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**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.**

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## **UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION**

Each time you visit University Clinical Health (UCH) a record of your visit is made. It usually includes information about your symptoms, examination, test results, diagnoses, treatment, and a plan for future care and treatment. This information is often called your "medical record." This information and other information relating to your care are referred to in this Notice as "Health Information."

The Health Information contained in your medical record is useful for many reasons. For example, this information:

- Serves as a basis for planning your care and treatment
- Provides a means of communication among the many health care professionals who are part of your care
- Describes the care you receive
- Allows you, your insurance company or other third-party payer to make sure that the services billed were provided to you
- Allows health care professionals and organizations involved in your care to conduct treatment, payment, and health care operations
- Contains information we will need to contact you about appointment reminders, treatment alternatives, or other health-related benefits

Understanding what is in your record and how your Health Information is used helps you to understand who, what, when, where, and why others may access your Health Information and to make sure that it is correct. This, in turn, allows you to make better decisions about its use and disclosure.

## **YOUR HEALTH INFORMATION**

Even though your Health Information at our offices belongs to UCH, you have certain rights relating to this information. As a patient, you generally have the right to:

- Request a copy or summary of your Health Information or to inspect it
- Request an amendment to your Health Information if you feel there is an error
- Request a restriction on uses and disclosures of your Health Information for treatment, payment or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone involved in your care or the payment for your care, like a family member or a friend. We will inform you of our decision on your request. Requests should be submitted in writing to our Privacy Officer whose address is listed at the end of this notice. Unless otherwise required by law, we must comply with a request from you not to disclose your Health Information to a health plan, if the purpose for the disclosure is not related to treatment, and the health care items or services to which the information applies (such as a genetic test) have been paid for out-of-pocket and in full; otherwise, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Except for restrictions that we must comply with relating to health plans, we may terminate our agreement to a restriction at any time by notifying you in writing, but our termination will only apply to information created or received after we sent you the notice of termination, unless you agree to make the termination retroactive.
- Obtain an accounting of when and with whom we have shared or disclosed your Health Information for some types of disclosures (a fee will be charged to fulfill repeated requests for such accountings)
- Request that we communicate with you about your Health Information in a particular way or at a certain location
- Obtain a paper copy of our Notice of Privacy Practices
- Revoke a previous authorization to certain uses and disclosures of your Health Information by us, except where actions have already been taken by us relating to that authorization or where the authorization was obtained as a condition of obtaining insurance coverage, and other law provides the insurer with the right to contest a claim under the policy or the policy itself.
- File a complaint if you believe that your privacy rights have been violated

Any requests or questions about the rights listed above should be directed to: Privacy Officer, University Clinical Health, at 1407 Union Avenue, Suite 700, Memphis, TN 38104-3673, (901) 866-8517, Fax: (901) 302-2400. You may also call our confidential compliance hotline at (844) 840-0005.

## OUR RESPONSIBILITIES

UCH is required to:

- Protect the privacy of your Health Information
- Provide you with a copy of this Notice describing our privacy policies and legal duties
- Abide by the terms of our current Notice
- Notify you if we are unable to agree to, or to comply with, your request for: access or changes to your Health Information, an accounting of disclosures of your Health Information, restrictions on disclosures of your Health Information, confidential communications with you about your Health Information, or your revocation of your authorization
- Accommodate reasonable requests to communicate with you about your Health Information in a particular way or at a certain location
- Notify you following a breach of your unsecured Health Information
- Obtain written authorization from you for any types of uses and disclosures not mentioned in this Notice. You may revoke any authorization you have given us at any time by sending a letter to: UCH Privacy Officer at 1407 Union Avenue, Suite 700, Memphis, TN 38104-3673. Revocations will not be effective to the extent we used and disclosed your Health Information in reliance on the authorization prior to receiving your revocation or where the authorization was obtained as a condition of obtaining insurance coverage, and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

We reserve the right to change our Notice and our privacy practices and to make the new provisions effective for all Health Information we keep. Should our privacy practices change, we will post our revised Notice at all of our clinics and on our website at [www.universityclinicalhealth.com](http://www.universityclinicalhealth.com). An updated version may also be provided at your request during a return visit to UCH or from our Privacy Officer.

We will not use or disclose your Health Information without obtaining your authorization, except as described in this Notice or as otherwise required or permitted by law (for example, in emergency treatment situations).

Although other health care providers may provide treatment to you (for example, hospitals or other physician groups), we are not jointly managed with or owned by such providers. They will have their own policies and procedures for handling your Health Information.

## WAYS WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Under Tennessee law, we may not divulge your name, address, or other identifying information except for (a) statutorily required reporting to health or government authorities, (b) responding to a subpoena or court order, (c) responding to a request for information authorized by state or federal law; and (d) allowing access by insurance companies or other payers for utilization review, case management, peer review or other administrative functions. Within these parameters, the following categories describe some of the ways in which we may use and disclose your Health Information:

**1. Treatment.** We will use your Health Information to treat you. For example, information obtained by a nurse, physician, or other member of your UCH health care team will be recorded in your record and used to determine your course of treatment.

Some of our clinics may keep your Health Information in an electronic medical record (EMR), and this Health Information may be shared across our clinics for treatment. EMRs may be equipped with patient portals, which allow some patients or those persons they authorize to access certain portions of their record, pay statements online, and view open accounts. Patient portals will be governed by separate documents and may be deactivated by UCH in its discretion.

Except where restricted by applicable law or where UCH has approved your written request to the contrary, UCH may also provide copies of your Health Information to other health care providers who care for you.

We may share your Health Information with the MidSouth eHealth Alliance in a community-wide health information system in which some health care providers may access your Health Information when treating you. As a patient, you have the right to not share your Health Information in the Alliance. This is called "Opting Out." However, if you choose to opt out, health care providers may not have access to Health Information that may be important and useful in making choices about your medical care.

Any questions about EMRs, the patient portals, or the Alliance should be directed to our Privacy Officer at (901) 866-8105.

**2. Payment.** We will use and disclose your Health Information to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, including the range of benefits. We may also provide your insurer with details regarding your treatment or to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your Health Information to bill you directly.

**3. Health Care Operations.** We will use your Health Information in our business operations. For example, we may use your Health Information to evaluate the quality of care you receive from us, to train residents, students or other health care professionals, and to make business plans for our practice. However, we will limit the use and disclosure of your medical records, images, videos or pictures intended to be used for appropriate medical educational purposes, even if your information has been de-identified.

**4. Vendors.** Some of our services are provided by outside vendors. For example, we might use a copy service to make copies of patient records for us. We may disclose Health Information to our vendors so that they can perform the job we have asked them to do. To protect your Health Information, we require these vendors to agree in writing to keep your Health Information safe using many of the same standards that we are required to observe.

**5. Organized Health Care Arrangements.** We may participate in arrangements with other health care entities to conduct joint health care-related activities (for example, quality assurance, utilization review). In these arrangements, your Health Information may be shared between the participants for treatment, payment, and certain operations purposes. Participants in these arrangements remain separate entities from each other and will have their own policies and procedures for handling your Health Information.

**6. Appointment Reminders & Treatment Alternatives.** We will use your Health Information to remind you of an appointment or to tell you about treatment alternatives and other health-related benefits or services.

**7. Communication with Family and Others/Notification.** We may disclose to a family member or other relative, close personal friend, or other person you identify, Health Information that is relevant to that person's involvement in your care or payment for your care. We may also disclose your Health Information to disaster relief authorities so that your family can be notified of your location and condition. If you would like to request a restriction on such disclosures, please contact our Privacy Officer at (901) 866-8517.

**8. Persons under the Age of 18.** Good medical practice, payment requirements, or state law may make it necessary to tell your parents or guardian about your visit or provide them with all or part of your Health Information. This does not apply if you are or have been married or have by court order or otherwise been freed from the care, custody and control of your parents.

**9. Limited Data Sets and De-identified Information.** In some instances where we use or disclose information for purposes of research, public health, health care operations, or other activities, certain information (names, social security numbers, etc.) will be removed to help protect your identity.

**10. Research.** We may use or disclose your Health Information for research purposes in certain circumstances. For example, when you have provided a written authorization, for activities preparatory to research, and/or when a research protocol has been designed and approved by an Institutional Review Board (IRB) or privacy committee (for example, the IRB for The University of Tennessee Health Science Center or an IRB at Methodist Healthcare Foundation).

**11. Deceased Patients.** We may release Health Information to coroners, medical examiners or funeral directors to permit them to carry out their duties, or otherwise with the approval of an authorized representative for the deceased patient.

**12. Organ or Tissue Donation.** We may disclose your Health Information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ, eye or tissue donation and transplantation.

**13. News Gathering Activities.** A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story. For example, a reporter working on a story about a new therapy may ask whether any of our patients undergoing that therapy would be willing to be interviewed. In such a case, we might contact you to ask whether you would be willing to be interviewed and ask for your authorization in writing before giving the reporter your name.

**14. Fundraising.** Someone from The University of Tennessee Health Science Center or another business associate of UCH may wish to contact you as part of a fund-raising effort on our behalf. We may use, or disclose to a business associate or The University of Tennessee Health Science Center, the following information to contact you for our fundraising activities: your name, address, other contact information, age, gender and date of birth, the department(s) where you received services, your treating physician, your outcome information, your health insurance status, and the dates you received services. You have the right to opt out of receiving our fundraising communications. If you opt out of receiving fundraising communications, you can always choose to opt back in with respect to specific campaigns or ask to be contacted for our fundraising efforts by calling us at (901) 866-8400. We do not condition treating you on your choice of whether to receive fundraising communications.

**15. Food and Drug Administration (FDA).** We may disclose your Health Information to a person subject to the jurisdiction of the FDA, for public health purposes related to the quality, safety, and effectiveness of FDA-regulated products and activities (for example, relating to adverse events with respect to food or supplements, products and product defects or post-marketing surveillance information to enable product recall, repair or replacement of regulated items).

**16. Workers Compensation.** We may disclose your Health Information to comply with laws relating to workers compensation or other similar programs established by law.

**17. Public Health.** We may disclose your Health Information, as provided by law, to public health officials or legal authorities charged with improving health or preventing or controlling disease, injury, or disability.

**18. Military Service.** We may use or disclose your Health Information if you are in the Armed Forces for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met. If you are a member of a foreign military force, we may use your Health Information or disclose it to your appropriate foreign military authority for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met.

**19. National Security and Intelligence Activities.** We may disclose your Health Information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority. We may also disclose your Health Information to authorized federal officials for the protection of the President or other persons, or for certain federal investigations.

**20. Correctional Institutions/Law Enforcement Custodians.** Should you be an inmate of a correctional institution or be in the lawful custody of a law enforcement official, we may disclose your Health Information to the institution or the official if necessary for your health, the health and safety of other inmates or law enforcement, and the safety of the institution at which you reside.

**21. Required by Law.** We may use or disclose your Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. If required by law, you will be notified of any such uses or disclosures.

**22. Child Abuse and Neglect.** We may disclose your Health Information for public health activities and purposes to a public health authority or other governmental authority that is authorized by law to receive reports of child abuse or neglect.

**23. Other Abuse and Neglect.** We may disclose your Health Information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, if you do not agree to the disclosure, the disclosure will be made consistent with the requirements of applicable federal and state laws, and only if required or authorized by law.

**24. Communicable diseases.** We may disclose your Health Information for public health activities and purposes to a person who may be at risk of contracting or spreading a disease, if such disclosure is authorized by law.

**25. Workplace Health Surveillance.** We may disclose your Health Information for public health activities and purposes to your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury.

**26. Health Oversight Activities.** We may disclose your 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 health care system, government benefit programs, other government regulatory programs and entities subject to the civil rights laws.

**27. Judicial and Administrative Proceedings.** We may use or disclose your Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process not accompanied by an order of a court or administrative tribunal, subject to any applicable privileges.

**28. Law Enforcement.** We may disclose your Health Information for a law enforcement purpose to a law enforcement official if certain conditions are met.

**29. Averting a Threat.** We may, consistent with applicable law and standards of ethical conduct, use or disclose your Health Information if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person(s) reasonably able to prevent or lessen the threat. We may also use or disclose your Health Information if we believe that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who: (i) admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or (ii) appears to have escaped from a correctional institution or lawful custody.

**30. Certain Uses and Disclosures for which an Authorization is Required.** Certain uses and disclosures by us of your medical information require that we obtain your prior written authorization. These include:

a. **Psychotherapy Notes.** If Psychotherapy Notes are created for your treatment, we must obtain your prior written authorization before using or disclosing them, except (1) if the creator of those notes needs to use or disclose them for treatment, (2) for use or disclosure in our own supervised training programs in mental health, or (3) for use or disclosure in connection with our defense of a proceeding brought by you. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

b. **Marketing.** If we use or disclose your Health Information for marketing purposes, we must first obtain your written authorization to do so, except if the communication is face-to-face by us to you, or is a promotional gift of nominal value.

c. **Sale of your medical information.** If a disclosure of your Health Information would constitute a sale of it, we must first obtain your written authorization to do so.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information, you may contact our Privacy Officer at (901) 866-8517. Communications may also be sent by mail addressed to: UCH Privacy Officer, 1407 Union Avenue, Suite 700, Memphis, TN 38104-3673. You may also call our confidential compliance hotline at (844) 840-0005. If you believe your privacy rights have been violated, please file a complaint with the Privacy Officer, as listed above, or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

**THE POLICIES IN THIS NOTICE BECAME EFFECTIVE ON: September 23, 2013**

**Earlier versions: April 14, 2003**