

# University of Tennessee Health Science Center Boling Center for Developmental Disabilities Notice of Privacy Practices

**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.**

Whenever you see the word “you” in this document, it means “you or your child.”

## **Understanding Your Health Information**

The Boling Center for Developmental Disabilities is one of many offices of the University of Tennessee Health Science Center. Each time you visit a University of Tennessee Health Science Center provider in a hospital, surgical care center, student health clinic, faculty practice clinic, doctor’s office, nursing home or other facility, a record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, your allergies and the plan for your care. We refer to this information as your health or medical record. It is an essential part of the healthcare we provide for you. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

## **Uses and Disclosures of Health Information**

### **We will use your information for treatment**

The physicians and other clinical staff involved in your care will document information in your record about your examination and the care planned for you. If another provider referred you to us, we may send copies of your medical record to that person so he or she will have updated information to help in your care.

We will provide your doctors and other healthcare providers with copies of various reports that should help them in treating you.

We may also use health information about you to call you or send you a letter to remind you about an appointment, to follow up with tests results, or to provide you with information about other care that could benefit your health.

### **We will use your health information for payment.**

We will send a bill to you or your insurance company. We may include information that identifies you, as well as your diagnoses, procedures, healthcare providers and supplies used. We also may contact your insurance company to determine if they will pay for your medical care as part of their certification process.

### **We will use your health information for regular healthcare operations.**

The University of Tennessee Health Science Center physicians, nurses, managers and staff may look at your health information to assess the care and results in your case and others like yours. The Boling Center is a teaching facility, so we may use your information in the process of educating and training students, interns, post-doctoral fellows, and resident physicians.

You have the right to request a restriction on the above uses and disclosures of your protected health information for treatment, payment and health care operations. However, we do not have to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may, however, also end the agreement at any time after informing you that we intend to end it.

## **Other Disclosures**

### **Business Associates**

There are some services provided in our organization through contacts with business associates. To protect your health information, however, we require the business associate to protect your information.

### **Communication with others involved with your care**

We may disclose to a family member, or other relative, close personal friend, or any other person your identity, health information directly relevant to that person’s involvement in your care or payment related to your care.

We will make the disclosure only if you agree, do not tell us that you disagree, or if we believe, based on the circumstances and our professional judgment, that you do not object.

If you are incapacitated or in an emergency circumstance, we may disclose to a family member, or other relative, close personal friend, or any other person accompanying you health information directly relevant to the person’s involvement in your care or payment for your care.

### **Research**

Under certain circumstances, we may use and disclose health information about you from your medical record for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of your health information.

**Required by Law**

We may also disclose health information required by law to the following entities or types of entities that includes, but is not limited to:

- Food and Drug Administration;
- Public Health or legal authorities charged with disease prevention;
- Correctional institutions;
- Workers Compensation Agents;
- Organ and Tissue Donation Organizations;
- Military Command Authorities;
- Health Oversight Agencies;
- Funeral Directors, Coroners and Medical Examiners;
- National Security and Intelligence Agencies;
- Law enforcement as required by law or in accordance with a valid subpoena.

**Marketing**

We will **not** use information in your records for marketing purposes.

Other uses and disclosures from your medical record will be made only with your written authorization or approval.

**Patient Rights**

**You have the right to:**

- Inspect and obtain a copy of your health record. There may be a charge to cover the cost of copying your record.
- Request an amendment to your health records.
- Obtain an accounting of disclosures.
- Request communication of your health information in a certain way or at a certain location. For example, you can ask that we contact you by mail and not by telephone, or that we contact you at a specific telephone number, or that we use an alternative address for billing purposes, or that we not leave messages on certain answering machines.
- Revoke your authorization to use or disclosure health information except to the extent that action has already been taken.

**Our duties are to:**

- Maintain the privacy of your protected health information as required by law;
- Provide you through this notice with information as to our legal duties and privacy practices with respect to information we collect about you;
- Abide by the terms of the notice currently in effect;
- Notify you if we are unable to agree to a requested restriction;
- Follow reasonable requests you make to communicate with you as you instruct—for example, contact you at a certain telephone number or address.
- Provide you a paper copy of this notice of privacy practices upon request.

To exercise any of these rights, your request **must** be in writing. Please obtain the required form from the Privacy Official at 901-448-4900 or by fax at 901-448-6726.

We are not required to act immediately and will investigate our abilities to comply with all requests prior to agreeing to the request.

**The University of Tennessee Health Science Center reserves the right to change this Notice of Privacy Practices and its policies and procedures for privacy practices at any time and to make the changes effective for all protected health information created or received prior to the new effective date and then currently maintained by the practice location. The revised Notice will be posted in waiting room or patient lobby and reasonable efforts will be made to advise you of the change(s) in the Notice, policies and procedures at your next service visit. You may also obtain a copy of the revised Notice upon request.**

**For More Information or to Report a Problem**

If you have any questions about your rights, our duties, or our practices and procedures regarding protected health information, please call the University of Tennessee Health Science Center's Privacy Officer at 901-448-4900. You may also obtain a copy of this notice on our web site at [www.utmem.edu/bcdd](http://www.utmem.edu/bcdd).

If you believe your privacy rights have been or are being violated, you may complain to the University of Tennessee Health Science Center and to the Secretary of the Department of Health and Human Services. Complaints to the Secretary must be filed in writing on paper or electronically and must be made within 180 days of when you became aware of, or should have been aware of, the incident giving rise to your complains.

At the University of Tennessee Health Science Center, you may contact our privacy officer at 901-448-4900. By law, you cannot be penalized for filing a complaint.

Effective date. April 14, 2003

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