

HIPAA Notice of Policies and Practices to Protect the Privacy of Your Health Information

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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.

As a healthcare professional, I am required by state and federal laws (including HIPAA) to maintain the privacy of your health information. I am committed to adhere to the set of common privacy policies that follow. Your confidence in me to strictly protect your privacy is extremely important to me.

This Notice of Privacy Practices describes how your protected health information may be used and disclosed, as well as your rights to access and control it. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services.

Uses and Disclosures of Protected Health Information

1. Permissible Uses and Disclosures without Your Written Authorization

Your protected health information may be used and disclosed by myself and others outside of the office that are involved in your care and treatment for the purpose of providing health care services to you, to seek payment for those services, to support the operation of the practice, and other uses required by law. The examples in each category are not meant to be exhaustive; instead, they are meant to describe the types of uses and disclosures that are permissible under federal and state laws.

A. Treatment: I will use and disclose your protected health information as necessary to provide, coordinate, or manage your mental health care. This includes both direct services provided to you and potential coordination with a third party. For example, PHI may be disclosed to your primary care physician or another health care provider to ensure that he/she has the necessary information to diagnose and treat you.

B. Payment: Your protected health information will be used as needed to bill and obtain payment for your health care services. For example, obtaining approval for using your insurance benefits may require that a minimum of relevant PHI be disclosed to your health plan or a utilization review department.

C. Healthcare Operations: I may use or disclose your protected health information as needed in order to support the business activities of the practice. These activities include, but are not limited to, quality improvement activities and review activities. I may also call you by name in the waiting room when I am ready to see you. Moreover, I may use or disclose your PHI as necessary to contact you to remind you of an upcoming appointment.

D. Required or Permitted by Law: I may use or disclose your protected health information when required to do so by law. For example, I may need to disclose PHI to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect or domestic violence. In addition, I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: public health oversight activities; judicial and law enforcement officials in response to a court order or other lawful process; and military and national security agencies, coroners, medical examiners and correctional institutions or otherwise as authorized by law.

2. Uses and Disclosures Requiring Your Written Authorization: Uses and disclosures other than those described in Section I above will only be made with your specific written authorization. For example, you will need to sign an authorization form before PHI can be sent to your life insurance company, to a school or to your attorney. You may revoke any such authorization at any time. Notes recorded documenting the contents of a session with you ("Psychotherapy Notes") will not be used or disclosed without your written authorization.

Your Individual Rights

1. You have the right to request restrictions on certain uses of your protected health information. This means, for example, that you may ask that part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. I am not required to agree to a restriction that you may request.
2. You may request - and I will do my best to accommodate – any reasonable written request for you to receive confidential communications from me by alternative means of communication or at an alternative location. For example, you may wish to specify an address other than your home for receiving monthly statements or you may wish to receive a document via a facsimile machine or email.
3. You have the right upon request to obtain a paper copy of notices and information from me even if you originally requested or agreed to accept this notice in an alternative form such as a facsimile or email.
4. You have the right to receive an accounting of certain disclosures I have made, if any, of your protected health information.
5. You have the right to inspect and / or obtain a copy of your protected health information and billing records for services for as long as PHI is maintained in your record. There may be a cost assessed for copying expenses.
6. You may have the right to request that I amend your protected health information. Your request must be in writing and it must explain why the information should be amended. Your request may be denied in certain circumstances.

Effective Dates and Changes to this Notice

1. This Notice is effective on January 1, 2013.
2. The terms of this Notice may change at any time. If changed, the revised Notice will be posted in the waiting area of my office and copies can be obtained by request. Terms of a new Notice may be made effective for all maintained PHI, including any information created or received prior to issuing the new Notice. If you have any questions or objections concerning this form, you may file a written complaint to the Secretary of Health and Human Services if you believe I have violated your privacy rights. Filing a complaint will not change the care we provide to you in any way.