



## NOTICE OF PRIVACY PRACTICES

Regional Medical Center at Memphis

**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.**

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

The Patient Advocate	901/545-7123
The Privacy and Compliance Officer	901/545-6554
Health Loop Medical Clinics	901/515-4576

Effective: January 1, 2007

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

Who are “we?” This Notice outlines the privacy practices of The Regional Medical Center at Memphis (The MED) and its affiliates.

This Notice also covers the privacy practices of physicians and other professional health care providers, when they see or treat you here. If you visit a provider in his or her 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 your health information that can be identified with you. This is called “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 your PHI.
- 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 give you some examples. In addition, we may make other uses and disclosures that occur as a result of the permitted uses and disclosures described in this Notice.

What do “use” and “disclose” mean? We say we “use” your PHI, we refer to tasks that are *internal* to our health care organization. When we say “disclose” your PHI, we mean that the information will be shared with people 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:

- Posting the revised notices in our offices;
- Making copies of the revised notice available upon request (either at our offices or by contact people listed in this Notice; and
- Posting the revising notice on our website.

## **B. WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:**

### **1. We may use and disclose your PHI 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 about your treatment and coordinating and managing your health care with others. We may use and disclose your PHI 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 need, such as prescriptions, lab work, and x-rays. We may also disclose your PHI to people outside the hospital who may be involved in your medical care after you leave the hospital, such as home health providers.

### **2. We may use and disclose your PHI 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
- 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 disclosure 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 use to improve the quality of care we provide and reduce health care costs. The following are examples of some 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 your 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 to help manage and coordinate the their care. We may use PHI to identify groups of people with similar health problems to give them information about treatment alternatives, classes, or new procedures; however, **we will not** give these groups any information that could be indentified 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 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 other provide. These organizations might include government agencies, licensing boards, or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you and by our accountants, lawyers, and other 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 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 your PHI 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 your PHI 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 your PHI 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 is related to victims or abuse, neglect, or domestic violence.
- When the disclosure is for health oversight activities. For example, we may disclose your PHI to a state or federal health oversight agency authorized by law to oversee our operations.
- When the disclosure is for law enforcement purposes. For example, we may disclose you PHI in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the disclosures 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 related 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 other 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 your PHI to prevent or lessen a serious and immediate threat to the health or safety of others.
- When the disclosure relates to specialized government functions. For example, we may disclose your PHI 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 is related to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose your PHI 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 your PHI in the following circumstances:

- We may share your name, room and telephone numbers, and 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 them your location, general condition, or death.
- We may share with a public or private agency (such as the American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share your PHI, 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 access to it if you need diagnosis or treatment. Contact our Privacy Officer at 901/545-6554 if you have questions or concerns.

If you need to object to our use or disclosure of your PHI in any of the circumstances listing above, please ask any caregiver or the Patient Advocate. You may submit a

request in writing to: The MED, ATTN: Privacy Officer, 877 Jefferson Avenue, Suite A579, Memphis, TN 38103.

**6. We may contact you to provide appointment reminders.**

We may use your PHI to contact you to provide a reminder 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 your PHI to manage or coordinate your health care. This may include telling you about treatments, services, products, and/or other health care 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 you may be interested in.

**8. We may contact you for fundraising activities.**

We may disclose your PHI 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, ATTN: Privacy Officer, 877 Jefferson Avenue, Suite A579, Memphis, TN 38103.

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

We ask for your written authorization before we use or disclose your PHI for any purpose that is not listed above. If you sign a written authorization allowing us to disclose your PHI in a specific situation, you can later cancel the 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 it was received. You may send your written request to authorize release of your health information to: The MED, ATTN: Health Information Management (HIM) Department, 877 Jefferson Avenue, Memphis, TN 38103.

Note: MedPlex Pharmacy and Health Loop Clinic patients, please see Page 11 for alternate phone numbers and addresses.



## **C. YOU HAVE SEVERAL RIGHTS REGARDING YOUR PHI.**

### **1. You have the right to request restrictions on uses and disclosures of your PHI.**

You have the right to request that we restrict specific uses and disclosures of your PHI. 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, 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, ATTN: Privacy Officer, 877 Jefferson Avenue, Suite A579, Memphis, TN 38103.

### **3. You have the right to see and request a copy of your PHI.**

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 and 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 costs of the summary 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, ATTN: Health Information Management (HIM) Department, 877 Jefferson Avenue, Memphis, TN 38103.

Note: MedPlex Pharmacy and Health Loop Clinic patients, please see Page 11 for alternate phone numbers and addresses.

### **4. You have the right to request amendment of your PHI.**

You have the right to request 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:

- The information was not created by us (unless you prove the creator of the information is no longer available to amend the record).
- The information is not part of the records used to make decisions about you.
- We believe the information we have is correct and complete.

- 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. We will make reasonable efforts to inform others of the amendment, including people you name who have received your PHI and 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, ATTN: Health Information Management (HIM) Department, 877 Jefferson Avenue, Memphis, TN 38103.

Note: MedPlex Pharmacy and Health Loop 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 disclosures of your PHI. You may ask for disclosures made up to 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 your authorized
- Occurring as a by-product of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes or for other purposes described
- 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 applicable) 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, your PHI 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, ATTN: Health Information Management (HIM) Department, 877 Jefferson Avenue, Memphis, TN 38103.

Note: MedPlex Pharmacy and Health Loop 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, ATTN: Privacy Officer, 877 Jefferson Avenue, Suite A579, Memphis, TN 38103. You may also read and download a copy from our Website: <http://the-med.org>.

Alternate Contact Phone Numbers and Addresses:

MedPlex Pharmacy: 901/545-7970  
Medical Record Control for any Health Loop Clinic: 901/515-4526  
Address: Health Loop Administration  
ATTN: Medical Records Manager  
877 Jefferson Avenue  
5<sup>th</sup> Floor Adams Pavilion  
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:

Patient Advocate (available at all times to inpatients): 901/545-7123  
Health Loop Medical Records Manager: 901/515-4576  
MED Privacy Officer: 901/545-6554 or email [frank@the-med.org](mailto:frank@the-med.org)

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.