

HIPAA Notice of Privacy Practices

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- You can ask to see or get an electronic copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we will inform you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment to our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can file a complaint if you feel we have violated your rights by contacting our Privacy Officer at 423-928-0345.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, DC 20201.
- We will not retaliate against you for filing a complaint.

Your Choices

- You have the right and the choice to tell us to share information with your family, close friends or others involved in your care, share information in a disaster relief situation, include your information in a hospital directory.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- We never share your information unless you give us written permission for marketing purposes, sales of your information, most sharing of psychotherapy notes/
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

- We typically use or share your health information in the following ways:
- We can use your health information and share it with other professionals who are treating you.
- To bill and get payment from health plans or other entities.
- To run our practices, improve your care and contact you when necessary.
- We are allowed or required to share your information in other ways such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html
- We can use health information about you to manage your treatment and services such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- We can share your information for health research/
- We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- We can share health information about you with organ procurement organizations.
- We can share health information about you for workers' compensation claims.
- We can share health information about you for law enforcement purposes or with a law enforcement official.
- We can share personal health information about you with health oversight agencies for activities authorized by law.
- We can share health information about you for special government functions such as military, national security and presidential protective services.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacies described in this notice and give you a copy of it.
- We will not use or share your information other than described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website johnsoncitysmiles.com