

Notice of Health Information Privacy Practices

This notice describes how personal health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The general format and content of this form are prescribed by Federal regulation as part of the United States government's "Administrative Simplification" program (Title 45 Code of Federal Regulations, Section 164.520). This program has been effective from April 14, 2003.

Understanding Your Health Information and The Jackson Clinic Medical Records

Each time you visit The Jackson Clinic or The Jackson Clinic Pharmacy, a record of your treatment or service is made. This Notice of Health Information Privacy Practices applies to the records of each Jackson Clinic entity, and to the Jackson Clinic Employee Health Benefit Plan.

Health care providers are required by various federal and state laws and regulations to create and maintain medical records on the patients that they treat. The health record is owned by the medical practice. Understanding what is in your record and how your health information is used helps you to appreciate the need for its accuracy, and to make more informed decisions when authorizing disclosure to others.

Typically, the patient medical record includes your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, available as a reference in your Jackson Clinic medical record, serves as a:

- basis for planning your care and treatment.
- means of communication among the many health professionals who contribute to your care.
- legal document describing the care you received.
- means by which you or a third-party payer (such as an insurance company, Medicare, Medicaid, etc.) can verify that services billed were actually provided.
- a potential source of information for public health officials charged with improving the health of the state, region, and nation.
- a tool with which the professional staff at The Jackson Clinic can assess and continually work to improve the care we render and the outcomes we achieve.

In addition, health information in medical records can be used to educate health professionals or for medical research.

Since May 1999, The Jackson Clinic has had a computer-assisted, electronic patient medical record that is accessible to any Jackson Clinic physician who participates in your care, improving the quality of care and enhancing the coordination of treatment throughout The Jackson Clinic's system. The Jackson Clinic's electronic patient medical record is housed on our own computer equipment and our closed intra-net network system. The Clinic also has a "patient portal" system, mandated by federal law for electronic health record systems, that permits you to access information from your health record online. The patient portal was created by a subsidiary of the firm that provides our federally-certified electronic health records system.

When your prescription drugs are obtained at the Jackson Clinic Pharmacy, your prescription information is filed in a computerized patient account. Federal and state law requires much of this information to be collected and retained, especially if the drug being prescribed is a controlled substance (Tennessee law requires a pharmacist dispensing a controlled substance to report details of that prescription transaction to the state's Controlled Substance Monitoring Database). Our pharmacy's record system is distinct from The Jackson Clinic's electronic medical record; however, each patient's medical record will contain information identifying the drugs known to be prescribed for the patient's use. This information is shared automatically between systems when an electronic prescription to the Pharmacy is issued.

Some uses of health information are routine, such as accessing past information for purposes of providing you treatment, and submitting information to a health insurer for the purposes of obtaining payment. These routine uses of a patient's health information are permitted without obtaining authorization from the patient. On the other hand, Federal law prohibits many "non-routine" uses of health information unless the patient is aware of those uses and has authorized them.

Our Responsibilities under Federal Law

The Jackson Clinic is 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 information we collect and maintain about you.
- abide by the terms of this notice.
- accommodate reasonable requests you may have to communicate health information to you by specified means or to alternative locations.
- notify you if we are unable to agree to a requested restriction or amendment concerning your personal health information.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, as soon thereafter as administratively practicable we will make available to our patients a revised notice at all of our offices, post the revised notice at our patient care locations, and publish the revised notice on our website, www.jacksonclinic.com.

We will not use or disclose your individual health information without your authorization, except as described in this notice or as otherwise required or permitted by law. For example, federal rules require that we notify you that, unless otherwise provided in the law, your written authorization is required before The Jackson Clinic is permitted to:

- *sell your personal health information to some third-party [45 CFR 164.508(a)(4)]*
- *use or disclose your health information for marketing purposes [45 CFR 164.508(a)(3)]*
- *use or disclose “psychotherapy notes,” which is a special category of health record that is maintained separately from the general medical record and which, because it may contain sensitive mental health information about a patient, is not generally accessible to others. [45 CFR 164.508(a)(2)]*

Your Health Information Rights

Although your Jackson Clinic health record is the physical property of The Jackson Clinic, you have certain rights concerning the information about you that is compiled and maintained in the record. These include the rights to:

- obtain a paper copy of this notice of information practices upon request as provided in 45 CFR 164.520[c].
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524[a] and Section 201 of Title 63, Chapter 2, of Tennessee Code Annotated. Federal law further provides that you may obtain a copy of your medical record in electronic format.
- receive notification if unsecured health information has been impermissibly used or disclosed by The Jackson Clinic.
- obtain an accounting of disclosures of your health information to individuals or entities outside of The Jackson Clinic during the preceding 3 years, subject to the restrictions and limitations set forth at 45 CFR 164.528.
- request communication of your health information by specific means or to an alternative location to facilitate preserving its confidentiality, as provided in 45 CFR 164.522[b][1].
- authorize the disclosure of your health information to persons or firms that you specify to us, as provided in 45 CFR sections 164.508 and 164.510.
- revoke your authorization for non-routine uses or disclosures health information except to the extent that action has already been taken, as provided in 45 CFR 164.508[b].
- request in writing that The Jackson Clinic amend your health record as provided in 45 CFR 164.526.
- request in writing a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522[a][1]. See additional information provided below.

All requests, authorizations and revocations related to the foregoing rights must be made in writing to the Privacy Coordinator for The Jackson Clinic.

PLEASE NOTE: Only The Jackson Clinic’s Privacy Coordinator (or authorized designee) may approve requests to restrict the use or disclosure of protected health information for treatment, payment, or healthcare operations. The Clinic is not required to agree to restriction requests, except as described below. If approved, the restriction will be confirmed in writing and will be binding as required by federal law. Restrictions that could interfere with care are generally disfavored.

The Clinic must agree to a request to restrict disclosure to a health plan if: (1) the service is paid in full out-of-pocket, and (2) the disclosure is not otherwise required by law. 45 CFR 164.522(a)(1)(vi). This is the only mandatory exception.

Only the Privacy Coordinator may receive and respond to written requests to amend a medical record. Once a provider signs an entry, it cannot be altered or deleted. Amendment request forms are available at any Clinic location.

No physician, nurse, or employee has authority to agree to record changes or disclosure restrictions.

Disclosures for Treatment, Payment and Health Operations May Be Made Without Your Consent or Authorization

We may use and share your health information to treat you, obtain payment from your insurer or health plan, and carry out routine health operations. These uses are allowed by federal law and do not require your consent. 45 CFR 164.520[b][1][ii].

We will use your health information for your treatment.

Information obtained by members of your Jackson Clinic healthcare team will be recorded in your medical record and used to determine and coordinate your treatment. Your physician will document diagnoses and treatment plans so that other providers involved in your care understand your condition and response to treatment. Sharing health information among Jackson Clinic personnel and, when appropriate, non-Clinic providers involved in your care (such as radiologists who interpret imaging studies) helps ensure safe, coordinated, and effective treatment. Our physicians and staff may also disclose relevant information to a family member, close friend, or other person you identify who is involved in your care or payment for your care, consistent with federal law.

We will use your health information for payment.

We may send a bill for services to you or a third-party payer, such as an insurance company, Medicare, or TennCare. Billing may include identifying information, diagnosis and procedure codes, and details of services and supplies provided. Statements go to the person responsible for payment, and family members on the same plan may appear on a consolidated account. Insurers may request documentation, such as chart notes, to process claims, and we will provide it as permitted by law. If you pay for services in full out of pocket, we will honor your written request not to disclose information to your insurer.

We will use your health information for routine health operations. For example:

1. Quality Improvement: Members of The Jackson Clinic’s medical staff, particularly our Medical Directors and our Quality Improvement Committee, may review and use information in your health record to assess the care in your case and others like it. This information will then be used in our effort to continually improve the quality and effectiveness of the healthcare services we provide. In addition, health plans and programs, such as Medicare, regularly request copies of chart notes and test results to verify the accuracy of the program’s payment operations. We comply, as we are required by law to do, with requests from Medicare, or Medicare’s contracted auditing firms, for such records.

2. Organized Health Care Arrangements (OHCAs). An OHCA is a group of providers or covered entities that work together to coordinate and manage patient care. Since 2003, The Jackson Clinic, its staff, Pharmacy, and Employee Health Plan have operated as an OHCA, sharing patient information to improve care delivery. The Clinic also participates in other OHCAs with insurers such as Cigna, HealthSpring, Vanderbilt Health Affiliated Network, and BlueCross BlueShield of Tennessee, as well as the Medicare Shared Savings Program, to identify gaps in care, reduce duplication, and support quality improvement and chronic disease management.

3. Business Associates: Some services are provided through business associates—companies or individuals who perform functions on our behalf, such as transcription, claims processing, record copying, information technology support, and maintenance of medical equipment. In performing these services, business associates may have access to protected health information. We require all business associates to enter into written agreements obligating them to safeguard your information and comply with applicable federal and state privacy laws.

4. Notification to you: We may use your personal health information to contact you about appointment reminders or to provide you with information about your treatment, or treatment alternatives, or services that may be of interest to you. Notifications may occur via mailings or telephone calls, including voice mail messages.

Other Permitted and Required Uses and Disclosures of Health Information That May Be Made Without Your Consent, Authorization or Opportunity to Object

We will use your health information, and disclose it to others having a need to know, in the following situations, which are authorized by federal law. Health care providers such as The Jackson Clinic are required by federal regulation to notify you about these possible uses and disclosures, which do not require any consent or other authorization by you.

Required By Law: We may use or disclose your protected 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. You may be notified about the use or disclosure, in accordance with the particular law. 45 CFR 164.512[a].

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 the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. 45 CFR 164.512[b][1][i].

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 abuse or neglect. In addition, we may disclose your protected 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, the disclosure will be made consistent with the requirements of applicable federal and state laws. 45 CFR 164.512[b][1][ii] and 164.512[c].

Communicable Diseases: We may disclose your protected health information, 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. 45 CFR 164.512[b][1][iv].

Workers’ Compensation and Workplace Medical Surveillance: Your protected health information may be disclosed by us to an employer to comply with workers’ compensation laws and otherwise as authorized to comply with legally-established workplace-related medical surveillance programs. 45 CFR 164.512[b][1][v] and 45 CFR 164.512[l].

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure proceedings, disciplinary actions, and other regulatory activities and proceedings. Oversight agencies seeking this information include government agencies and contractors that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. 45 CFR 164.512[d].

Legal Proceedings: We are permitted to disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. Also, we may disclose protected health information in response to a subpoena, discovery request or other lawful process, so long as there is some assurance provided to us that the individual whose protected health information is sought has been given notice of the request, or certain other conditions precedent to release of the information have been satisfied. 45 CFR 164.512[e].

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) disclosures pursuant to legal processes and as otherwise required by law, (2)

disclosures of limited information requested for identification and location purposes, (3) disclosures pertaining to victims of a crime, (4) disclosures of suspicion that death has occurred as a result of criminal conduct, (5) disclosures that a crime occurs on the premises of the practice, and (6) disclosures while providing treatment during a medical emergency away from our premises when it is likely that a crime has occurred or is occurring. 45 CFR 164.512[f]. Notwithstanding the foregoing, we will not use or disclose protected health information for purposes prohibited under federal law relating to reproductive health care, and we will require a valid written attestation where required.

Research: We may disclose your protected health information to researchers when their study is approved by an institutional review board and privacy protections are in place, or as otherwise permitted by law. 45 CFR 164.512[i].

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to coroners, medical examiners, or funeral directors as authorized by law, including for identification, determining cause of death, carrying out their duties, or in anticipation of death. PHI may also be used for organ, eye, or tissue donation purposes. 45 CFR 164.512[g], [h].

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual. 45 CFR 164.512[j].

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance. 45 CFR 164.512[b][1][iii].

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized under federal law. 45 CFR 164.512[k].

Inmates: If you are an inmate of a correctional facility, we may use or disclose your protected health information as permitted by law in connection with your care or for the health and safety of you or others. 45 CFR 164.512[k][5].

Special Protections for Reproductive Health Care Information: We are prohibited by federal law from using or disclosing your protected health information (“PHI”) for the purpose of conducting a criminal, civil, or administrative investigation into, or imposing criminal, civil, or administrative liability on, any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care under the circumstances in which such care was provided. We are also prohibited from using or disclosing your PHI to identify any person for such purposes. If we receive a request for PHI potentially related to reproductive health care for purposes of health oversight, judicial or administrative proceedings, law enforcement, or disclosures to coroners or medical examiners, we will require the requestor to provide a written attestation that the use or disclosure is not for a prohibited purpose. We will not disclose the information if the attestation is missing or defective, or if we have actual knowledge that the request is for a prohibited purpose. For purposes of this Notice, reproductive health care is presumed lawful unless: (1) we have actual knowledge that the care was unlawful under the circumstances in which it was provided; or (2) the requestor provides factual information demonstrating a substantial factual basis that the reproductive health care was unlawful. For purposes of this Notice, “reproductive health care” includes care, services, or supplies related to the reproductive system and its functions, including but not limited to contraception, fertility and infertility treatment, pregnancy-related care, miscarriage management, and abortion-related services.

Substance Use Disorder: Certain records relating to substance use may be subject to additional federal confidentiality protections where applicable.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact The Jackson Clinic’s Privacy Coordinator at (731) 422-0445, or toll-free at (800) 372-8221.

If you believe your privacy rights have been violated, you can file a written complaint with the Clinic’s Administrator, with the Clinic’s Privacy Coordinator, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. No special form is required for a written complaint.

The address for submitting a comment, request, complaint or other correspondence concerning privacy of health information is:

The Jackson Clinic, P.A.
Attn: Privacy Coordinator [or Attn: Administrator]
828 North Parkway
Jackson, TN 38305

If you submit a complaint to the Secretary of HHS, the address is:

Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201