

EFFECTIVE DATE
April 14, 2003

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

PLEASE REVIEW THIS INFORMATION CAREFULLY

This notice applies to Sumner Women's Associates the doctors and other healthcare providers practicing at this facility.

OUR LEGAL DUTY

We are required by law to protect the privacy of your information and notify you of certain breaches of your information. We are providing this notice to you so that we can explain what our privacy practices are. We will follow the practices described in this notice or the current notice in effect.

We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change in our policies, we will change this notice and post the new notice. You can also request a paper copy of our notice at any time.

Complaints

For more information about our privacy practices or to place a complaint or report a concern or conflict, call the number listed below:

Highpoint Health System
Privacy Officer – (615) 328-5981

If you prefer to report an anonymous concern you may call 1-877-508-LIFE (5433). You may also send a written complaint to the United States Department of Health and Human Services if you feel we have not properly handled your complaint. You can use the contact listed above to provide you with the appropriate DHHS address. Under no circumstance will you be retaliated against for filing a complaint.

**NOTICE
OF
PRIVACY
PRACTICES**



Sumner Women's Associates
300 Steam Plan Road, Suite 430
Gallatin, TN 37066
(615) 328-3390

How Your Health Information May Be Used

We may use health information about you for your treatment purposes, to obtain payment, or for healthcare operations and other administrative purposes. Examples of each item mentioned above include:

Treatment: We may need to send your medical record information to a specialist or physician as part of referral for continuity of care.

Payment: We will use your health information and other identifying information for billing Medicare, Medicaid or other health insurance plans.

Operations or administrative purposes: We use your information when processing your medical records for completeness and to compare patient data to improve our treatment methods. We may disclose your information to our business associates we contract with to provide service on our behalf that require the use of your health information. We may contact you, or disclose certain of your information to our associates or related foundations, for fundraising purposes. You have the right to opt out of receiving such fundraising communications.

Individuals Involved in Your Care or Payment for Your Care: We may share certain information with a person(s) you identify as a family member, relative, friend or other person that is directly involved in your care or payment for your care, or if it becomes necessary to notify these individuals about your location, general condition, or death. In addition we may need to disclose medical information about you to an entity assisting in a disaster relief effort so that our family can be notified about your conditions, status, and location.

How your information may be disclosed.

As a healthcare provider, we are subject to certain requirements in which we have to disclose your health information. These disclosures are generally routine for all patients and are done without your specific authorization:

State and federal laws require us to report cases of abuse, neglect, or other reasons requiring law enforcement, for public health activities, to health oversight agencies, for judicial and administrative proceedings, for death and funeral arrangements, organ donation, or special government functions including military and veteran requests, and to prevent serious threat to health or public safety.

We may also contact you after your current visit for future appointment reminders or to provide you with information regarding treatment alternatives or other health related services that may be of benefit to you.

Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of medical information will be made only with your written authorization. Other uses and disclosures not described in this notice will be made only with your written authorization.

Do remember, if you do authorize us to release your information, you always have the right to revoke that authorization later. We will be happy to honor that request except to the extent that we may have already acted.

The following list explains what your rights are with regards to how your information can be used and disclosed.

Access to your Health Information: In most cases, you have the right to look at or receive a copy of your health information. It may take up to 30 days to prepare your request and there may be a preparation fee associated with making the copies.

Accounting of Disclosures: You have the right to ask for a list of instances in which we have disclosed your information for reasons other than treatment, payment and operations (see section "How your health information may be used"). We can provide you one list per year without charge, all additional requests in the same year will be subject to a nominal charge.

Amendment/Correction of Health Information: If you believe that the information we have about you is incorrect or if important information is missing, you have the right to request that we amend the existing information. There may some reasons that we cannot honor your request for which you may submit a statement of disagreement.

Alternate/Confidential Communications: You can request that your health information be communicated to you at an alternate location or address from which you may have provided at registration.

Restrictions on Use/Disclosure of Your Health Information: You can request in writing that we not use or disclose your information for any reasons in this brochure or to persons involved in your care except when specifically authorized by you or when required by law, or in emergency circumstances. We are not legally required to agree to the request, except for requests to restrict disclosures to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid your health care provider out of pocket in full prior to the service. We will try to honor any reasonable requests.