

Carroll County Anesthesia, PC
Wendy L. Cran-Carty, M.D.
1188 North Market Street
Paris, TN 38242

Privacy Officer: Administrator

Effective Date: November 10, 2014

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.

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at Carroll County Anesthesia, PC. We need this record to provide you with quality care and to comply with certain legal requirements. The law requires us to keep your medical information private, give you notice describing our legal duties, privacy practices, and your rights regarding your medical information. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use of disclosure of medical information. We have a right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law. We also have the right to make the changes in our policy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Who Will Follow This Notice

Any healthcare professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a billing service), sites, and locations of this practice may share medical information with each other for treatment, payment purposes, or health care operations described in the Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared. We will maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information. Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you. Abide by the terms of this notice. Train our personnel concerning privacy and confidentiality. Implement sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto. Mitigate (lessen the harm of) any breach of privacy and confidentiality.

How We May Use and Disclose Medical Information about You

The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of use or disclosures. Not every possible use or disclosure in a category is listed.

For Treatment: We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medication we prescribe for the treatment process.

For Payment: We may use and disclose medical information about you so that the treatment services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example: We may need to send your protected health information, such as your name, address, office visit date, and codes identifying our diagnosis and treatment to your insurance company for payment.

For Health Care Operations: We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performances of our staff in caring for you.

Other Uses of Disclosures That Can Be Made Without Consent or Authorization:

- As required during an investigation by law enforcement agencies
- Notify or help notify a family member, personal representative, or persons responsible for your care. We will share information about your location, general condition, or death.
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Federal Department of Health and Human Services (DHHS)
- Other healthcare providers' treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities' healthcare operations activities (to the extent permitted under HIPPA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Disaster relief
- Health oversight activities
- Appointment reminders
- Business Associates
- Research
- Fundraising
- Workers compensation
- Other public health activities

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

Other uses and disclosures of medical information not covered by the Notice or law that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will thereafter no longer use the disclosed medical information about you for the reasons covered in your written authorization. You understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care we have provided you.

Your Individual Rights Regarding Your Medical Information. You have a right to:

1. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you requested unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, you will be charged a fee no less than \$30.00 and postage if you want the copies mailed to you.
2. You have the right to receive an accounting of any disclosures of your health information by the company our business associates for the purpose other than treatment, payment, and healthcare operations and other specified exceptions. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to additional requests.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).

4. Request that we change certain parts of your medical information. Your request must explain why the information should be amended. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
5. Receive a notice following a breach of unsecured protected health information. The notice will include the following: The date of the breach, the type of data disclosed in the breach, who made the non-permitted access disclosure, who received the non-permitted disclosure, and what corrective business action was or will be taken to prevent further non-permitted access, use or disclosures of unsecured protected health information.
6. If you believe sending health care information to you in the normal manner will endanger you, you have the right to make a written request that the company communicates that information to you by a different method or to a different address.
7. If you have received this notice electronically, and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to the contact person listed at the end of this notice.
8. You have the right to request **not** to submit your medical records to your insurance company, if you pay for the service in full at the time of the visit.

Questions and complaints

If you have any questions about this notice, or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint by submitting a notice in writing to the following address:

Carroll County Anesthesia, PC
1188 North Market Street
Paris, TN 38242
731-642-8883 (phone) 731-642-8997 (fax)

We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

Notice of Privacy Policies Revision Number 6