



3109 Walnut Grove Road
Memphis, TN 38111
901-458-0162

PRIMARY CARE SPECIALISTS INC. 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. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This NOTICE OF PRIVACY PRACTICES describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required by federal law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this NOTICE OF PRIVACY PRACTICES. We may change the terms of our notice, at any time. The new or revised notice will be effective for all protected health information that we maintain at that time. You may request a revised NOTICE OF PRIVACY PRACTICES by calling the office and requesting a revised copy be sent to you in the mail or by asking for one at the time of your next appointment.

HOW WE USE PROTECTED HEALTH INFORMATION

1. Uses And Disclosures Of Protected Health Information. You will be asked to sign a consent form. Your signature giving consent allows your protected health information to be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of this practice.

Following are examples of the types of uses and disclosures of you protected health information that the physician’s office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: Your protected health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. Also, we may provide your protected health information to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g. specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance to you physician with your health care diagnosis and treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include providing information to your insurance carrier(s) who are making a determination of eligibility or



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coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the day-to-day business activities and management of Primary Care Specialists Inc. These activities include, but are not limited to, quality assessment activities, audit activities, employee review activities, filing or medical documents into your medical record, training for medical students and medical residents, licensing, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical students who see patients at our office. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate date of birth. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g. billing, transcription services, providing medical supplies and drugs) for the practice. However, we will have a written contract that calls for the protection of the privacy of your protected health information with these “business associates”.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information describing other health-related goods and services that we believe may interest you. We may also use and disclose your protected health information for other marketing activities, such as to send you a newsletter about our practice and the services we offer, or to send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

You have the right to object to any of the above uses of your protected health information; however, we do not have to treat you if you do not give your consent. Please contact the Privacy Officer to request a restriction. If we do not agree to your restriction, we will notify you.

2. Uses And Disclosures Of Protected Health Information Based Upon Your Written Authorization. Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician of Primary Care Specialists Inc. has taken an action in reliance on the use or disclosure indicated in the authorization.

3. Other Permitted And Required Uses And Disclosures That May Be Made Without Your Consent Or Authorization, But With The Opportunity To Object. We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.



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- ❖ Emergencies
- ❖ Research activities that we may participate in that we feel that you would likely benefit as a patient or qualify for inclusion in a study
- ❖ Others involved in your healthcare

4. Other Permitted And Required Uses And Disclosures That May Be Without Your Consent, Authorization, Or Opportunity To Object. We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include those required by law and for the public health to report communicable diseases for health oversight, to report abuse or neglect as required by the Food and Drug Administration or other official governmental agency. Other situations may include those required by legal proceedings and law enforcement relating to criminal activity, Worker's Compensation, inmates, or military activity and national security.

Law Enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support governmental audits and inspections, to facilitate law-enforcement investigations, and to comply with governmental mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information. For a more detailed description of any of these rights, please contact the Privacy Officer.

- ❖ You have the right to inspect and copy you protected health information, as permitted by law.
- ❖ You have the right to request a restriction on the use and disclosure of your protected health information. However, we do not have to agree with that request.
- ❖ You have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- ❖ You may have the right to have your physician amend or submit correction to your health information.
- ❖ You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.
- ❖ You have the right to obtain a printed copy of this notice from us.

COMPLAINTS

You may complain to us or to the Secretary Of Health And Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint in writing. We will not retaliate against you for filing a complaint against us.

You may contact our Privacy Officer: Shirley Ephlin at 901.458.0162 for further information about the complaint process.

This notice was originally published and became effective on January 1, 2003.

If you have any questions about this Notice please contact:



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**SHIRLEY EPHLIN, PRIVACY OFFICER
PRIMARY CARE SPECIALISTS INC.
3109 WALNUT GROVE ROAD
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