

**Speight Family Medical, LLC**  
**76 Tabb DR STE E Munford, TN, 38058**  
**403 Henslee Dr Dickson, TN 37055**

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.

Our practice is dedicated to maintaining the privacy of your *Protected Health Information* (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

If you have any questions about any part of this Privacy Notice or if you want more information about the privacy practices of SFM, LLC, please ask a staff member or contact our Office Manager, Robert Speight.

We reserve the right to change the privacy practices described in this Notice in the event that the practices need to be changed to be in compliance with the law. We will make the new notice provisions effective for all the protected health information that we maintain. We will post a copy of the current notice in our offices. If we change our privacy practices, you will receive a revised copy at your next visit.

**How Speight Family Medical, LLC May Use or Disclose Your Health Information for Treatment, Payment, or of Health Care Operations**

The following categories describe the ways that SFM, LLC may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

**Treatment.** We may use or disclose your health care information in the provision, coordination or management of your health care. For example we may use your information to write prescriptions for you, to call and remind you of an appointment or to refer your care to another physician. If another provider requests your health information and they are not providing care and treatment to you we will request an authorization from you before providing your information.

**Payment.** We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information (1) to send a bill for your health care services to your insurer, (2) contact your health insurer to certify that you are eligible for benefits, (3) provide your insurer with treatment details to determine payment, use your PHI to obtain payment from third parties that may be responsible for such costs, such as family members, etc.

**Health Care Operations.** Our practice may use and disclose your PHI to operate our business. We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example, we may use your information to determine the quality of care you received when you had your surgery. If the activities require disclosure outside of our health care organization we will request your authorization before disclosing that information.

**Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

**Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**Health-Related Benefits and Services.** The practice does not receive any compensation in connection with communications with patients about its products and services, except that the practice may communicate with patients about prescription drugs or biologics and receive payment from the manufacturer that is reasonable in amount and compensate the practice for the cost it has incurred in connection with the communication, mailing lists and/or actions related to such communication. Except for communications about drugs or biologics, the practice will first obtain the patient's authorization if the practice will receive direct or indirect payment for communication with the patient. The practice will communicate with patients about products or services and encourage the purchase or use of the product or service only for treatment purposes, or for case management, care coordination, or to recommend alternative therapies, providers or settings of care.

**Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you provided that you have given them your PIN. For example, a parent or guardian may ask that a nanny take their child to the pediatrician's office for treatment of a cold. In this example, the nanny may have access to this child's medical information, if they know the PIN.

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**Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

**Uses and Disclosures with Opportunity to Agree or Object.** In certain situations we will give you the opportunity to agree or object to disclosing your PHI. If you are incapacitated, in an emergency situation, or not available, we will exercise our professional judgment as to whether the use or disclosure is in the best interests of the individual.

**Facility Directories.** Health care providers may rely on an individual's informal permission to list in its facility directory the individual's name, general condition, religious affiliation, and location in the provider's facility. For those seeking this information, it is conditionally available.

**For Notification and Other Purposes.** We may disclose your specific PHI, that which is relevant to a person's involvement in your care or payment for care, to your family, relatives, or friends, or to other persons whom the individual identifies. Similarly, we may use or disclose your protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for your care, your location, general condition, or death. In addition, your PHI may be disclosed for notification purposes to public or private entities authorized by law or chartered to assist in disaster relief efforts.

### **How SFM, LLC May Use or Disclose Your Health Information Without Your Written Authorization**

The following categories describe the ways that SFM, LLC may use and disclose your health information without your authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

**Required by Law.** We may use and disclose your health information when the use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

**Public Health.** When required by law, we may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.

- maintaining vital records, such as births and deaths
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Victims of Abuse, Neglect or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

**Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

**Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding (lawsuits) in response to a court order. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

**Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

**Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the identity or cause of death.

**Cadaveric, Organ, Eye, or Tissue Donation.** We may disclose your health information to organizations involved in procuring organs and tissues for transplantation.

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**Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct medical research which may involve an assessment of how well a drug is working to cure a heart disease or whether a

certain treatment is working better than another. When using PHI for research, we have special rules, policies and procedures, which you may review, to ensure your privacy.

**To Avert a Serious Threat to Health or Safety.** We may disclose your health information in a very limited manner to appropriate persons to prevent a serious threat to the health or safety of a particular person or the general public. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

**Specialized Government Functions.** Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.

**Inmates.** Our practice may disclose your PHI to officials in correctional institutions if you are an inmate or under the custody of a law enforcement official. For example, (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**Workers' Compensation.** Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness. **Appointment Reminders.** We may use or disclose your health information to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.

### **When SFM, LLC May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you.

### **Your Health Information Rights**

**Inspect And Copy Your Health Information.** You have the right to inspect and obtain a copy of your health care information. For example, you may request a copy of your immunization record. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for inspection or access must be submitted in writing to our Office Manager. In addition, we may charge you a reasonable fee to cover our expenses for copying your health information. We have a form to assist you with your request to inspect your PHI.

**Request To Correct Your Health Information.** You have a right to request that SFM, LLC amend (Request an Amendment) your health information that you believe is incorrect or incomplete. For example, if you believe the dates of your child's tetanus immunizations are incorrect; you may request that the information be corrected. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to our Office Manager. You must also provide a reason for your request. We have a form to assist you with your request to change / correct your PHI.

**Request Restrictions on Certain Uses and Disclosures.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. However, we are not required to agree in all circumstances to your requested restriction. For example, we are not required to agree to your request unless the disclosure is to a health plan for purposes of payment for healthcare services or healthcare operations. In this case we must agree to your request; however, you must have paid us in full "out of pocket" in order for us to grant the disclosure. If you would like to make a request for restrictions, you must submit your request in writing to our Office Manager. We have a form to assist you with your request to restrict your PHI.

**Receive Confidential Communications Of Health Information.** You have the right to request that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests. To request confidential communications, you must submit your request in writing to our Office Manager. We have a form to assist you with your confidential communications request.

**Receive A Record Of Disclosures Of Your Health Information.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. To request this accounting of disclosures, you must submit your request in writing to our Office Manager. We have a form to assist you with your request for a record of disclosures of your PHI. We must comply with your request for a list

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within 30 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year.

**Obtain A Paper Copy Of This Notice.** Upon your request, you may at any time receive a paper copy of this notice. The privacy notice is on our web site, or to obtain a paper copy of this Notice, send your written request to our Office Manager.

**Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Business Manager and our Office Manager will provide you with any needed assistance in completing our complaint form. We request that you file your complaint in writing so that we may better assist in the investigation of your complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. If your complaint relates to your privacy rights while you were receiving treatment for mental illness, alcohol or drug abuse or a developmental disability you may also file a complaint with the staff or administrator of the treatment facility or community mental health program. There will be no retaliation against you in any way for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. However, we will be unable to take back any disclosures we have already made with your permission. Please note, we are required to retain records of your care. If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact our Office Manager, Robert Speight.

**This notice of medical information privacy was effective March 3, 2008 and revised 2016.**