



M U R F R E E S B O R O  
**MEDICAL CLINIC**  
& S U R G I C E N T E R

**NOTICE OF  
PRIVACY PRACTICES  
FOR  
PROTECTED HEALTH  
INFORMATION**

**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.** You have the right to confidentiality of your medical information. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our **Privacy Officer** at the address below.

## **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Murfreesboro Medical Clinic, P.A. and/or SurgiCenter of Murfreesboro Medical Clinic, whether made by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

This office is required to:

- Maintain the privacy of your health information as required by law;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Abide by the terms of this notice;
- Notify you of any breach of your medical information that we are required by law to report to you.

## **How We May Use and Disclose Medical Information About You**

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures we will try to give some examples. Not every use or disclosure in a category will be listed.

**For Treatment.** A nurse obtains treatment information about you and records it in a health record.

During the course of your treatment, the physician determines that he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

**For Payment.** We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment requests information from us regarding the medical care given. We will provide information to them about you and the care provided.

After unsuccessful attempts at collecting for services rendered, we employ the assistance of a Collection Agency. We will provide pertinent information to them about you.

**For Health Care Operations.** We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance. We will share information about you with such business associates as necessary to obtain these services.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you, including Clinical Research.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information 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. Any disclosure, however, would only be to someone able to help prevent the threat.

## **Special Situations**

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to 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 medical information about you as required by military command authorities.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** We may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner, medical examiner or funeral director consistent with applicable law to allow them to carry out their duties.

**Specialized Government Functions.** We may release medical information about you for specialized government functions as authorized by law such as to armed forces personnel, for national security purposes, or to public assistance programs personnel.

**Correctional Institutions.** If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

**Fundraising.** We may contact you as part of our fundraising activities and disclose certain of your information to our business associates and institutionally related foundations for our fundraising activities. You have the right to opt out of receiving any fundraising communications.

## **Your Rights Regarding Medical Information About You**

The health and billing records we maintain about you are the property of Murfreesboro Medical Clinic, P.A. and/or SurgiCenter of Murfreesboro Medical Clinic. You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect (with supervision) medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You may also request an actual copy of these records. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request.

You may exercise this right by delivering a request in writing to our **Privacy Officer**.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Murfreesboro Medical Clinic, P.A. and/or SurgiCenter of

Murfreesboro Medical Clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you 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.

You may exercise this right by delivering a request in writing to our **Privacy Officer**. *In addition, you must provide a reason that supports your request.*

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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Murfreesboro Medical Clinic, P.A. and/or SurgiCenter of Murfreesboro Medical Clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you may file a statement of disagreement and require that the request for amendment and any denial be attached in all future disclosures of your medical information.

**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.

To request this list or accounting of disclosures, you must submit your request in writing to our **Privacy Officer**. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.

An accounting will not include internal uses of information for treatment, payment or health care operations, disclosures made to you or made at your request or disclosures made to family members or friends in the course of providing care. The first list you request within a 12-month period will be free. For additional lists, 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.

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

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request, except for a request to restrict disclosures to a health plan if the disclosure is for payment or health care operations and pertains solely to a health care item or service for which you (or someone on your behalf) have paid your health care provider out of pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that communication of your health information be made by alternative means or at an alternative location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You may exercise this right by delivering a request in writing to our **Privacy Officer**.

**Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice at any time by making a request at our office.

If you want to exercise any of the above rights, please contact our **Privacy Officer** in person or in writing, during normal business hours. He/she will provide you with assistance on the steps to take to exercise your rights.

### **Changes To This Notice**

We reserve the right to change this notice. We reserve the right 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. The effective date of this notice will be reflected on its last page.

### **To Request Information or File a Complaint**

If you have questions, would like additional information or want to report a problem regarding the handling of your information, you may contact our office at the following address:

**Murfreesboro Medical Clinic, P.A. or  
SurgiCenter of Murfreesboro Medical Clinic  
Attn: Privacy Officer  
1272 Garrison Drive  
Murfreesboro, TN 37129  
615.893.4480 or 800.842.6692**

If you believe your privacy rights have been violated, you may file a written complaint at our office by delivering it to the **Privacy Officer**. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services at **The U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201**.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from MMC.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

### **Other Uses of Medical Information**

Most uses and disclosures of psychotherapy notes, uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of health information will be made only with your written authorization. Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

### **Website**

If we maintain a website that provides information on our entity, this notice will be posted on the website.

**Effective Date: September 23, 2013**