

PATIENT PRIVACY NOTICE

prevention diagnosis treatment surgery www.gispecialistsmemphis.com

EFFECTIVE DATE: December 1, 2010

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Gastrointestinal Specialists, P.C. has a legal obligation to safeguard your Protected Health Information (PHI).

WHAT IS PROTECTED HEALTH INFORMATION?

PHI is defined as demographic (name, address, etc.) and personal health information that identifies you and relates to your past, present or future health condition, that is generated in the course of Legal Entity providing health care services to you or receiving health care payments for those services. We may not use or disclose more of your PHI than is minimally necessary to accomplish the purpose(s) you authorize, or for treatment, payment and health care operations.

WE ARE LEGALLY REQUIRED TO:

1. Maintain the privacy of your Protected Health Information
2. Provide you with this Notice
3. Abide by the terms of this Notice
4. Make available our most current Patient Notice. (We reserve the right to change this Notice. We reserve the right to make any new Notice that will be adopted effective for all Protected Health Information we maintain.)
5. Accommodate your reasonable requests regarding methods to communicate health information with you
6. Notify you if we cannot accommodate a requested restriction or request
7. Accommodate your request for an accounting of disclosures

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

- The Patient Notice, which you are now reviewing, is part of your patient rights. You have the right to receive a paper copy of this Notice, and you have a right to request and receive updates to this Notice.
- You have a right to request restrictions regarding how we use and disclose your Protected Health Information regarding treatment, payment, and health care operations; however, we are not required to agree to your restrictions. If we do agree to your requested restriction, we will follow your request, unless the information is needed to provide emergency care. Your restriction (if agreed to) will not prevent us from releasing information as required by other state and federal laws. Finally, if we accept your restrictions, we have the right to terminate them by notifying you of such. You will be notified in writing if your request for restrictions is not accepted.

Gastrointestinal Specialists, P.C. is not required to have you sign a consent or authorization form

for treatment, payment or health care operation purposes. However, you have the right to restrict access to your protected health information. If you choose not to allow access to your medical record(s), we may be unable to provide health care. Unless you submit a completed “Request to Restrict Information Form”, restricting the disclosure of your information, we may use or disclose your Protected Health Information to notify, or assist in notifying, a family member, personal representative, or other person(s) responsible for your care, of your whereabouts, and/or your general condition.)

- You have a right to request that we communicate your Protected Health Information by alternative means or at alternative locations. We are required to accept reasonable requests. Your request must be in writing.
- You do not have to sign an Authorization for the Release of Information form; however, it may prevent us from completing a task you have requested (such as obtaining information from a previous healthcare provider or to fulfill a request from your attorney). Your refusal to sign an authorization form will not be held against you.
- You may revoke your Authorization, except in as much as we have relied on the authorization until that point or if the authorization was obtained as a condition of obtaining insurance coverage. Your request to revoke your authorization must be in writing.
- You have the right to inspect and/or receive a copy of your Protected Health Information according to the policies and procedures of Gastrointestinal Specialists. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request.
- You have the right to request amendments to your Protected Health Information. All requests for amendments must be in writing using the form that we provide. An amendment to your medical record will be made in the form of an addendum, as is common practice in the medical field. Under federal law, we have the right to deny the amendment. You may request an amendment to your information in person at 80 Humphreys, Memphis, Tennessee 38120 where you will be asked to complete the Request for Amendment Form.
- You have the right to receive an accounting of all entities that have obtained your information unrelated to treatment, payment or healthcare operations for which you have not given authorization. This accounting will be made to you within 60 days upon a written request to our office using the form that we provide.
- You have a right to request additional information or ask questions by contacting the Administrator of Gastrointestinal Specialists at (901) 761-3900. You may discuss your concerns and your care will not be compromised. You may also send your concerns to the Secretary of the Department of Health and Human Services.

All of your rights may be exercised by contacting the Administrator of Gastrointestinal Specialists, PC at (901) 761-3900.

WHAT ARE SOME WAYS THAT YOUR PROTECTED HEALTH INFORMATION MAY BE USED OR DISCLOSED AT GASTROINTESTINAL SPECIALISTS?

Examples of uses or disclosures of your Protected Health Information that do not require an authorization:

Treatment Information obtained during the course of your treatment at Gastrointestinal Specialists will be recorded in designated record sets, which may include your Medical Record and your billing record. The individually identifiable health information recorded in the Medical Record is used to establish your treatment plan. Your physician may also share your information with another health care provider who is participating in your care.

Payment We submit requests for payment to your health insurance carrier. The health insurance company or business associate helping us obtain payment, may request information regarding your medical care. We will provide necessary information to them about you and your care.

Health Care Operations We may obtain services from business associates with regards to quality improvement, protocol and clinical guidelines development, training programs, credentialing, medical review, legal, accounting and insurance. We will share your health information with such business associates, as necessary, to obtain these services.

Following are some examples of legal circumstances requiring the disclosure of information:

- Subpoenas or court orders for lawsuits or administrative proceedings
- Governmental entities or agencies for reporting abuse or neglect
- Law enforcement for 1) legal proceedings, 2) identification and location purposes, 3) victims of a crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) crime that occurs on the premises of the practice, and 6) a medical emergency (not on the Clinic's premises) when it appears that a crime has occurred, and 7) criminal activity if it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- Coroners, Funeral Directors and Organ Donation for the purpose of identification or for authorized organ or tissue donation
- Food and Drug Administration to report adverse events
- Specialized Government Function such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel
- Public Health Authorization for the purpose of controlling disease, injury or disability

Other examples of disclosures of your Protected Health Information that do not require your authorization are:

Communicable Diseases We may disclose your Protected Health Information 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 health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Research We may disclose your Protected Health Information to researchers when an IRB (Institutional Review Board) has issued a waiver of Authorization. All researchers must follow the same rules and laws that other health care providers are required to follow to ensure the privacy of your information. Information that may identify you will not be released for research purposes to anyone outside Gastrointestinal Specialists and its business associates without your written authorization or an IRB waiver.

Patient Contact

1. We may contact you to remind you of your appointment by telephoning you, which may necessitate leaving a message on your voice mail, answering machine or by e-mail (with your permission).
2. You may receive appointment reminders or other notifications in the form of postcards.
3. We may contact you to discuss treatment alternatives, research studies, or other health-related benefits that may be of interest to you as a patient.

Emergencies We may use or disclose your Protected Health Information in an emergency treatment

situation. If this occurs, your physician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to do so, he or she may still use or disclose your Protected Health Information in order to provide treatment.

Communication Barriers We may use and disclose your Protected Health Information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclose under the circumstances.

Workers' Compensation Your Protected Health Information may be disclosed to comply with workers' compensation laws and other similar legally-established programs.

WHAT DOES IT MEAN TO SIGN AN AUTHORIZATION FORM?

As explained above, we are not required to obtain an authorization to use or disclose your Protected Health Information for the purpose of treatment, payment or health care operations; however, Federal Law requires Legal Entity to obtain a separate **Authorization Form** specific to privileged categories of information. You must sign an authorization that clearly explains how your information will be used. Requests for information about the following conditions require an authorization, although the release of information is related to treatment, payment or health care operations.

1. Alcoholism/drug abuse treatment, (required by federal law)
2. Psychotherapy Notes

YOU MAY REQUEST A REVISED COPY OF THE "PATIENT NOTICE" BY CONTACTING ANY OF THE OFFICES OF LEGAL ENTITY, OR VIA OUR WEBSITE: www.gispecialistsmemphis.com

This Patient Notice is required by Federal law contained in the Federal Registry, 45CFR Part 164.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

(To be completed by Patient or Patient Representative)

I, _____ or _____
Patient Name Patient Representative

hereby acknowledge receipt of Gastrointestinal Specialists, P.C.'s Patient Notice on

Date

Patient's Signature Patient Representative Signature

Patient's Chart Number

(To be completed by staff in the event patient chooses not to sign acknowledgement)

Patent Notice given to patient by: _____ Date: _____