



NOTICE OF PRIVACY PRACTICES

CAREHERE HEALTH CENTER SITE: _____

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.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). All employees, volunteers, staff, doctors, health professionals, and other personnel are legally required to and must abide by the policies set forth in this notice, and to protect the privacy of your health information.

This "protected health information", or PHI for short, includes information that can be used to identify you. We collect or receive this information about your past, present, or future health condition to provide healthcare to you, or to receive payment for this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose (release) your PHI. With some exceptions, we may not use or release any more of your PHI than is necessary to accomplish the need for the information.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the PHI already in existence. Before we make any change to our procedures, we will promptly change this notice and post a new notice in our lobby. You can also request a copy of this notice from the contact person listed at the end of this notice, and can view a copy of the notice on our web site at www.carehere.com.

I. We may use and release your protected health information for many different reasons. For some of these reasons, we will need your permission or a specific, signed authorization. Below, we describe the different categories of when we use or release your PHI and give you some examples of each category, and tell you when we need your permission.

A. WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS. YOUR CONSENT IS NOT REQUIRED FOR THESE PURPOSES.

1. For Treatment. We may release your PHI to physicians, nurses, and other health care personnel and agencies who provide or are involved in your health care. For example, if you are being treated for a knee injury, we may release your PHI to an orthopedic specialist in order to coordinate your care.

2. To obtain payment for treatment. We may use and release your PHI in order to bill and collect payment for services provided to you. It is important that you provide us with correct and up-to-date PHI. For example, we may release portions of your PHI to our billing department and your health plan to get paid for health care services we provided to you. We may also release your PHI to our business associates, such as a Pharmacy Benefits Manager (PBM), to obtain eligibility and/or approval for medication.

3. To run our health care business. We may release your PHI in order to operate our facility in compliance with healthcare

regulations. For example, we may use your PHI to review the quality of our services, to evaluate the performance of our staff in caring for you, or to seek outside Accreditation.

4. Organized Health Care Arrangements. We may use or disclose your PHI with members of an Organized Health Care Arrangement for health care operations. Example of an arrangement is on-site specialty care.

B. WE ALSO DO NOT REQUIRE YOUR CONSENT TO USE OR RELEASE YOUR PHI IN THE FOLLOWING:

1. When federal, state, or local law; judicial or administrative proceedings; or law enforcement agencies request your PHI. We release your PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; for notification and identification purposes when a crime has occurred or in missing persons cases; when a crime has taken place on our premises; about victims of a crime with their consent or in an emergency situation; about victims of a crime with their consent or in an emergency situation; or when ordered in a judicial or administrative hearing.

2. For public health activities. We report information about births, deaths, and various mandated reportable diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

3. For purposes of organ donation. For patients that have previously agreed to organ donation, we may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

4. To avoid harm. In order to avoid a serious threat to health or safety of a person or the public, we may provide your demographic PHI to law enforcement personnel or persons able to prevent or lessen such harm.

5. For workers' compensation purposes. We release your PHI in order to comply with workers' compensation laws. If you do not want workers' compensation notified, alternate insurance or payment information must be supplied.

6. For appointment reminders and health-related benefits and services. We may use your demographic PHI to contact you as a reminder that you have an appointment or to recommend possible treatment options or alternatives that may be of interest to you.

7. For health oversight activities. We may disclose PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for oversight of the health care system,



government benefit programs, or entities subject to government regulations or civil rights laws.

If state law is more stringent (gives you more protection), it will be applied to the examples stated in A and B.

C. YOU HAVE THE OPPORTUNITY TO AGREE TO OR OBJECT TO THE FOLLOWING:

Information shared with family, friends, or others. We may release your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. Your choice to object may be made at any time.

D. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION NOT INCLUDED ABOVE.

We will ask for your written authorization before using or releasing any of your PHI except as previously stated. If you choose to sign an authorization to release your PHI, you may later cancel that authorization in writing. This will stop any future release of your PHI for the purposes you previously authorized but will not change what was released by the valid authorization.

II. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. You Have the Right to Request Limits on How We Use and Release Your PHI.

If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit PHI that we are legally required or allowed to release.

B. You Have the Right to Choose How We Communicate PHI to You.

All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address), or by alternative means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested. Any additional expenses will be passed on to you for payment.

C. You Have the Right to See and Get Copies of Your PHI.

You must make the request in writing. We will respond to you within 30 days, or less if directed by state law, after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, why we denied your request. You have the right to have the denial reviewed. We will choose another licensed healthcare professional to review your request and the denial. The person conducting the review will not be the person who denied your first request. You can also request a summary or a copy of the entire medical record so long as you agree to the cost in advance. If your request to see or get a copy of the medical record is approved, we will arrange this in accordance with established policy.

D. You Have the Right to Get a List of Instances of When and to Whom We Have Disclosed Your PHI.

This list will not include uses you have already authorized, or those for treatment, payment, or operations. This list will also not include disclosures made for national security purposes, to corrections or law enforcement personnel if you were in custody, or made before April 14, 2003. We will respond within 60 days of receiving your request. The list we provide will include the dates of when your PHI was released and why, to whom your PHI was released (including their address if known) and a description of the information released for the timeframe you requested. The first list you request within a 12-month period will be free. You will be charged a reasonable fee for additional lists within that time frame.

E. You have the Right to Correct or Update Your PHI.

If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing or add the missing information. We can do this for as long as the information is retained by our facility. You must provide the request and your reason for the request in writing. We will respond within 60 days, or less if directed by state law, of receiving your request. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change or amendment to your PHI. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. If you do not file a written statement of disagreement, you have the right to request that your request that our denial be attached to all future uses or releases of your PHI.

F. You have the Right to Get This Privacy Notice by email, as well as paper.

G. Please submit all requests to view and/or obtain a copy of your medical record, to obtain a list of disclosures, or to amend your PHI to:

615-767-5568 or email medicalrecords@carehere.com

Telephone #

III. HOW TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES: If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with:

CareHere Risk Committee

615-767-5531 or email risk@carehere.com

Telephone #

You may also send a written complaint to the Secretary of the Department of Health and Human Services at
200 Independence Avenue, SW
Washington, DC 20201

You will not penalized for filing a complaint.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.



Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance and Portability and Accountability Act (HIPAA) requires us to give you a notice of our privacy practices and to acknowledge your receipt of the notice.

What is the *Notice of Privacy Practices*?

The Notice of Privacy Practices explains how your protected health information may be used or disclosed by us. In addition, it explains your rights with regard to your protected health information, as well as our legal responsibilities.

1. I have been provided a copy of the Notice of Privacy Practices

_____	_____	
Print Name	Date of Birth	
_____	_____	_____
Signature of Patient or Patient Representative	Relationship	Date

2. Can we share your medical information with others listed below to appropriately care for you?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse:	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child(ren):	_____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Friend:	_____

****After you read the Privacy Notice, contact us if you require confidential communication or restrictions of your protected health information and we will have you complete the necessary forms.**