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NOTICE OF PRIVACY PRACTICES

Effective Date of the Notice: 1/1/2019

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.

A federal regulation, Known as “HIPPA Privacy Rule”, requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPPA Privacy Rule requires us to address many specific things in the this Notice.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Law requires us to:

- Maintain the privacy of “protected health information” about you.
- Give you this notice of our legal duties and privacy practices with respect to protected health information.
- Comply with the terms of our Notice of Privacy Practices that is currently in effect. We may change the terms of our Notice of Privacy Practices, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with the revised Notice.
- We are also required to comply with any federal or state laws that impose stricter standards than the uses and disclosures in the Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe the different ways we may use and disclose protected health information for treatment, payment, or health care operation. The examples do not list type of every use or disclosures that may fall within that category.

Treatment- We may use and, with your consent, disclose protected health information about you to provide, coordinate, or manage your healthcare and related services. We may consult with other healthcare providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose private health information to your pharmacy to fill your prescription, to a laboratory to order and obtain lab results, or to another health care provider when you are being referred for a consultation and treatment.

Payment- We may use and, with your consent, disclose protected health information for billing, claims management, and collection activities. For example, we may submit a request to your insurance company for payment or allow your health insurance company to review your protected health information in order to make payment or approve services.

Healthcare Operations- We may use or disclose, with your consent, your protected health information in order to support our business activities. The activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and arranging legal services. For example, we may use health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and see where we can make improvements.

Others Involved in Your Healthcare- With your consent, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist a family member, personal representative, or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Treatment Alternatives and Appointment Reminders- We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose information to contact you as a reminder that you have an appt.

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use or disclose your protected health information in the following situations without your authorization. These situations are as follows:

Required by law- We may use and disclose protected health information as required by federal, state or local law. Any disclosure will comply with the law and be limited to the requirements of the law.

Public Health- We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for such purposes as controlling disease, injury, disability, reporting child or elder abuse or product recalls or if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight- We may disclose your protected health information to a health oversight agency for activities authorized by law, such as, audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or neglect- We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your protected health information if we believe you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal or state laws.

Food and Drug Administration- We may disclose your protected health information to a person or company required by the FDA to report adverse events, product defects or problems, biologic products deviations, track products, to ensure product recalls or to make repairs or replacements.

Legal Proceedings- We may disclose your protected health information in the course of any judicial or administrative proceeding, in responding to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and under certain circumstances in response to a subpoena, discovery request or other lawful processes.

Law Enforcement- We may release certain health information if asked to do so by a law enforcement official:

- In reporting certain injuries by law, such gunshot wounds, burns, or injuries to perpetrators of a crime;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate as suspect, fugitive, material witness or missing persons;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facility; and
- In emergency circumstances to report a crime, the location or the crime or victims, or the identity description or locations of the person who committed the crime.

Coroners, Medical examiners, Funeral Directors, Organ and Tissue Donation- We may disclose your protected health information to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose protected health information to funeral directors, as authorized by law, so that they may carry out their jobs. We may use or, with your consent, disclose protected health information for organ and tissue donation purposes to entities engaged in the procurement, banking or transplantation of organ, eyes, tissues for the purpose of facilitating the donation and transportation.

To Avert a Serious Threat to Health or Safety- We may use or disclose protected health information about you in limited circumstances when necessary to prevent a threat to the health or safety of you or another person or to the public. This disclosure will be made to a person who is able help prevent the threat.

Specialized Government Functions- We may disclose your private health information for specialist government functions as authorized by law such as to Armed Forces personnel, for national security purposes, to protect the President or other authorized persons.

Correctional Institution- If you are an inmate at a correctional institution, we may use or disclose your protected health information necessary for your health and the health and safety of other individuals or for the safety and security of the correctional institution.

Worker's Compensation- We may disclose protected health information as authorized by worker's compensation laws or similar programs that provide benefits for work related injuries or illness.

Disclosures Required by HIPPA Privacy Rule- We are required to disclose protected health information to the secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPPA Privacy Rule.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of your protected health information will only be made with your written authorization. If you have authorized us to use or disclose your protected health information, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. To revoke your authorization, you must notify us in writing.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information:

Right to Request Restriction- You have the right to request that additional restrictions on the protected health information we may use for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree with your request we are required to comply except in emergency cases. To request a restriction you must make your request in writing to our Privacy Official.

Right to Receive Confidential Communications- You have the right to request that you receive communications in a certain location. You must make your request in writing to our Privacy Official. We are required to accommodate reasonable requests. Your request must specify how or where you wish to be contacted and specify information on how payment will be handled.

Right to Inspect and Copy- You have the right to request the opportunity to inspect and receive a copy of your protected health information that may be used to make decisions about your care. This includes your medical and billing records but does not include psychotherapy notes. We may deny your request to inspect and copy only in certain circumstances. To inspect and copy your protected health information please contact our Privacy Official. If you request a copy of your protected health information we may charge you a reasonable fee for copying, mailing or other office supplies and services associated with your request.

Right to Amend- You have the right to request that your health care record be amended to correct uncompleted or incorrect information by delivering a written request to our office. We may deny your request for an amendment for certain reasons, such as that the information is already accurate and complete. If we agree to an amendment, we will make reasonable efforts to notify those that you inform us need the amended information and those that we know need the amended information. You may file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

Right to Receive an Accounting of Disclosures- You have the right to request an accounting of disclosures of your protected health information. This right does not apply to disclosure made for the purposes of treatment, payment or healthcare operations as described in this Notice of Privacy Practices, disclosures we have made to you, to your family members or your friends involved in your care or for notification purposes, disclosures you have authorized or certain other disclosures. You have the right to receive specific information regarding disclosures that occurred after January 1, 2019. You may request a shorter timeframe. The first list you request within a 12 month period will be free. For additional lists, we may charge you

for the costs of producing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any cost are incurred.

Right to a Paper Copy of the Notice- You have the right to a paper copy of this notice at any time, even if you received this notice electronically.

COMPLAINTS-

If you believe your privacy rights have been violated you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please deliver a written complaint to our Privacy Official. We cannot and will not retaliate against you for filing with the Secretary of the Health and Human Services.

CONTACT INFORMATION-

You may contact the Privacy Official at Knoxville Psychiatry, PLLC. 310 N. Forest Park Blvd Suite 202 Knoxville, TN 37919 or (865) 539-2221.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I acknowledge that I received a copy of the Notice of Privacy Practices for Knoxville Psychiatry. I consent to Knoxville Psychiatry using and disclosing my protected health information as described in the “How We May Use and Disclose Protected Health Information about you” section and the “Other Uses and Disclosures We Can Make Without your Written Authorization or Opportunity to Agree or Object” section of the Notice of Privacy Practices, consistent with requirements of the applicable law including HIPPA.

Signature of Patient: _____ Date: _____

For personal representative (if applicable):

Printed name of representative: _____

Relationship to the patient: _____

I hereby certify that I have legal authority under applicable law to make this request on behalf of the patient identified above.

Signature of representative: _____ Date: _____