

Digestive Care & Management

6035 Shallowford Road Suite 109

Chattanooga, TN 37421

Phone # - (423)698-1791 / Fax # - (423)698-4577

NOTICE OF PRIVACY PRACTICES (HIPAA)

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. YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE UPON REQUEST.

Digestive Care & Management is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. Protected health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

DISCLOSURE OF YOUR HEALTH INFORMATION

TREATMENT

We may disclose your health information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care. We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

SPECIAL USES

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

OTHER USES AND DISCLOSURES

We may use or disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out health information without your permission for the following purposes: *Required by Law:* We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events. *Research:* We may use or disclose information for approved medical research.

EMERGENCIES

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

PAYMENT

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

WORKERS COMPENSATION

We may release information about you for workers compensation or similar programs providing benefits for work related injuries or illness. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

PUBLIC HEALTH ACTIVITIES

As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

LAW ENFORCEMENT PURPOSES

Subject to certain restrictions, we may disclose information required by law enforcement officials.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose information in response to an appropriate subpoena or court order.

HEALTH OVERSIGHT

We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

MILITARY AND SPECIAL GOVERNMENT FUNCTIONS

If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

DEATHS

We may report information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies.

INDIVIDUAL RIGHTS

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights.

REQUEST RESTRICTIONS

You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

CONFIDENTIAL INFORMATION

You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using email to remind you of appointments.

INSPECT AND OBTAIN COPIES

In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

AMEND INFORMATION

If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

ACCOUNTING OF DISCLOSURES

You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

OUR LEGAL DUTY

We are required by law to protect and maintain the privacy of your health information, to provide this notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the notice currently in effect.

CHANGES IN PRIVACY PRACTICES

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and each examination room. You can also request a copy of our notice at any time. For more information, contact the person listed below.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

CONTACT PERSON

Rebekah S. Corey, DNP, APN, FNP-BC
6035 Shallowford Road Suite 109
Chattanooga, TN 37421
423-698-1791

I HAVE READ THE PRIVACY NOTICE AND UNDERSTAND MY RIGHTS CONTAINED IN THE NOTICE. BY WAY OF MY SIGNATURE, I PROVIDE DIGESTIVE CARE & MANAGEMENT WITH MY AUTHORIZATION AND CONSENT TO USE AND DISCLOSE MY PROTECTED HEALTH CARE INFORMATION FOR THE PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AS DESCRIBED IN THE PRIVACY NOTICE.

PATIENT SIGNATURE

DATE

