

NASHVILLE MEDICAL GROUP

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.

UNDERSTANDING THIS NOTICE

We understand that information about your health, health care and payment for health care is personal and confidential, and we are committed to safeguarding that information. Further, your health information is protected by state and federal laws and regulations. This notice will tell you about the ways in which we may use and disclose your protected health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information.

This notice applies to NASHVILLE MEDICAL GROUP, PC ("NASHVILLE MEDICAL GROUP"). This notice applies only to your protected health information created while you are a patient at NASHVILLE MEDICAL GROUP.

YOUR HEALTH INFORMATION RIGHTS

Medical records for all Nashville Medical Group Providers are maintained in the same chart in a secured area.

Although your health record is the physical property of NASHVILLE MEDICAL GROUP, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your protected health information for treatment, payment, or health care operations. You also have the right to request restrictions on certain disclosures to persons, such as family members involved with your care or the payment for your care. However, we are not required to agree to these requests. We will attempt to notify you if we are unable to grant your request;
- Obtain a copy of this notice of privacy practices upon request. You may request a paper copy of this notice, in person, at NASHVILLE MEDICAL GROUP;
- Inspect and request a copy of your health record as provided by law;
- Request that we amend your health record as provided by law. We will attempt to notify you if we are unable to grant your request;
- Obtain an accounting of certain disclosures of your protected health information as provided by law;
- Request communications of your protected health information by alternative means or at alternative locations. We will accommodate reasonable requests; and
- Revoke your authorization to use or disclose your protected health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice, by providing a written request to NASHVILLE MEDICAL GROUP's Director of Operations at 300 20th Avenue, North, 9th Floor, Nashville, TN 37203.

OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to protected health information we maintain about you;
- Abide by the terms of NASHVILLE MEDICAL GROUP's Notice of Privacy Practices currently in effect;
- We reserve the right to change our practices and to make changes effective for all protected health information 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 our facility and you may also request copies of the revised notice in person at our facility.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Generally, we may not use or disclose your protected health information without your written authorization. However, in certain circumstances, we are permitted to use your protected health information without authorization. The following categories describe different ways that we may use and disclose your health information without your written authorization. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without your written authorization should fall within one of these categories.

We may use or disclose your health information for treatment.

For example: We may disclose your protected health information to doctors, nurses, technicians, or other personnel who are involved in taking care of you at NASHVILLE MEDICAL GROUP. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also share your protected health information with other health care providers who assist in treating you.

We may use or disclose your health information for payment.

For example: We may send a bill to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We may use or disclose your health information for health care operations.

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. We may otherwise use the information about you, as needed, to facilitate the operation of our facility.

We may use or disclose your health information as otherwise allowed by law.

The following categories describe different ways that we may use and disclose your protected health information for other than treatment, payment or health care operations without your written authorizations. Some of the examples listed in these categories may require your permission, though your permission need not be given in writing. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information for other than treatment, payment or health care operations without your written authorization should fall within one of these categories.

Business associates: We provide some services through business associates. Examples of services we might provide through business associates include certain laboratory tests and copy services. To protect your information, however, we require business associates to take appropriate measures to safeguard your information.

Involvement in Care or Notification: We may use or disclose information to family members or others who you have involved in your care or to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, general condition or death.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors, coroners and medical examiners: We may disclose information to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Communications for treatment and health care operations: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Marketing: We may communicate with you face-to-face regarding goods and services that may be of interest to you and may provide you with promotional gifts of nominal value.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs and compliance with civil rights laws.

Worker's compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health: Consistent with applicable law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse, neglect or domestic violence: Consistent with applicable law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

Judicial, administrative and law enforcement purposes: Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include, for example, disclosures to avert a serious threat to your or a third party's health or safety as well as victims of crime or criminal conduct at NASHVILLE MEDICAL GROUP.

To avert a serious threat to health or safety: Consistent with applicable law, we may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

National security and intelligence activities: We may release your health information to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.

Protective services for the President and others: We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations to the extent permitted by law.

Custodial situations: If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official in certain circumstances.

Required or allowed by law: We may use and disclose your protected health information required to do so by federal, state or local law.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like more information, you may contact NASHVILLE MEDICAL GROUP's Director of Operations at (615) 284-1400.

If you believe your privacy rights have been violated, you can file a written complaint with NASHVILLE MEDICAL GROUP's Director of Operations at 300 20th Ave. North, 9th Floor, Nashville, TN 37203 or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.