



## Notice of Privacy Practices

This notice explains how your medical information can be used and disclosed and how you can get access to your health records. Please review the following carefully. If you have any questions, please contact our privacy officer at 931-645-5595.

### **Uses and disclosures of Protected Health Information (PHI) based upon your written consent**

Your protected health information may be used and disclosed to our office, staff and others outside of our office that are involved in your care. Your protected health information may also be used and disclosed to pay off any owed balances at your request. We may disclose information via messages with others or on voicemail to remind you of an upcoming appointment or to request a return call to the office.

If necessary, we may share your protected health information with third party businesses, for example, billing or transcription services. Whenever an arrangement between our office and a third party business associate involves the use and disclosure of your protected health information, there will be a written contract involved that contains terms that will protect the privacy of your protected health information.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing.

### **Other permitted and required uses for disclosure**

If you are not present or able to agree or object to the use or disclosure to your protected health information, then your physician may determine (using professional judgment) whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation, as determined by the health care provider.

**Required by law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may use or disclose your protected health information for public service activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health oversight:** We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or neglect:** We may disclose information to a public health authority that is authorized by law to receive reports of child abuse or neglect. Also, if we believe that you have been a victim of abuse, neglect, or domestic violence, we may disclose your information to the appropriate governmental entity or agency authorized to receive such information.

**Food and Drug Administration (FDA):** We may disclose information to a person or company required by the Food and Drug Administration to report adverse events. The information reported would be used to track product defects or problems, biological products deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance.

**Legal proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena or discovery request, or other lawful processes.

**Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, National Security, Workers' Compensation, and Inmates:** We may disclose your protected health information when appropriate conditions apply.

**Required Use and Disclosures:** Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

### **Your rights:**

1. You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy psychotherapy notes.
2. You have the right to request a restriction of your protected health information.
3. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
4. You have the right to have the Women's Health Center of Clarksville amend your protected health information.
5. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
6. You have the right to obtain a paper copy of this notice from us upon request.

**The right to complaint:** You may file a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying the office privacy officer at 931-645-5595 or by mail at 2292 Dalton Drive Suite C Clarksville, TN 37043.

This notice became effective on October 4, 2004, last revised on April 24, 2015.