

Integrative Family Medicine

330 Mallory Station Road, Ste B3 Franklin, TN 37067
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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.

I. Our Commitment To You

Integrative Family Medicine is committed to maintaining the privacy of your health information. During your treatment with us, physicians, nurses, and other personnel may collect information about your health history and your current health status. This Notice explains how that information, called “Protected Health Information” may be used and disclosed to others. The terms of this Notice apply to health information produced or obtained by Integrative Family Medicine.

II. Our Legal Duties

The U.S. HIPAA Privacy Law requires us to provide this Notice to you regarding our privacy practices, our legal duties to protect your private information and your rights in regard to health information about you. We are required to follow the privacy practices described in this Notice whenever we use or disclose your protected health information. Other companies or persons that perform services on our behalf (called Business Associates) must also protect the privacy of your information. Business Associates are not allowed to release it to anyone else unless specifically permitted by law. There may be other state and federal laws that we will follow that provide additional protections related to communicable disease, mental health, substance or alcohol abuse, or other health conditions.

III. Your Health Information May Be Used And Disclosed

Integrative Family Medicine is permitted by HIPAA Privacy Law to make uses and disclosures of your health information for purposes of treatment, payment and health care operations.

- **Treatment:** We will use and may share health information about you for your health care and treatments. For example, a nurse or medical assistant will obtain treatment information about you and record it in a medical record. Alternatively, one of our providers may use information about you for a consultation with or a referral to another practitioner to diagnose your illness and determine which treatment option, such as surgery or medication, will best address your health needs. Except in emergency circumstances, we will make a “good faith effort” to get your permission prior to making disclosures outside Integrative Family Medicine for treatment purposes.
- **Payment:** We may use and disclose health information about you to obtain payment for the care and services that we have provided to you. For example, we may need to provide your health plan provider with information about you, your diagnosis, and the treatment provided to you at Integrative Family Medicine so that your health insurer will pay us or reimburse

you for the treatment. We may also contact your health insurance to obtain prior approval about a potential treatment.

- **Health Care Operations:** We may use and share health information about you for Integrative Family Medicine’s health care operations, which include planning, management, quality assessment, and improvement activities for the treatments that we deliver. For example, we may use your health information to evaluate the skills of our providers, nurses, and other health care providers in caring for you. We also may use your information to review quality and health outcomes. We will obtain your written permission before making disclosures to others outside IFM for health care operations purposes.
- **Appointment Reminders:** We may use your health information to contact you by phone to confirm an appointment, or to change one, or to send you reminders of a future appointment. For example, we may let you know that it is time for a follow-up appointment or a regular check-up.
- **People Assisting in Your Care:** In certain limited situations, Integrative Family Medicine may disclose essential health information to people such as family members, relatives, or close friends who are helping care for you or helping you pay your health care bills. We will disclose information to them only if these people need to know the information to help you. For example, we may provide limited information to a family member so that they may pick up a prescription for you. Generally, we will ask you prior to making disclosures if you agree to such disclosures. If you are unable to make health-related decisions or it is an emergency, IFM will determine if it would be in your best interest to disclose pertinent health information about you to the people assisting in your care.
- **As Required by Law:** We must disclose health information about you if we are required by federal, state, or local law.
- **Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to avert a serious threat to your health and safety, or the health and safety of the public or another person. We will only disclose your information to someone reasonable able to help prevent the threat, such as law enforcement, and when the disclosure is specifically required by law, including the limited circumstances in which Integrative Family Medicine’s health care professionals have a “duty to warn.”

IV. Special Situations In Which Your Health Information May Be Released

Your health care information may be released in the following special situations:

- **Public Health Risks:** As authorized by law, we may disclose health information about you to public health or legal authorities whose official responsibilities generally include the following:
 - o to prevent or control disease, injury or disability;
 - o to report births and deaths,
 - o to report child abuse or neglect;
 - o to report reactions to medications or problems with products;
 - o to notify people of recalls of products they may be using;

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- o 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; and
 - o to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
 - **Organ and Tissue Donation:** Consistent with applicable law, we may release your health information to organ procurement organizations or others engaged in the transplantation of organs to enable a possible transplant.
 - **Specialized Government Functions:** If you are a member of the military or a veteran, we will disclose health information about you as required by command authorities; or if you give us your written permission. We may also disclose your health information for other specialized government functions such as national security or intelligence activities.
 - **Workers Compensation:** If you are seeking compensation due to a work-related injury, we may release health information about you to the extent necessary to comply with laws relating to Workers Compensation claims.
 - **Employers:** We may release health information to your employer if we provide health treatment to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will provide you with written notice of such information disclosure. Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information.
 - **Health Oversight Activities:** We must disclose health information to a health oversight agency for activities that are required by federal, state or local law. Oversight activities include investigations, inspections, industry licensures, and government audits. These activities are necessary to enable government agencies to monitor various health care systems, government programs, and industry compliance with civil rights laws. Most states require that identifying information about you, such as your social security number, be removed from information releases for health oversight purposes, unless you have provided written permission for the disclosure.
 - **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, we may disclose health information about you in response to a court order or subpoena, other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 - **Law Enforcement:** We may disclose your health information to a law enforcement official if required or allowed by law, such as for gunshot wounds and some burns.

We may also disclose information about you to law enforcement that is not a part of your health record for the following reasons:

- o to identify or locate a suspect, fugitive, material witness, victim of a crime, or missing person;

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- o about a death we believe may be the result of criminal conduct;
 - o about criminal conduct at our location; and
 - o in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Correctional Facilities:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official only as required by law or with your written permission. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.
 - **Coroners, Medical Examiners, and Funeral Directors:** We may disclose certain health information about you to a coroner or medical examiner in the case of certain types of death. This may be necessary, for example, to make a positive identification of you or to determine the cause of your death. We may also release the fact of death and certain demographic information about you to funeral directors as needed to carry out their duties. Other releases of your health information will require the written permission of a surviving spouse, parent, a person appointed by you in writing, or your legally authorized representative.
 - **Required by HIPAA Law:** The Secretary of the Department of Health and Human Services (HHS) may investigate privacy violations. If your health information is requested as part of an investigation, we must share your information with the HHS.

V. Situations In Which Your Health Information May Be Disclosed With Your Written Consent

For any purpose other than the ones described above, we may only use or share your health information when you give us your written authorization to do so. For example, you will need to sign an authorization form before we can send your health information to your life insurance company. You may revoke an authorization at any time.

- **Marketing:** We must also obtain your written authorization before using your health information to send you any marketing materials. The only exceptions to this requirement are that (1) we can provide you with marketing materials in a face-to-face encounter or a promotional gift of very small value, if we so choose, and (2) we may communicate with you about products or services relating to your treatment, to coordinate or manage your care, or provide you with information about different treatments, providers or care settings.
- **Highly Confidential Information:** Federal and state law requires special privacy protections for certain “Highly Confidential Information” about you, including any part of your health information that is about: 1) child abuse and neglect; 2) domestic abuse of an adult with a disability; 3) mental illness or developmental disability treatment or services; 4) alcohol or drug dependency diagnosis, treatment, or referral; 5) HIV/AIDS testing, diagnosis, or treatment; 6) sexually transmitted disease; 7) sexual assault; 8) genetic testing; 9) In Vitro Fertilization (IVF); or 10) maintained in psychotherapy notes. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

VI. Your Rights Regarding Health Information We Maintain About You

- **Right to Inspect and Copy:** You have the right to inspect and/or to receive a copy of your health information that that we maintain in designated records and for which we use to make decisions about your care.

If you wish to inspect and/or receive a copy of your health information, you must submit your request in writing to **HIPAA Privacy Officer**, Dani Williamson at 330 Mallory Station Road, Ste B3, Franklin, TN 37067. Your request must state that you want access to your health information and must be signed by you or your personal representative. We may charge you a fee for copying and postage.

We may deny your request to inspect and/or copy your information in certain limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Integrative Family Medicine 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 Request Amendment:** If you believe that any health information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Integrative Family Medicine.

To request an amendment to your health information, your request must be in writing, signed, and submitted to **HIPAA Privacy Officer**, Dani Williamson at 330 Mallory Station Road, Ste B3, Franklin, TN 37067. In addition, you must provide a reason for your request.

We are not obligated to make all requested amendments but we will give each request careful consideration. We may deny your request if you ask us to amend information that:

- o Was not created by us, unless the person or location that created the information is no longer available to make the amendment;
- o Is not part of the health information kept by or for us;
- o Is not part of the information that you would be permitted to inspect and copy; or,
- o Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

- **Right to Request Restrictions on Use and Disclosure:** You have the right to request a restriction or limitation on certain uses and disclosures of your health information.

To request restrictions, you must make your request in writing to **HIPAA Privacy Officer**, Dani Williamson at 330 Mallory Station Road, Ste B3, Franklin, TN 37067. 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 – for example, if you want to prohibit disclosures for insurance payment, health care operations, for disaster relief purposes, to persons involved in your care, or to your spouse. It must be signed by you or your personal representative.

We are not required to agree to your request, but we will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

- **Right to an Accounting of Disclosures:** You have the right to receive an “accounting of disclosures” made by us of health information about you, as required by law. This accounting will not include any disclosures for treatment, payment, or health care operations; disclosures that you have authorized or that have been made to you; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

Your accounting request must be in writing and signed by you or your personal representative, and submitted to Integrative Family Medicine, Dani Williamson at 330 Mallory Station Rd, Ste B3 Franklin, TN 37067. Your request must state a time-period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before September 1, 2014. You may receive one free accounting in any 12-month period. We will charge you for additional requests.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health issues by alternative means or at an alternative location. For example, you may request that messages not be left on voice mail or sent to a particular address.

A request for confidential communications must be in writing, signed by you or your personal representative, and submitted to **HIPAA Privacy Officer** Dani Williamson at 330 Mallory Station Rd, Ste B3 Franklin, TN 37067. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how confidential payments will be managed. We are required to accommodate all reasonable requests.

- **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice any time. This Notice is available at our reception desk and from our website, daniwilliamson.com
- **Right to Cancel Authorization to Use or Disclose:** Other uses and disclosures of your health information not covered by this Notice or the laws that govern us will be made only with your written authorization. You have to right to revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.
- **For further information:** If you have questions, or would like additional information, you may contact Integrative Family Medicine at 615-944-3530.

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- **To File a Complaint:** If you believe your privacy rights have been violated, you may file a written complaint with us at **HIPAA Privacy Officer**, Integrative Family Medicine, 330 Mallory Station Rd, Ste B3 Franklin, TN 37067. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. ***There will be no retaliation for filing a complaint.*** We cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment from us.

Changes to this Notice: Integrative Family Medicine reserves the right to amend, change, or eliminate the terms of this Notice at any time. If we change this Notice, we may make the new Notice's terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new Notice. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our reception desk and picking up a copy, or downloading one from our Web site at daniwilliamson.com

Effective Date: This Notice is effective as of September 1, 2014.