



NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY!

Holston Medical Group is permitted by federal privacy laws to make uses and disclosures of your Protected Health Information for purposes of treatment, payment, and health care operations.

NOTICE OF NONDISCRIMINATION

Holston Medical Group complies with applicable Federal civil laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Holston Medical Group does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. For more detailed information and taglines, see pages 6-8 of this Notice.

About This Privacy Notice:

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your PHI, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information (PHI)?

Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your PHI:

Holston Medical Group may use or disclose your PHI for the following reasons and purposes. We may disclose your information by different methods including by mail, facsimile or electronically through the OnePartner Health Information Exchange (OnePartner HIE).

For Treatment:

- A nurse obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

For Payment:

- We submit requests for payment to your health insurance company. The health insurance company, or business associate helping us obtain payment, requests information from us regarding your medical care given. We will provide information to them about you and the care given.

For Health Care Operations:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services:

- We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives, or health related benefits and services that may be of interest to you.

Minors:

- We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Personal Representative:

- If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.

Public Health Risks:

- We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Psychotherapy Notes:

- Under most circumstances, without your written authorization we may not disclose the notes a mental health professional took during a counseling session. However, we may disclose such notes for treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.

Oversight Agencies:

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations: inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

Judicial/Administrative Proceedings:

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to subpoena, discovery request or other lawful process.

Law Enforcement:

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury. We may also disclose protected health information about you when required to do so by international, federal, state, or local law.

Coroners, Medical Examiners and Funeral Directors:

- We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations:

- Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

Research:

- We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.

Threat to Health and Safety:

- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions:

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel. We may disclose PHI to those officials so they may protect the President.

Correctional Institutions:

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Medical Residents and Medical Students:

- Medical residents or medical students may observe or participate in your treatment or use your PHI to assist in their training. You have the right to refuse to be examined, observed, or treated by medical residents or medical students.

Business Associates:

- We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

Workers Compensation:

- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Newsletters and Other Communications:

- We may use your PHI to communicate to you by newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

Other Uses and Disclosures:

- Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out:

Individuals involved in your care or payment for your care:

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, your general condition, or your death.

Communication with Family:

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person’s involvement in your care or in payment for such care (if you do not object) or in an emergency.

Disaster Relief:

- We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of PHI. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

Your Health Information Rights

The health and billing records we maintain are the physical property of the doctor’s office/hospital. You have the following rights with respect to your Protected Health Information.

- 1. Right to inspect and copy.** You have the right to inspect and/or receive a copy of your health record and billing record; however, you do not have a right to inspect or copy psychotherapy notes. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request. You may exercise this right by completing the *Authorization For Release of Individually Identifiable Health Information* form at our office. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- 2. Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in one or more designated record sets electronically (for example an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with copying or transmitting the electronic PHI. If you chose to have your PHI transmitted electronically, you will need to provide a written request to this office listing the contact information of the individual or entity who should receive your electronic PHI.
- 3. Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured PHI.

4. **Right to Request Amendments.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. You may request and complete the *Protected Health Information Amendment* form which must include the reason for your request and return to our office. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (4) is accurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.
5. **Right to an Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Medical Records Custodian. Your request must state a time period which may not be longer than 6 years before your request. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
6. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations, including the right to limit electronic disclosure through the OnePartner Health Information Exchange. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.
7. **Right to Restrict Certain Disclosures to Your Health Plan.** You have the right to restrict certain disclosures of PHI 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 out of pocket in full. We will honor this request unless we are otherwise required by law to disclose this information. This request must be made at the time of service by completing the *Request for Nondisclosure of PHI to a Health Plan* form.
8. **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a special address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
9. **Right to a Copy of this Notice.** You have the right to obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office. You may also obtain a copy of this notice at our website: www.holstonmedicalgroup.com.

NOTICE OF NONDISCRIMINATION

Holston Medical Group complies with applicable Federal civil laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Holston Medical Group does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Holston Medical Group:

- Provides free aids and services to patients with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact the Office Manager

If you believe that Holston Medical Group has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting Holston Medical Group's Patient Advocate at 877-HMG-1213.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Compliance Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Service
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/o/office/file/index.html>

Patients with Limited English Proficiency: Tennessee

Attention: If you need language or translation services, please ask to speak with the Office Manager.

La atención: Si usted necesita servicios de idiomas o traducción, pida hablar con el Gerente de la oficina.

مكتب مديري مع التحدث تطلب أن يرجى الترجمة، أو اللغاة خدمات إلى بحاجة كنت إذا: انتباه

注意：如果您需要語言或翻譯服務，請要求發言與辦公室經理。

Chú ý: Nếu bạn cần dịch vụ ngôn ngữ hoặc bản dịch, xin vui lòng yêu cầu nói chuyện với người quản lý văn phòng.

주의: 언어 또는 번역 서비스를 해야 하는 경우 문의 하시기 바랍니다 사무실 매니저와 얘기를.

ATTENTION : Si vous avez besoin de services de langue ou de la traduction, s'il vous plaît demandez à parler avec le chef de bureau.

ເອົາໃຈໃສ່: ຖ້າຫາກວ່າທ່ານຕ້ອງການພາສາຫຼືການແປພາສາກາບບໍລິການ, ກະລຸນາຂໍເອົາໃຈໃສ່ຈັດການຫ້ອງການ.

you

Achtung: Wenn Sie die Sprache oder Translation Services, bitten, sprechen Sie mit dem Office Manager.

ਟੇਨੇਸ਼ਨ: ਖੜਕ ਯੀ ਨੀਸ ਲਯੁਅਗੇ ਘੋਰ ਟ੍ਰਾਂਸਲੇਸ਼ਨ ਸਰਵਿਸੀਸ ਪਦੇਯਾਸੇ ਐਕ ਤੀ ਸਪੇਕ ਵਿਥ ਥਯ ਓਫਿਸੇ ਮਾਨੇਰ

注意: 言語または翻訳サービスが必要な場合お問い合わせください室長と話す。

pansin Kung kailangan mo ng wika o translation serbisyo mangyaring hilingin na makipag-usap sa Office Manager

ध्यान दें: यदि आप भाषा या अनुवाद सेवाओं की जरूरत है, कृपया Office प्रबंधक से बात करने के लिए पूछना।

Внимание: Если вам нужны услуги языка или перевода, пожалуйста, попросите поговорить с менеджером офиса.

ببپرسید دفتر مديري با صحبت زبان یا ترجمه خدمات به نیازی شما اگر: توجه

Patients with Limited English Proficiency: Virginia

Attention: If you need language or translation services, please ask to speak with the Office Manager.

La atención: Si usted necesita servicios de idiomas o traducción, pida hablar con el Gerente de la oficina.

주의: 언어 또는 번역 서비스를 해야 하는 경우 문의 하시기 바랍니다 사무실 매니저와 얘기를

Chú ý: Nếu bạn cần dịch vụ ngôn ngữ hoặc bản dịch, xin vui lòng yêu cầu nói chuyện với người quản lý văn phòng.

注意: 如果您需要語言或翻譯服務, 請要求發言與辦公室經理。

مكتب مديري مع التحدث تطلب أن يرجي الترجمة، أو اللغمة خدمات إلى بحاجة كنت إذا: انتباه

pansin Kung kailangan mo ng wika o translation serbisyo mangyaring hilingin na makipag-usap sa Office Manager

بپرسی د دفتر مديری با صحبت زبان یا ترجمه خدمات به نیازی شما اگر: توجه

you

سے کرنے بات ساتھ کے مینیجر کی دفتر تو، مو ضرورت کی خدمات کی ترجمہ یا زبان کی آپ توجہ
مہربانی براہ پوچھنا

ATTENTION : Si vous avez besoin de services de langue ou de la traduction, s'il vous plaît demandez à parler avec le chef de bureau.

Внимание: Если вам нужны услуги языка или перевода, пожалуйста, попросите поговорить с менеджером офиса.

ध्यान दें: यदि आप भाषा या अनुवाद सेवाओं की जरूरत है, कृपया Office प्रबंधक से बात करने के लिए पूछना।

Achtung: Wenn Sie die Sprache oder Translation Services, bitten, sprechen Sie mit dem Office Manager.

سے کرنے بات ساتھ کے مینیجر کی دفتر تو، مو ضرورت کی خدمات کی ترجمہ یا زبان کی آپ توجہ
مہربانی براہ پوچھنا

Dè dè nà kè dyédé gbo: Ɔ jũ ké m̄ [Bàsɔ̀̀-wùdù-po-nyò] jũ ní, ní, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa.
Đá 1-877-HMG-1213

Ige nti: Ọ bụrụ na ị chọrọ asụsụ ma ọ bụ translation ọrụ, biko jụọ ikwu okwu na onye Office Manager.

Akiyesi: Ti o ba nilo ede tabi translation awon isẹ, jowọ beere lati sọrọ pẹlu awon Office Manager.

How to Exercise Your Rights:

If you want to exercise any of your rights, please contact the Office Manager at your provider's location in person during normal office hours or submit your request in writing. The Office Manager will provide you with assistance on the steps to take.

Changes to This Notice:

We reserve the right to amend, change, or eliminate provisions in our privacy practices and medical record access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by accessing our Web site at www.holstonmedicalgroup.com/hipaa or by visiting one of our Holston Medical Group office locations.

To Request Information:

If you have questions or would like additional information, please contact the Compliance and Privacy Officer at the address listed below.

To File a Complaint:

If you believe your privacy rights have been violated, you may file a complaint with Holston Medical Group or with the Secretary of the Department of Health and Human Services. To file a complaint with Holston Medical Group, contact the Compliance and Privacy Officer at the address listed below. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

**Holston Medical Group Compliance and Privacy Officer
2033 Meadowview Lane
Kingsport, Tennessee 37660
Phone (423) 857-2095**

Effective Date: April 13, 2003

Revision Date: March 27, 2008/March 26, 2013/May 04, 2015/**October 04, 2016**