

**BRISTOL SURGICAL ASSOCIATES, P.C.**

**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE: SEPTEMBER 23, 2013**

**THIS NOTICE WAS MOST RECENTLY REVISED ON OCTOBER 29, 2015**

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

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:**

Privacy Officer: Valerie O'Quinn  
Mailing Address: 1 Medical Park Blvd., Suite 250 W, Bristol, Tn. 37620  
Phone: (423)844-6620  
Fax: (423)844-6626

**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. You have certain rights, and we have certain legal obligation, regarding the privacy of your PHI, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

**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 and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past present or future payment for your healthcare.

**How We May Use and Disclose you PHI.**

We may use and disclose you PHI in the following circumstances:

**For Treatment.**

We may use PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice, such as referring or specialist physicians.

**For Payment.**

We may use and disclose PHI 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. For example, we may need to give your health plan information about your treatment in order for your health plan to pay for that treatment. We also 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.**

We may use and disclose PHI for our health care operations. For example, we may use PHI for our general Business management activities, for checking on the performance of our staff in caring for you, for our cost-management activities, for audit, 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 Alternative/Health-Related Benefits and Services.**

We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, 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.

**Minors.**

We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

**Personal Representative.**

If you have a personal representative, such as a legal guardian (or executor or administrator of your estate after you death), we will treat that person as if that person is you with respect to disclosure of your PHI.

**As Required by Law.**

We will disclose PHI about you when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety.**

We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

**Business Associates.**

We may disclose PHI 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 to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

**Organ and Tissue Donation.**

If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation, such as an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.**

If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

**Workers Compensation.**

We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work related injuries or illness.

**Public Health Risks.**

We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the food and drug administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) 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.**

We may disclose PHI to health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and similar activities that 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 PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves if you sue us.

**Breach Notification.**

We have in place appropriate administrative technical and physical safeguards to protect and secure the privacy and security of your personal health information. We review these policies regularly and update as needed. Medical records are kept in a secure place within our practice regarding the paper records and our electronic medical records system is monitored and updated to address security risks in compliance with the HIPAA Security Rule. Only staff members who have a

legitimate “need to know” are permitted to access your medical records and other protected health information. Our staff understands the legal and ethical obligations to protect your personal health information and that a violation of this **NOTICE OF PRIVACY PRACTICES** may result in disciplinary actions up to and including termination. If you should ever feel there has been a breach regarding your protected health information, please notify our practice immediately and an investigation will be opened. Likewise if our practice has any reason to think that any of your protected health information has been compromised, we will notify you within a reasonable amount of time.

**Law Enforcement.**

We may release PHI if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process: to identify or locate a suspect, fugitive, material witness or missing person, about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

**National Security.**

We may release PHI to authorized federal official for national security activities authorized by law. For example, we may disclose PHI to those officials so they may protect the President.

**Coroners, Medical Examiners, and Funeral Directors.**

We may release PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

**Inmates.**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or the safety and security of the correctional institution.

**Medical Residents and Medical Students.**

Medical residents or medical students may observe or participate in our treatment or use your PHI to assist in their training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.

**Research.**

We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project as long as they do not remove, or take a copy of,

any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to use the data set only for the purposes for which it was provided, ensure security of the data and not identify the information or use it to contact any individual.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT.**

##### **Individuals Involved with 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.

##### **Right to an Electronic Copy of Electronic Medical Records.**

If your PHI is maintained in one or more designated record sets electronically (for example an electronic medical record or an electronic health record), 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 electronic PHI. If you chose 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 Request Amendments.**

If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of the 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 was not created by us, is not part of the medical information kept by or for us, is not information that you would be permitted to inspect and copy or is inaccurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.

##### **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 your 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 Disclosure 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 for 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.

**Student Records.**

The new Omnibus final rule states that student immunization records can now be released to schools without authorization as long as the immunizations are required by state law and we document a written or oral agreement to the release by parent or emancipated minor.

**Deceased Information.**

The new Omnibus final rule states that health information about a deceased patient is no longer protected fifty (50) years after his or her death. The new rule allows practices to disclose personal health information about a decedent to individuals who were involved in a patient's care or payment as long as such disclosure is not contrary to the patient's prior express preference.

**Sell of Personal Health Information.**

Our practice will not sell any of your personal health information. In some cases your personal health information may be used for research purposes regarding clinical trials or drug studies. If such activity occurs you will be notified if there is any expected remuneration either directly or indirectly from a third party.

**Use of Personal Health Information for Marketing or Fundraising.**

Our practice has no intention of utilizing your personal health information for marketing or fundraising activities. If a change in this policy should occur you will be notified. If the policy should change, all patients will have the right to "opt out" of having any personal health information utilized for marketing or fundraising purposes.

**Right to Request Confidential Communications.**

You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a special address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

**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.Bristolsurgical.com>.

**Foreign Language Version** If you have difficulty reading or understanding English, you may request a copy of this Notice in (Spanish).

**How to Exercise Your Rights.**

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the beginning of this notice. We may ask you to fill out a form that we will supply. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

**Changes To this Notice.**

The effective date of the Notice is stated at the beginning. 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 or with the Secretary of the Department of Health and Human Services. To file a complaint with us, 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.

Bristol Surgical Associates, PC may make your medical information available electronically, or may electronically transmit your medical information to a third party, in order to fulfill provider's obligations to release your medical information to others in the future.