



**NOTICE OF PRIVACY PRACTICES
OF
REGIONAL MEDICAL CENTER at MEMPHIS
Including:**

- **THE MEDPLEX CLINICS**
- **THE MEDPLEX PHARMACY**
- **THE HEALTH LOOP CLINICS**
- **THE REHABILITATION HOSPITAL**

**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.**

Effective: January 1, 2007

**If you have any questions or requests, or need to
register a complaint, please contact:**

The Patient Advocate: (901) 545-7123
The Privacy Office: (901) 545-6146
The Health Loop Compliance Office: (901) 515-4576

TABLE OF CONTENTS

	<u>Topic</u>	<u>Page</u>
A.	We have a legal duty to protect health information about you. We call this information <u>Protected Health Information</u> , and refer to it as <u>PHI</u> .	3
B.	We may use and disclose PHI about you in the following circumstances.	3
	1. We may use and disclose PHI about you to provide health care treatment to you.	4
	2. We may use and disclose your PHI to obtain payment for services.	4
	3. We may use and disclose your PHI for health care operations.	5
	4. We may use and disclose your PHI under other circumstances without your authorization.	6
	5. You can object to certain uses and disclosures.	7
	6. We may contact you to provide appointment reminders.	8
	7. We may contact you with information about treatment, services, products or health care providers.	8
	8. We may contact you for fundraising activities.	8
C.	You have several rights regarding your PHI.	8
	1. You have the right to request restrictions on uses and disclosures of your PHI.	8
	2. You have the right to request different ways to communicate with you.	9
	3. You have the right to see and request a copy of your PHI.	9
	4. You have the right to request changes or corrections of your PHI.	9
	5. You have the right to a listing of disclosures we have made.	10
	6. You have a right to a copy of this Notice.	11
	Important alternate contact phone numbers for MedPlex Pharmacy and Healthloop	11
D.	You may file a complaint about our privacy practices.	11
E.	Effective date of this Notice	12

A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

Who are “we?” This Notice states the privacy practices of Regional Medical Center at Memphis and its affiliates, as listed on page 1. This Notice also covers the privacy practices of physicians and other professional providers of care, when they see or treat you here. If you visit a provider in his private office, you may be asked to read and acknowledge the provider’s own Notice of Privacy Practices.

We are required to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures that occur as a byproduct of the permitted uses and disclosures described in this Notice.

What “use” and “disclose” mean: we say we “use” your PHI when we refer to tasks that are internal to our health care organization. When we say we “disclose” your PHI we mean that the information will be shared with persons and organizations outside of our organization.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request (either at our offices or through the contact persons listed in this Notice); and
- Posting the revised notice on our website.

B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

1. We may use and disclose PHI about you to provide health care treatment to you.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may disclose PHI about you when referring you to another health care provider.

EXAMPLE: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Departments of the hospital may also need to share your PHI in order to coordinate different services you may need, such as prescriptions, lab work and x-rays. We may also disclose PHI about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers or others who may provide services that are part of your care.

2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies, or credit bureaus

EXAMPLE: Let's say you have a broken leg. We may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed. We may also send the same information to our hospital department which reviews our care of your illness or injury.

3. We may use and disclose your PHI for health care operations.

We may use and disclose PHI in performing business activities, which we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide and reduce health care costs. The following are examples of some of the ways we may use or disclose PHI about you for health care operations.

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information about treatment alternatives, classes, or new procedures. We will not, however, give these groups of people any information that could be identified as yours.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include government agencies, licensing boards, or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing.
- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- Planning for our organization’s future operations, and fundraising for the benefit of our organization.
- Conducting business management and general administrative activities related to our organization and the services it provides, including providing information.
- Resolving grievances within our organization.

- Reviewing activities and using or disclosing PHI in the event that we sell our business or property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.

4. We may disclose PHI under other circumstances without your authorization.

We may disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. The following are examples of some of the ways we may be required to disclose PHI about you without your authorization. Note: if you request a list of disclosures of your PHI (see Page 10), most of these disclosures would be reported to you if they occurred.

- When the disclosure is required by federal, state or local law or other judicial or administrative proceeding. For example, we may disclose PHI about you in response to a protective order of a court.
- When the disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the disclosure is for non-regulatory tracking and statistical analysis of the incidence of certain diseases or conditions. For example, we may disclose PHI about you to a tumor registry.
- When the disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the disclosure relates to cadaveric organ, eye or tissue donation purposes.
- Under certain circumstances, we may disclose limited PHI about you for medical research.

- When the disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and immediate threat to the health or safety of one or more persons.
- When the disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.
- When the disclosure relates to Workers Compensation claims.

5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share your name, your room and phone numbers, and your condition in our patient listing with people who ask for you by name. We may also share your religious affiliation with clergy.
- We may share with a family member, relative, friend or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location, general condition or death.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary during extreme emergencies.
- We send your health information to the Midsouth eHealth Alliance, a community-wide information system that allows other hospitals and healthcare providers to have access to it if you need diagnosis or treatment. Contact our Privacy Officer at (901) 545-6146 if you have questions or concerns.

If you need to object to our use or disclosure of PHI about you in any of the circumstances listed in Section 5, please ask any caregiver or the patient advocate. You may also call our contact persons listed on the cover page of this Notice. After the visit, you may submit a request in writing to: The Med Suite A130, 877 Jefferson Ave., Memphis, TN 38103 ATTN: Privacy Officer. *

* Healthloop Clinic patients please see page 11 for alternate phone numbers and addresses.

6. We may contact you to provide appointment reminders.

We may use your PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

7. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use your PHI to give you gifts of a small value.

EXAMPLE: If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

8. We may contact you for fundraising activities.

We may disclose PHI about you to The Med Foundation, to contact you to raise money for the hospital and its operations. We would only release contact information and the dates you received treatment or services at the hospital. If you do not want to be contacted in this way, you may submit a request in writing to: The Med, Suite A130, 877 Jefferson Ave., Memphis, TN 38103 ATTN: Privacy Officer.

**** ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ****

We will ask for your written authorization before we use or disclose PHI about you for any purpose that is not listed above. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation. You may send your written request to authorize release of your health information to: The Med, 877 Jefferson Ave. Memphis, TN 38103 ATTN: Health Information Management Department (HIM Department)*.

*MedPlex Pharmacy and Healthloop Clinic patients please see page 11 for alternate phone numbers and addresses.

C. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

1. You have the right to request restrictions on uses and disclosures of PHI about you.

You have the right to request that we restrict specific uses and disclosures of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in paragraph 4 of section B of this Notice. You may request a restriction during your visit by making your request known to our patient Advocate. After the visit, you may submit a request in writing to: The Med Suite A130, 877 Jefferson Ave., Memphis, TN 38103 ATTN: Privacy Officer.

2. You have the right to request different ways for us to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number or by email. Your request must be in writing. We must accept reasonable requests, but, when appropriate, we may require that you provide us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by submitting a request in writing to: The Med, 877 Jefferson Ave. Memphis, TN 38103 ATTN: HIM Department*.

*MedPlex Pharmacy and Healthloop Clinic patients please see page 11 for alternate phone numbers and addresses.

3. You have the right to see and request a copy of PHI about you.

You have the right to request to see and receive a copy of your health information contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. We can substitute a summary or explanation of your health record, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. To request to see and receive a copy of your health record, first call (901) 545-7581* and ask for instructions. You will be asked to submit a request in writing to: The Med, 877 Jefferson Ave. Memphis, TN 38103 ATTN: HIM Department.

*MedPlex Pharmacy and Healthloop Clinic patients please see page 11 for alternate phone numbers and addresses.

4. You have the right to request amendment of PHI about you.

You have the right to request that we make changes or corrections to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the change or correction. We may deny your request if:

1. The information was not created by us (unless you prove the creator of the information is no longer available to amend the record);
2. The information is not part of the records used to make decisions about you;
3. We believe the information we have is correct and complete; or
4. You would not have the right to see and copy the record as described in paragraph 3 above.

If we deny the request we will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will attach the corrected information – identified as an amendment – to the record, along with the original information, and we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. To request an amendment to your PHI, first call (901) 545-7581* and ask for instructions. You will be asked to submit a request in writing to: The Med, 877 Jefferson Ave. Memphis, TN 38103 ATTN: HIM Department.

*MedPlex Pharmacy and Healthloop Clinic patients please see page 11 for alternate phone numbers and addresses.

5. You have the right to a listing of disclosures we have made.

If you make a request in writing, you may receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment;
- For billing and collection of payment for your treatment;
- For our health care operations ;
- Made to or requested by you, or that you authorized;
- Occurring as a byproduct of permitted uses and disclosures;
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in section B paragraph 5 above; and
- Allowed as part of a limited set of information which does not contain information which would directly identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted

circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different or additional information. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

To request a listing of disclosures we have made, first call (901) 545-7581* and ask for instructions. You will be asked to submit a request in writing to: The Med, 877 Jefferson Ave. Memphis, TN 38103 ATTN: HIM Department.

*MedPlex Pharmacy and Healthloop Clinic patients please see below for alternate phone numbers and addresses.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time during your visit by asking any caregiver. At any other time, you may send a written request to The Med Suite A130, 877 Jefferson Avenue, Memphis, TN, 38103 ATTN: Privacy Officer. You may also read and download a copy from our Website: <http://the-med.org>

We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

Alternate Contact Phone Numbers and Addresses:

- MedPlex Pharmacy – (901) 545-7970
- Medical Record Control for (any) Health Loop Clinic – (901) 515-4526
Address: 5th Floor Adams Pavilion, 877 Jefferson Ave., Memphis, TN, 38103
ATTN: medical Records Manager
- Health Loop Compliance Office – (901) 515-4576
Address: 5th Floor Adams Pavilion, 877 Jefferson Ave., Memphis, TN, 38103.

D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, please call any of the following numbers:

- The Patient Advocate:
Available at all times for inpatients (901) 545-7123
- The Health Loop Compliance Office: (901) 515-4576
- The Privacy Officer: (901) 545-6146
Email: jwood@the-med.org Pager: (901) 790-9920

You may also send a written complaint to the Secretary of the United States Department of Health and Human Services, or you may file a complaint on-line at: <http://www.hhs.gov/ocr/hipaa/>

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

E. EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective on January 1, 2007.

Notes: