

## NOTICE OF PRIVACY POLICY

### Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans.

### Uses or Disclosures of Your Personal Health Information

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

1. **Without your consent.** We may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes.
2. **As required by law.** We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. *Examples of instances in which we are required to disclose your personal health information include:* (a) public health activities including, preventing or controlling disease or other injury, (b) disclosures regarding victims of abuse, neglect, or domestic violence including, (c) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (d) law enforcement purposes (e) to avert a serious threat to health or safety.
3. **Other situations.** Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. You may revoke your authorization to use or disclose any personal health information at any time.

### Your Rights With Respect to Your Personal Health Information

1. **Right to request restrictions on use or disclosure.** You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. *You may request restrictions on the following uses or disclosures:* to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of personal health information directly relevant to

your care or payment related to your health care, or your location, general condition, or death.

2. **Right to receive confidential communications.** You have the right to receive confidential communications of your personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact.
3. **Right to inspect and copy your personal health information.** Your designated record set is a group of records we maintain that includes Medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy your personal health information contained in your designated record set, *except for* (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests.
4. **Right to amend your personal health information.** You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: (a) the information is prohibited from inspection by law, or (b) the information is accurate and complete. All requests for amendment shall be sent to Candace Johnson, Privacy Officer, 433 West Madison St. Pulaski, TN 38478.
5. **Right to receive an accounting of disclosures of your personal health information.** Beginning March 11, 2013, you have the right to receive a written accounting of all disclosures of your personal health information that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. All requests for an accounting shall be sent to Candace Johnson, Privacy Officer, Martin Methodist Clinic, 433 West Madison St. Pulaski, TN 38478.

## Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail or electronically to our privacy officer, Candace Johnson at Martin Methodist Clinic, 433 West Madison St. Pulaski, TN 38478 (931) 424-7389 [cjohnson2@martinmethodist.edu](mailto:cjohnson2@martinmethodist.edu). A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

**PLEASE NOTE: THIS IS A CONDENSED VERSION OF OUR NOTICE OF PRIVACY POLICY. YOU MAY GET THE COMPLETE POLICY UPON REQUEST**