

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Provide us a written request to have your paper or electronic medical record corrected
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information. This is a list of certain disclosures other than treatment, payment or healthcare operations where authorization was not required.
- Get a copy of this privacy notice
- Choose someone to act for you

Your choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition if they are involved in your care and treatment or ask about you by name
- Provide disaster relief
- Include you in a hospital directory unless you ask us not to do so
- Provide mental healthcare services
- Market our services and sell your information with your permission or utilize it for fundraising purposes

Our uses & disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Seek payment for services provided to you
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Respond to requests from workers' compensation, law enforcement and other government agencies
- Respond to lawsuits and legal actions

Your rights

When it comes to your health information, you have certain rights, including:

To request an electronic or paper copy of your medical record

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you.
- 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.

To ask us to correct your medical record

- 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’ll explain why in writing within 60 days.

To request confidential communications

- 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 work to accommodate all reasonable requests.

To ask us to limit what we use or share

- 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 we may decline if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will accommodate this request unless a law requires us to share that information.

To get a list of those with whom we've shared information

- You can ask for a list (accounting) of when and with whom we have shared your health information for six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free, but we will charge a reasonable, cost-based fee if you ask for another one within 12 months.

To get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

To choose someone to act for you

- This pertains to when you have given someone medical power of attorney or if someone is your legal guardian, personal representative or "lay" caregiver. With your authorization, that person can exercise your rights and make choices about your health information. We will ask for proof of this person's authority to ensure they can act for you before we take any action.

To file a complaint if you feel your rights have been violated

- You can file a complaint if you feel we have violated your rights by contacting us using the information on page 1.
- 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, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and 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 or you have indicated your preference in the past. We also may share your information when needed to lessen a serious and imminent threat to the health or safety of yourself or others.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our uses & disclosures

We typically use or share your health information in the following ways:

To treat you

- We can use your health information and share it with other professionals/providers who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization

- We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

To bill for services provided to you

- We can use and share your health information to bill and collect payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services. We also can share your insurance information with other providers who have provided treatment to you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many legal obligations before we can share your information for these purposes.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect or domestic violence
- Helping with product recalls
- Preventing or reducing a serious threat to anyone's health or safety
- Reporting adverse reactions to medications

Do research

We can use or share your information for health research with your permission.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. Other examples may include:

- The FDA, public health or legal authorities charged with preventing or controlling disease, injury or disability
- Military command authorities
- Health oversight agencies
- Funeral directors and coroners or medical examiners
- Correctional institutions
- National security and intelligence agencies
- Workers' compensation and agents of workers' compensation
- Protective services for president and others
- Organ and tissue donation organizations
- Persons able to prevent or lessen a serious threat to health or safety or to locate a missing person or report a crime

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- With health oversight agencies for activities authorized by law
- For law enforcement purposes or with a law enforcement official
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order or in response to a subpoena.

[Insert any special notes that apply to your entity's practices such as "we do not create or manage a hospital directory" or "we do not create or maintain psychotherapy notes at this practice."]

[The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, "we will never share any substance abuse treatment records without your written permission." Insert this type of information here. If laws with greater limits apply to your entity, no information needs to be added.]

- **For more information** 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 privacy practices described in this notice and give you a copy of it.
- **We will not use or share** your information other than as described here unless you tell us we can in writing. If you give us permission, you may change your mind at any time. We cannot take back information that has already been disclosed.

See: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the terms of this notice:

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.

My HealthPoint is UP Health System - Bell's Patient Portal. It is an exciting program designed to improve your healthcare and make office visits easier and more convenient. We will disclose demographic, insurance and medical information (collectively, your "health information") to My HealthPoint so that it can be viewed by you. This information will be viewable by you, anyone with whom you share it, Relay Health (the My HealthPoint portal provider) and the LifePoint Health Support Center (HSC), acting as business associates of LifePoint Health. Relay Health and the LifePoint HSC have been engaged to maintain, secure, monitor and evaluate the operation of the My HealthPoint patient portal. Relay Health and the LifePoint HSC also will be able to access your health information only for the purposes stated.