY OF YOUR MEDICAL INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION, INCLUDING YOUR RIGHT TO INSPECT OR GET COPIES OF YOUR RECORDS UNDER HIPAA.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER (LORI JOHNSON) AT (865)966-8716 IF YOU HAVE ANY QUESTIONS.

The Health Insurance Portability and Accountability Act (HIPAA; "Act") of 1996, revised in 2022, requires us as your health care provider to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following breach of unsecured protected health information. We are required to maintain these records of your health care and to maintain confidentiality of these records.

The Act also allows us to use your information for treatment, payment, and certain health operations unless otherwise prohibited by law and without your authorization.

- ❖ Treatment: We may disclose your protected health information to you and to our staff or to other health care providers in order to get you the care you need. This includes information that may go to the pharmacy to have your prescription filled, to a diagnostic center to assist with your diagnosis, or to the hospital should you need to be admitted. If necessary to ensure that you get this care, we may also discuss the minimum necessary with friends or family members involved in your care unless you request otherwise.
- ❖ Payment: We may send information to you or to your health plan in order to receive payment for the service or item we delivered. We may discuss the minimum necessary with friends or family members involved in your payment unless you request otherwise.
- ❖ Health Operations: We are allowed to use or disclose your protected health information to train new health care workers, to evaluate the health care delivered, to improve our business development, or for other internal needs.
- ❖ We are required to disclose information as required by law, such as public health regulations, health care oversight activities, certain lawsuits, and law enforcement.

Certain ways that your protected health information could be used or disclosed require an authorization from you: disclosure of psychotherapy notes, use or disclosure of your information for marketing, disclosures or uses that constitute a sale of protected health information, and any uses or disclosures not described in this NPP. We cannot disclose your protected health information to your employer or to your school without your authorization unless required by law. You will receive a copy of your authorization and may authorize in writing. We will honor that revocation beginning with the date we receive the written signed revocation.

You have several rights concerning your protected health information. If you wish to use one of these rights, please inform our office so that we may give you the correct form for documenting your request.

- ❖ You have the right of access to inspect and obtain a copy of your protected health information at a limited cost, or, in some cases, free of charge. Psychotherapy notes are an exception to this right. We must verify your identity before allowing the requested access. We are required to allow access or provide the copy within 15 days of your request. We may provide the copy to you or to your designee in an electronic format acceptable to you or as a hard copy. We are allowed by HIPAA to deny such requests. If your request is denied, you may request a review of this denial by a licensed health care provider.
- ❖ You have the right to direct the transmission of an electronic copy of protected health information in an electronic health record to a third party. This is limited to the information already available in an electronic format.
- ❖ You have the right to request restrictions on how your protected health information is used for treatment, payment, and health operations. For example, you may request that a certain friend or family member not have access to this information. We are not required to agree to this request, but if we agree to your request, we are obligated to fulfill the request, except in an emergency where this restriction might interfere with your care. We may terminate these restrictions if it is necessary to fulfill treatment and payment.
- ❖ We are required to grant your request for restriction if the requested restriction applies only to information that would be submitted to a health plan for payment for a health care service or item for which you have paid in full out-of-pocket, and if the restriction is not otherwise forbidden by law. For example, we are required to submit information to federal health plans and managed care organizations even if you request a restriction. We must have your restriction documented prior to initiating the service. Some exceptions may apply, so ask for a form to request the restriction and to get additional information. We are not required to inform other covered entities of this request, but we are not allowed to use or disclose information that has been restricted to business associates that may disclose the information to the health plan.
- ❖ You have the right to request confidential communications. For example, you may prefer that we call your cell phone number rather than your home phone. These requests must be in writing, may be revoked in writing, and must give us an effective means of communication for us to comply. If the alternate means of communication incurs additional cost, that cost will be passed on to you.
- ❖ Your medical records are legal documents that provide crucial information regarding your care. You have the right to request an amendment to your medical records, but you must make this request in writing and understand that we are not required to grant this request.
- ❖ You have the right to an accounting of disclosures. This will tell you how we have used or disclosed your protected health information. We are required to inform you of a breach that may have affected your protected health information.
- ❖ You have the right to opt out of fundraising communications.
- ❖ You have a right to receive a copy of your laboratory test results directly from the laboratory within 30 days of your request or completion of the report, whichever is longer. We will provide results for any test performed in-house. Patients must request results directly from other laboratories (reference or hospital labs) that performed the test.
- ❖ You have the right to discuss the notice with a designated contact person listed above.

If you have any questions about our privacy practices, please contact our Privacy Officer at the number below.

You have the right to file a complaint with us or with the Officer for Civil Rights. We will not discriminate against or retaliate in any way for this action. To file a complaint, please contact the applicable party:

Privacy Officer: Lori Johnson

Phone #: (865)966-8716

Fax #: (865)966-1209

Office for Civil Rights: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

We are required to abide by the policies stated in this Notice of Privacy Practices, which became effective the following date:

January 30, 2025

NOTE: If you wish to direct protected health information to a third party, when the requested information is not already available in an electronic format, you can request a copy of the information and send it directly to the third party yourself. Otherwise, you may complete a valid authorization for us to send a copy of the information to the third party.