

Updated: May 14, 2018
Notice of Privacy
Practices
Premier Medical Group, P.C. (“Premier”)

PO Box 3799
Clarksville TN 37043
Phone: (931) 245-7000
Fax: (931) 245-7069
www.premiermed.com

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.

This Notice describes how Premier may use or disclose your individually identifiable health information (protected health information or PHI). Premier is required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information about you, including medical information, billing information and basic demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. PHI may include records of testing or treatment for drug or alcohol abuse, mental health, HIV/AIDs, if applicable.

This Notice of Privacy Practices (“Notice”) describes the privacy practices of Premier and describes your rights with respect to your PHI. We are required to abide by terms of this Notice. We reserve the right to revise or change this Notice and to make any such change applicable to all PHI that we maintain (including PHI obtained before the change). If we change our Notice, we will provide a copy of the revised Notice to you or your representative upon request. You may also view the most current version of this Notice at any time at our website: <https://premiermed.com/>.

1. How We May Use and Disclose Your PHI (without an authorization)

This section discusses how your PHI may be used or disclosed without an authorization. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically and by other methods.

- **Treatment** –We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, we may disclose your PHI to other physicians, professionals and health providers that are treating you or involved in your care.
- **Payment** –We will use and disclose your PHI for purposes of receiving payment for treatment and services that you receive. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may disclose your PHI to your health plan to obtain approval for a hospital stay. We may release all applicable medical information to all applicable insurance carriers, other third party payer’s, Social Security Administration, disability or Worker’s Compensation, or for other payment purposes. We may provide PHI to entities that help us submit bills and collect amounts owed, such as collection agencies.
- **Healthcare Operations** –We may use and disclose your PHI in performing a variety of business activities defined as “healthcare operations.” For example, we may use and disclose your PHI to evaluate the skills and performance of healthcare providers and employees involved in your care; provide training; cooperate with outside organizations that evaluate, accredit, license or certify healthcare providers, staff or facilities, resolve complaints and establish process improvements within Premier, and arrange for legal services, budgeting and financial reporting. We may also contact you to provide appointment reminders, leave messages or requests for a return on your voice mail or answering machine or through other methods. We may make incidental disclosures of limited PHI, such as by using sign-in sheets in our waiting rooms or calling out names in our waiting rooms when calling back patients for their appointments.
- **Health Information Exchanges** – We may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment and permitted healthcare operations purposes with other participants in the HIE, including disclosing your PHI to other providers who participate in an HIE program called Patient Record Sharing. Patient Record Sharing allows the exchange of PHI among providers that use compatible electronic health records. HIEs allow your health care providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.
- **Others Involved in Your Care** –Unless you object, we may disclose relevant PHI about you to a relative, close personal friend or any other person you identify if that person is involved in your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor. If the patient is a minor, we may or may not be able to agree to your request for PHI. We may also disclose your PHI to disaster relief agencies to assist them in notifying those involved in your care of your location and general condition. If you are not present, you are incapacitated, or there is an emergency, we may, using our professional judgment, determine that it is in your best interests for us to disclose PHI that is directly relevant to the person’s involvement with your care.
- **Required by Law** – We may use and disclose PHI about you as required by law. For example, we may disclose PHI about you to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law.
- **Public Health** – We may use and disclose for public health activities, such as controlling disease, injury or disability, disclosures to the State of Tennessee Immunization Registry (past & current immunizations), disclosures to the Food and Drug Administration in connection with post-market surveillance and other FDA functions, and disclosing PHI to a person who may have been exposed to communicable disease consistent with applicable law.
- **Business Associates** - We may disclose your PHI to individuals and entities that perform various jobs on our behalf (“Business Associates”), such as our billing company. Business Associates are required to safeguard your PHI.
- **Health Oversight** – We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections in connection with their oversight of the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- **Abuse or Neglect** – We may use or disclose your PHI to the appropriate government authorities if we believe that abuse, neglect or domestic violence has occurred. We will inform the individual that we have made such a report, unless we believe that doing so would place the individual at serious risk of harm. We will make such reports only as required or authorized by law, or if the individual agrees.
- **Legal Proceedings** – We may use and disclose PHI in the course of any judicial or administrative proceeding, in response to a court order, a subpoena, a discovery request or other lawful process.
- **Coroners, Funeral Directors, and Organ Donation** – We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. PHI also may be used and disclosed for cardiac organ, eye or tissue donation purposes. We may disclose such PHI following or in reasonable anticipation of death.
- **Law Enforcements/ Health and Safety**– Consistent with applicable laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual, to investigate a crime or for other law enforcement purposes permitted by law.
- **Military Active and National Security Program** – We may disclose PHI for specialized government functions, such as when requested by the armed forces for enlisted personnel, veterans, foreign military personnel, and national security and intelligence.
- **Worker’s Compensation and Occupational Medicine** – We may release PHI about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to work placement/employment or to evaluate whether you have a work-related illness or injury. We may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.
- **Inmates** – We may disclose PHI in certain circumstances for inmates in custody, as necessary for your health and the health and safety of other individuals.
- **Research** – We may use your PHI for research or disclose your PHI to researchers to assist in the preparation of a research study or when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

2. Uses and Disclosures with an Authorization

Except for uses and disclosures described above, we will only use and disclose your PHI with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI, unless you have signed an authorization. You may revoke an authorization by notifying us in writing. However, your decision to revoke the authorization will not affect or undo any use or disclosure of PHI that occurred before you notified us of your decision to revoke your authorization.

3. Your Rights with Respect to PHI about You

To exercise any of the following rights, please contact our Privacy Officer in writing at the address or fax number at the top of this Notice. You have the right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our Privacy Officer. We are not required to grant the request, except for disclosures to a health plan when you have paid in full out-of-pocket for your care. You may also request to opt out of participation in HIEs and Patient Record Sharing (see description of HIEs Section 1 of this Notice).
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information (Notice) by submitting the request to our Privacy Officer (even if you have previously agreed to receive this Notice electronically).
- Inspect and obtain a copy of your PHI that we maintain or direct us to send a copy of your PHI to another person designated by you in writing. In most cases, we will provide this access to you or the person you designate within 30 days of your request. This right applies to PHI used to make decisions about you or payment for your care, subject to limited exceptions. We may charge you a reasonable, cost-based fee for labor, supplies and/or postage consistent with applicable laws
- Request that your health care record be amended to correct incomplete or incorrect information. We may deny your request if the PHI is already correct or for certain other reasons permitted by law, but we will tell you why within 60 days of receiving your request.
- Request that communication of your health information be made by alternative means or at an alternative location. We will accommodate reasonable requests.
- Obtain an accounting of disclosures (that have been made within the last 6 years) of your PHI that are as required to be recorded. An accounting will not include disclosures we are not required by law to record such as disclosures made pursuant to an authorization. The first list you request within a 12-month period is free, but we may charge a fee for any additional lists that you request. 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.

If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make health care decisions for you (known as a “personal representative”), that individual may exercise any of the above rights listed for you.

4. You May File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint either with us or the federal government. You will not be penalized or otherwise retaliated against for filing a complaint. To file a written complaint with us, please send your complaint to our Privacy Officer using the contact information at the top of this Notice.

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights, DHHS
 61 Forsyth Street SW – Ste 3B70
 Atlanta GA 30303-8909
 Phone: (404) 562-7886
 TDD: (404) 331-2867

FAX: (404) 562-7881

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Email: OCRMail@hhs.gov