
**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.**

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) 866-8105, Fax: (901) 302-2105. You may also call our confidential compliance hotline at 901-866-8992.