

OTHER USES AND DISCLOSURES OF PRIVATE HEALTH INFORMATION CONT...

If we have HIV, substance abuse, or psychotherapy information about you, in most cases, we cannot release that information without a special signed written authorization from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV, substance abuse or psychotherapy records.

YOUR RIGHTS

You have the following rights regarding PHI we maintain about you:

Right to a Paper Copy of This Notice

You have the 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 agreed to receive it electronically, you are still entitled to a paper copy.

Right to Inspect and Copy

You have the right to inspect and copy your PHI, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our office in order to inspect and/or copy your PHI. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your PHI, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Officer. We may deny your request for an amendment 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:

- A. We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- B. Is not part of the health information that we keep.
- C. You would not be permitted to inspect and copy.
- D. Is inaccurate and incomplete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

HIPPA Breach

The Notice of Privacy Practices recipient has the right to receive written notice in the event of a breach of unsecured PHI.

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on PHI we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We Are Not Required to Agree to Your Request

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit a *Restrictions Form* and a *Confidential Communications Form* to the Privacy Officer.

Right to 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 can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Requests for Restricting Uses and Disclosures and Confidential Communications* to the Privacy Officer. 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 to be contacted.

Urology Associates, P. C., and
Urology Surgery Center, L. P.

Notice of Privacy Practices

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

If you have any questions about this notice, please contact the **Privacy Officer** of our office at **615-250-9200** or at **2801 Charlotte Avenue, Nashville, TN 37209**.

WHO WILL FOLLOW THIS NOTICE

This notice describes the Protected Health Information (PHI) privacy practices followed by our employees, staff and other office personnel.

YOUR PROTECTED HEALTH INFORMATION (PHI)

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose PHI about you and describes your rights and our obligations regarding the use and disclosure of that information.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with an effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the **Privacy Officer** at **615-250-9200**. You will not be penalized for filing a complaint.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU:

For Treatment

We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to medical providers, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care.

For Payment

We may use and disclose PHI about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

You have the right to restrict our practice from disclosing PHI to third party payers. This request will be honored as long as payment is made out of pocket and in full at the time of service (unless restricted by state law).

For Health Care Operations

We may use and disclose PHI about you in order to run the office and make sure that you and our other patients receive quality care. We may also use PHI about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether new treatments are effective.

To Family and Friends

We may disclose PHI about you to your family members or friends if we obtain your agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose PHI to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object or if you are not capable of giving consent.

To Avert a Serious Threat to Health or Safety

We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

As Required By Law

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

For Research

We may use and disclose PHI about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our office.

For Organ and Tissue Donation

If you are an organ donor, we may release PHI to organizations that handle organ procurement of organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donations and transplantations.

Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release PHI about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

For Worker's Compensation

We may release PHI about you for worker's compensation or similar programs.

For Public Health Risks

We may disclose PHI about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

For Health Oversight Activities

We may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Information Not Personally Identifiable

We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

For Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. Subject to all applicable legal requirements, we may disclose PHI about you in response to a subpoena.

To Law Enforcement

We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

To Coroners, Medical Examiners and Funeral Directors

We may release PHI to a coroner or medical examiner.

For Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or medical care.

For Treatment Alternatives and Health-Related Products

We may tell you about or recommend possible treatment options or alternatives or health related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the beginning of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes..

Marketing of Services

If there is financial remuneration from a third party whose product is being marketed, then an authorization for all treatment and healthcare operations communication is required.

Sale of Aggregated Data

Sale of an individual's PHI is prohibited when remuneration is received from a third party without authorization of the individual.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your PHI for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose PHI about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any used or already disclosed information made with your permission.