



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 UT Medical Group, Inc. (UTMG) 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 UTMG, 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 certain uses and disclosures of your Health Information (we will consider reasonable, appropriate requests but are not obligated to agree to them)
- 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

- 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, UT Medical Group, Inc., UTMG Privacy Officer at 1407 Union Avenue, Suite 680, Memphis, TN 38104-3673, (901) 866-8992, Fax: (901) 302-2350.

OUR RESPONSIBILITIES

UTMG is required to:

- Protect the privacy of your Health Information
- Provide you with a copy of this Notice describing our privacy policies and legal duties
- Abide by the terms of our current Notice
- Notify you if we are unable to agree to, or comply with, your request for access, changes, accounting of disclosures, restrictions, or revocation of authorization
- Accommodate reasonable requests to communicate with you about your Health Information in a particular way or at a certain location
- Obtain written permission from you for any uses and disclosures not mentioned in this Notice

We reserve the right to change our Notice and our privacy practices and to make the new provisions effective for all Health Information we keep. Should our privacy practices change, we will post our revised Notice at all of our clinics and on our website at www.utmedicalgroup.com. An updated version may also be provided at your request during a return visit to UTMG or from our Privacy Officer.

We will not use or disclose your Health Information without obtaining your authorization, except as described in this Notice or as otherwise required or permitted by law (for example, in emergency treatment situations).

Although other health care providers may provide treatment to you (for example, hospitals or other physician groups), we are not jointly managed with or owned by such providers. They will have their own policies and procedures for handling your Health Information.

WAYS WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following categories describe some of the ways in which we may use and disclose your Health Information:

1. **Treatment.** We will use your Health Information to treat you. For example, information obtained by a nurse, physician, or other member of your UTMG health care team will be recorded in your record and used to determine your course of treatment. Except where restricted by applicable law or where UTMG has approved your written request to the contrary, UTMG may also provide copies of your Health Information to other health care providers who care for you. We will share your Health Information with the MidSouth eHealth Alliance in a community-wide health information system in which some health care providers may access your Health Information when treating you. Any questions about the Alliance should be directed to our Privacy Officer at (901) 866-8992.

2. **Payment.** We will use and disclose your Health Information to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, including the range of benefits. We may also provide your insurer with details regarding your treatment or to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your Health Information to bill you directly.

3. **Health Care Operations.** We will use your Health Information in our business operations. For example, we may use your Health Information to evaluate the quality of care you receive from us, to train students or other health care professionals, and to make business plans for our practice.
4. **Vendors.** Some of our services are provided by outside vendors. For example, we might use a copy service to make copies of patient records for us. We may disclose Health Information to our vendors so that they can perform the job we have asked them to do. To protect your Health Information, we require these vendors to agree in writing to keep your Health Information safe using the same standards that we are required to observe.
5. **Organized Health Care Arrangements.** We may participate in arrangements with other health care entities to conduct joint health care-related activities (for example, quality assurance, utilization review). In these arrangements, your Health Information may be shared between the participants for treatment, payment, and certain operations purposes. Participants in these arrangements remain separate entities from each other and will have their own policies and procedures for handling your Health Information.
6. **Appointment Reminders & Treatment Alternatives.** We will use your Health Information to remind you of an appointment or to tell you about treatment alternatives and other health-related benefits or services.
7. **Communication with Family.** We may disclose to a family member or other relative, close personal friend, or other person you identify, Health Information that is, in our judgment, relevant to that person's involvement in your care or payment for your care. If you would like to request a restriction to such disclosures, please contact our Privacy Officer at (901) 866-8992.
8. **Persons under the Age of 18.** Good medical practice, payment requirements, or state law may make it necessary to tell your parents or guardian about your visit or provide them with all or part of your Health Information.
9. **Limited Data Sets and De-identified Information.** In some instances where we use or disclose information for purposes of research, public health, health care operations, or other activities, certain information (names, social security numbers, etc.) will be removed to help protect your identity.
10. **Research.** We may use or disclose your Health Information for research purposes in certain circumstances. For example, when you have provided a written authorization, for activities preparatory to research, and/or when a research protocol has been designed and approved by an Institutional Review Board (IRB) or privacy committee (for example, the IRB for The University of Tennessee Health Science Center or an IRB at Methodist Healthcare Foundation).
11. **Deceased Patients.** We may release Health Information to medical examiners or funeral directors to permit them to carry out their duties, or otherwise with the approval of an authorized representative for the deceased patient.
12. **Organ or Tissue Donation.** We may disclose your Health Information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

13. **Marketing.** We may contact you to provide information about health-related products or services that may be of interest to you. Your Health Information may also be a source of data for UTMG's planning and marketing activities. However, if we wish to provide your Health Information to third parties for their marketing activities, we will ask for your authorization in writing before doing so.

14. **News Gathering Activities.** A member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story. For example, a reporter working on a story about a new therapy may ask whether any of our patients undergoing that therapy would be willing to be interviewed.

15. **Fundraising.** Someone from The University of Tennessee Health Science Center may wish to contact you as part of a fund-raising effort; we will ask for your permission in writing before they may use any of our information to do so.

16. **Food and Drug Administration (FDA).** We may disclose to the FDA your Health Information in connection with the quality, safety, and effectiveness of FDA-regulated products and activities (for example, relating to adverse events with respect to food, supplements, products and product defects or post-marketing surveillance information to enable product recall, repair or replacement of regulated items).

17. **Workers Compensation.** We may disclose your Health Information to comply with laws relating to workers compensation or other similar programs established by law.

18. **Public Health.** We may disclose your Health Information, as provided by law, to public health officials or legal authorities charged with improving health or preventing or controlling disease, injury, or disability.

19. **National Security/Military Service.** We may disclose Health Information for national security purposes. We may also disclose Health Information about Armed Forces personnel to appropriate military authorities in certain circumstances.

20. **Inmates.** If you are an inmate of a correctional institution, we may disclose to the institution or agents of the institution Health Information relevant to your health and the health and safety of others.

21. **Law Enforcement/Prevention of Harm/Required by Law.** We may disclose your Health Information for law enforcement purposes as required by law or in response to a valid subpoena or court order, or where, in our judgment, we believe there may be a threat of serious bodily harm to a patient or other person. Also, Federal or state law may require that your Health Information be released by us to an appropriate health oversight agency, public health authority, or other organization in certain circumstances.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information, you may contact our Privacy Officer at (901) 866-8992. Communications may also be sent by mail addressed to: UTMG Privacy Officer, 1407 Union Avenue, Suite 680, Memphis, TN 38104-3673. If you believe your privacy rights have been violated, please file a complaint with the Privacy Officer, as listed above, or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

THE POLICIES IN THIS NOTICE BECAME EFFECTIVE ON: April 14, 2003.