



## 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 read it carefully.

If you have any questions about this notice, please contact:

Regional One Health  
Compliance and Privacy Officer  
901-545-6554 or [privacy@regionalonehealth.org](mailto:privacy@regionalonehealth.org)

For operator or appointment scheduling, please call: 901-545-7100

This Notice covers the privacy practices of Regional One Health, our affiliated sites, and physicians or other professional healthcare providers, when they see or treat you in one of our facilities, including our Primary Care Network and Outpatient Center sites. If you visit a provider in his or her private office, you may be asked to read and acknowledge the provider's Notice of Privacy Practices.

# Notice of Privacy Practice

## Summary

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## Notice of Privacy Practice

### A. Introduction

At Regional One Health our greatest concerns are your health and privacy. We are committed to using and disclosing your health information responsibly. This Notice of Privacy Practices describes how Regional One Health may collect, use, and disclose information, along with your patient rights regarding your protected health information.

Protected health information, or “PHI”, is information about you, including demographic information, that can reasonably be used to identify you and which relates to your past, present, or future physical or mental health or condition, the provision of healthcare to you or the payment for that care. For purposes of this notice, PHI means any information, whether verbal, paper, or electronic, created or received by Regional One Health relating to your health, or the provision or payment for your healthcare.

#### 1. Our Responsibilities:

In addition to the responsibilities set forth in this Notice, we are required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with notification if we discover a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised.
- Obtain your written authorization before we use or disclose your psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment; or use or disclosure by Regional One Health to defend itself in a legal action or other proceeding brought by the individual;
- Provide you with a notice as to our legal duties and privacy practices with respect to PHI we maintain about you;
- Ensure all healthcare professionals, employees, students, and other healthcare personnel abide by the terms of the Regional One Health Notice of Privacy Practices currently in effect.

We reserve the right to change our practices and to make changes effective for all PHI we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but we may post the revised notice at each facility, and you may request copies of the revised notice in person at Regional One Health or website: [www.regionalonehealth.org](http://www.regionalonehealth.org)

### B. We May Use and Disclose Your PHI Without Your Authorization in the Following Circumstances:

Generally, we may not use or disclose your PHI without your written authorization. However, in certain circumstances, we are permitted to use your PHI without authorization. This Notice describes different ways that we may use and disclose your PHI without your written authorization. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI without your written authorization should fall within one of these categories.

#### 1. Healthcare Treatment

Your PHI may be used and disclosed to provide or manage your healthcare and related services. This may include communicating with other healthcare providers, including physicians, nurses, and technicians or other medical personnel about treatment, as well as coordinating and managing your healthcare with others. We may use and disclose PHI when you need a prescription, lab work, an x-ray, or other healthcare services. In addition, we may disclose PHI about you when referring you to another healthcare provider.

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### 2. Payment of Services

Your PHI may be used and disclosed so the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give information to your insurance carrier about surgery you received so your health plan will pay us in accordance with your benefits. We may also tell your insurance carrier about an outpatient treatment to obtain prior approval or to determine whether your plan will cover the treatment. We may need to share your demographic information with another provider who also rendered care to you so that they can bill for their services.

### 3. Healthcare Operations

Your PHI may be used and disclosed in performing business activities, which we call “healthcare operations”. These healthcare operations allow us to improve the quality of care we provide and reduce healthcare costs. The following are examples:

- To review and improve the quality, efficiency, and cost of care provided to you and other patients;
- To improve healthcare and lower costs for people who have similar health problems to help manage and coordinate 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;
- To provide training programs for students, trainees, healthcare providers, or non-health professionals;
- To cooperate with outside organizations that assesses the quality of the care provided. Such organizations might include government agencies, licensing boards, or accrediting bodies;
- To assist individuals reviewing our healthcare operations. For example, your PHI may be viewed by doctors reviewing the services provided to you, as well as accountants, lawyers, and others who assist us in complying with applicable laws;
- To plan for the organization’s future operations and fundraising to benefit our organization;
- To conduct business management and general administrative activities related to services we provide;
- To review activities and the use or disclosure of PHI in the event the organization is sold or control of our business and/or property is given to someone else.

### 4. Other Circumstances Without Your Authorization

In some cases, we may disclose your PHI for circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. The following are ways we may be required to disclose your PHI without authorization. If you request a list of your PHI disclosures, most of these disclosures will be reported to you.

- Disclosures required by federal, state, or local law or other judicial or administrative proceedings;
- Disclosures necessary for public health activities;
- Disclosures related to victims of abuse, neglect, or domestic violence;
- Disclosures for health oversight activities;
- Disclosures for law enforcement purposes;
- Disclosures for non-regulatory tracking and statistical analysis of the incidence of certain diseases or conditions;

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### 4. Other Circumstances Without Your Authorization (Continued)

- Disclosures related to decedents. We may disclose PHI to a coroner, medical examiner, or funeral director, for example, to identify the deceased or to determine cause of death;
- Disclosures to organizations involved in organ, eye, or tissue transplant or donation banks;
- Under certain circumstances, disclosure of limited PHI about you for medical research purposes;
- Disclosures to prevent a serious threat to health or safety;
- Disclosures related 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;
- Disclosures related to correctional institutions and in other law enforcement custodial situations;
- Disclosures related to Workers Compensation claims.

### 5. Patient Contacts

Your PHI may be used to contact you to provide a reminder about an appointment you have for treatment or medical care.

### 6. Treatment, Services, Products, or Healthcare Provider Information

Your PHI may be used and/or disclosed to manage or coordinate your healthcare. This may include telling you about treatments, services, products, and/or other healthcare providers.

### 7. Fundraising Activities

Your demographic information may be shared with the Regional One Health 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 Privacy Officer.

### 8. Patient Objections

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

- If you are an inpatient, 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, or other person identified by you, PHI that is directly related to that person's involvement in your care or payment for your care. We may share with a family member or other person responsible for your care PHI necessary to notify them of your location, general condition, or death;

If you object to our use or disclosure of PHI in any of the circumstances listed above, please notify your caregiver, a Patient Advocate, or our Privacy Officer.

## Any Other Use or Disclosure of Your PHI Requires Your Written Authorization

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

### **C. You Have Several Rights Regarding Your PHI:**

#### **1. To Request Restrictions on the Use and Disclosure 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, 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 Section B, Paragraph 4 of this Notice.

If you pay for services you received at Regional One Health out of pocket and in full, you can request that we not disclose information about that service to your insurance company.

You may request a restriction during your visit by contacting our Patient Advocate, who is available to all patients. Others may contact our Privacy Officer.

#### **2. To See and Request a Copy of Your PHI**

You have the right to see and request to 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 information, contact the Health Information Management Department at 901-545-7581.

#### **3. To Request Changes or Corrections of Your PHI**

You have the right to request we make changes or corrections to clinical, billing, or 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.

If we deny the request, we will tell you in writing the reason(s) 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

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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, contact the Health Information Management Department at 901-545-7581.

### 4. To Request a Listing of PHI Disclosures that Have Been 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 healthcare operations;
- Made to or requested by you or that you 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 that 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 every 12 months, you may be charged a fee.

To request a listing of disclosures, submit a request in writing to the Health Information Management Department.

### 5. To Request to Be Notified of a Breach of Your PHI

A breach is the unauthorized use or disclosure of your PHI. If a breach occurs and it poses a significant risk of financial reputation, or other harm, Regional One Health is required to notify you.

### 6. To Request Confidential Communication by an Alternative Method

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 phone number or by email. To request a different communication method, please contact the Health Information Management Department at 901-545-7581. Regional One Health will accommodate all reasonable requests for confidential communication.

### 7. To Request 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 Privacy Officer or you can read and download a copy from our website: [www.regionalonehealth.org](http://www.regionalonehealth.org).

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### D. You May File a Complaint About Our Privacy Practices:

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

- Patient Advocate (available 24/7 to inpatients): 901-545-7123;
- Regional One Health Primary Care Network: 901-545-4526;
- Regional One Health Privacy Officer: 901-545-6554.

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

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

### E. Effective Date of This Notice:

Effective Date: January 1, 2007

Revised: September 12, 2016

### F. Important Contact Information:

For questions regarding any use or disclosure of PHI, contact:

Regional One Health  
Attn: Privacy Officer  
877 Jefferson Avenue  
Memphis, TN 38103  
901-545-6554

To request a release of PHI or request restrictions, amendments, or receive a listing of disclosures, contact:

Regional One Health  
Attn: Health Information Management Department  
877 Jefferson Avenue  
Memphis, TN 38103  
901-545-7581

For questions regarding Regional One Health Primary Care Network, contact:

Regional One Health Primary Care Network  
Attn: Medical Records Manager  
877 Jefferson Avenue  
Memphis, TN 38103  
901-545-4526