

Steven J. Smith, MD, FACS
Notice of Privacy Practices

About This Notice

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices. You have certain rights - and we have certain legal obligations - regarding the privacy of your Protected Health Information, and this Notice explains those rights and obligations.

What is Protected Health Information (PHI)?

"Protected Health Information (or PHI)" is information that individually identifies you that we create or get from you, another health care provider, health plan, your employer, or a health care clearinghouse that relates to (1) your past, present, or future physical 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

We may use and disclose your PHI in the following circumstances:

Treatment We may use or disclose your PHI to provide you with medical treatment or services and to coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider so that they may determine the most appropriate care.

Payment We may use and disclose your health information for payment purposes. For example, we may need to get prior authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations We may use and disclose your health information for our internal health care operations including proper administration of records, and evaluation of the quality of care you are receiving.

Appointment Reminders/Treatment Alternatives We may contact you to provide appointment reminders, information about treatment alternatives, or information about other 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 legal guardians unless such disclosure is otherwise prohibited by law.

Research We may use or disclose information for research purposes if such research has been specially approved by an authorized institutional review board or a privacy board that has set up protocols to ensure the privacy of your PHI.

Required by Law We will disclose PHI about you when required to do so by international, federal, state, or local law.

Threat To Health and Safety We may use and disclose information to prevent a serious threat to your health and safety or the health and safety of others. For example, we may be required by law to report suspected abuse or neglect, or similar injuries and events.

Public Health Risks We may disclose PHI for public health activities such as purposes related to (1) the quality, safety or effectiveness of an FDA-regulated product or activity (2) prevent or control disease, injury or disability (3) report deaths (4) report reactions to medications or problems with products

(3) notify people of recalls of products they may be using.

Business Associates We may disclose PHI to our business associates who perform functions on our behalf or provide us with 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 to protect the privacy and security of PHI.

Oversight Agencies Federal law allows us to release your PHI to appropriate health oversight agencies for activities such as audits, civil, administrative or criminal investigations, inspections, licensures or

disciplinary actions, and for similar reasons related to the administration of health care.

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

Deaths We may disclose information to a coroner or medical examiners so that they can carry out their duties.

Specialized Government Functions We may disclose your PHI for specialized government functions as authorized by law such as Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Correctional Institutions If you are an inmate of a correctional institution, or in custody of a law enforcement official, we may disclose the PHI necessary for your health and the health and safety of other individuals.

Workers Compensation We may release information about you for workers' compensation or similar programs providing benefits for work-related injuries or illness.

Data Breach Notification Purposes We may disclose your PHI to provide legally required notices of unauthorized access to our disclosure of your health information.

Other Uses or Disclosures Other uses and disclosures not included 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.

Opportunity to Object and Opt Out

You have the option to object or opt out of the following uses or disclosures:

Individuals Involved in Your Care Unless you object, we may disclose information to a member of your family, or any other person you identify, that directly relates to that person's involvement in your health care. If you are unable to object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief We may disclose your PHI to disaster relief organizations to coordinate your care, or notify family and friends of your location or condition. We will provide you with an opportunity to agree or object to such disclosure whenever we practically can.

Fundraising Activities We may use or disclose your information in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

Individual Rights

You have the following rights with regard to your health information. You have the right to obtain a copy of this Notice at any time.

Inspect and Copy. You have the right to inspect and copy your PHI. We have up to 30 days to make your PHI available to you. There may be a small charge for the copies.

Summary Explanation We can provide you with a summary of your PHI, rather than the entire record, so long as you agree to this alternative form and pay the associated fees.

Electronic Copy of Electronic Medical Records If your PHI is maintained in an electronic format, you have the right to request an electronic copy of your record if the PHI is not readily producible in the form or format that you request, your record will be provided in a readable hard copy form.

Get Notice of a Breach You have the right to be notified upon a breach of any of your unsecured PHI.

Request Amendments If you feel that the PHI we have is incorrect or incomplete, 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.

Request Restrictions You may request restriction on certain uses and disclosures of your health information. We are not required to grant your request but we will comply with any request granted.

Out-of-Pocket Payments. If you paid out-of-pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations.

Request Confidential Communications You have the right to request that we communicate with you only in certain ways to preserve your privacy. You must make any such request in writing and you must specify how or where we are to contact you.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed below. We may ask you to fill out a form that we will supply. To get a paper copy of this Notice, contact our Privacy Officer.

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

Complaints

If you believe your rights have been violated, you may file a complaint in writing with us or with the Secretary of the United States Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions about this Notice or if you need more information, Please contact

Steven J. Smith, MD
Privacy Officer
Steven J. Smith, MD, FACS
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Knoxville, TN 37923

Email:
sdsmith@stevenjsmithmd.com
Phone: 865-246-6700

Effective Date: September 3, 2008
Last Revision: May 23, 2013

I, _____
Hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signed: _____

Date: _____

If not signed, reason why acknowledgement was not obtained:

