

HELEN ROSS MCNABB CENTER, Inc.

201 W. Springdale Avenue
Knoxville, Tennessee 37917

NOTICE OF PRIVACY PRACTICES

Effective March 15, 2018

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.

If you have any questions about this Privacy Notice, please contact our Privacy Officer at Helen Ross McNabb Center, 201 W. Springdale Avenue, Knoxville, TN 37917 - (865) 637-9711

LEGAL OBLIGATIONS

The HELEN ROSS MCNABB CENTER (Provider) is required to maintain the privacy of all health information within its organization; provide a notice of privacy practices to all associates; inform associates of our legal obligations; and advise associates of additional rights concerning their Protected Health Information (defined below). Affected individuals have the right to and will receive notification following any breach of unsecured Protected Health Information. Provider shall follow the privacy practices contained in this notice from its effective date of March 15, 2018, and continue to do so until this Notice is changed or replaced.

Provider reserves the right to change privacy practices and the terms of this Notice at any time. Any changes made in these privacy practices will be effective for all protected health information that is maintained by Provider or its Business Associates, including Protected Health Information created or received before the changes were made. All members will be notified of any changes by receiving a new Notice of Privacy Practices via mail to your mailing address on file, electronic mail to your e-mail address on file (if you have agreed to receive electronic communications from Provider), or hand-delivery. You may request a paper copy of this notice at any time, even if you have agreed to receive this notice electronically.

ORGANIZATIONS COVERED BY THIS NOTICE

This Notice applies to the privacy practices of Provider and health care providers involved in the treatment of patients and its business or other associates. Protected Health Information of patients may be communicated as needed for treatment, payment, or health care operations. Protected Health Information is information collected from an individual that relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or payment for provision of health care to the individual which identifies the individual or for which there is a reasonable basis to believe that the information can be used to identify the individual.

USES AND DISCLOSURES OF MEDICAL INFORMATION

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. This Notice also describes your rights regarding Protected Health Information that we maintain about you and a brief description of how you may exercise these rights. We will use and disclose your Protected Health Information as described in each category listed below. Other uses and disclosures not described in this Notice will be made only with your authorization. Once given, such authorization may be revoked by you in writing, except to the extent Provider has already taken action in reliance thereon, or if the authorization was obtained as a condition to obtaining insurance coverage and other law provides the insurer with the right to contest the claim.

TREATMENT: Your Protected Health Information may be disclosed to a doctor or other health care provider that asks for it in connection with the provision of treatment to you. Provided, however, that the disclosure of any psychotherapy notes (if applicable) will require your prior authorization.

PAYMENT: Your Protected Health Information may be used or disclosed to file a claim for payment of services provided to you by Provider, doctors, or other health care providers.

HEALTH CARE OPERATIONS: Your Protected Health Information may be used and disclosed to conduct quality assessment and improvement activities; to engage in care coordination or case management; to pursue any right of recovery, reimbursement, and/or subrogation; for purposes of accreditation; and in connection with conducting and arranging legal and related services. It may also be used in connection with disease management, case management, conducting or arranging for medical review, legal services, auditing functions, fraud and abuse detection and compliance programs, business planning and development, business management, ensuring the safety of our patients, doctors, and other health care providers, and general administrative activities.

AUTHORIZATIONS: You may provide written authorization to use your Protected Health Information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your Protected Health Information for any reason except those described in this Notice.

PERSONAL REPRESENTATIVE: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make reasonable efforts to verify that such a person has this authority and can act for you before we take actions initiated by them. Your Protected Health Information may be disclosed to family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care, but only if you agree we may do so, as described in the Individual Rights section of this Notice below.

PLAN SPONSORS: Your Protected Health Information may be disclosed to your group plan sponsor or insurance provider in order to perform plan administration functions. Please see your plan documents for a full description of the limited uses and disclosures the plan sponsor may make of your Protected Health Information in order to administer your group health plan. You have the right to restrict disclosures to a health plan if the disclosure is for payment or for health care operations and pertains to an item or service for which you have paid out-of-pocket in full.

UNDERWRITING: Your Protected Health Information may be disclosed for underwriting, premium ratings, or other activities relating to the creation, renewal or replacement of a contract of health insurance or benefits; provided, however, that we will not use or disclose your genetic information for such purposes. Your Protected Health Information will not be used or further disclosed for any other purpose, except as required by law.

MARKETING; SALE; FUNDRAISING: Your Protected Health Information may be used to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. Your Protected Health Information may be disclosed to a Business Associate or other associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt-out of receiving further information by telling us (see instructions for opting out at the end of this Notice). Your Protected Health Information will not be disclosed in a manner constituting a sale without your authorization. Provider may elect to contact you regarding fundraising efforts; however, you have the right to opt out of receiving such communications (see instructions below).

RESEARCH: Your Protected Health Information may be used or disclosed for research purposes in limited circumstances. Protected Health Information of a deceased person may be disclosed to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes.

AS REQUIRED BY LAW: Your Protected Health Information may be used or disclosed as required by state or federal law. For example, Protected Health Information must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining compliance with federal privacy laws. Protected Health Information may be disclosed when required by worker's compensation or similar laws; to a government agency authorized to oversee the health care system or government programs or its contractors; respond to organ and tissue donation requests; work with medical examiner or funeral director; respond to legal actions and lawsuits by order or subpoena; and to public health authorities for public health purposes. As part of a new program and as required by agreement with State of Tennessee and local city and/or county law enforcement, patients receiving treatment while under police custody may be monitored by an on-site police officer for the purpose of maintaining custody, via closed circuit video cameras placed in limited, separate areas. These monitoring activities

are not expected to affect patients who are not currently under police custody while receiving treatment.

COURT OR ADMINISTRATIVE ORDER: Protected Health Information may be disclosed in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances (i.e. court order, warrant, or grand jury subpoena), Protected Health Information may be disclosed to law enforcement officials. In addition, Protected Health Information may be disclosed to law enforcement officials concerning a suspect, fugitive, material witness, crime victim or mission person. Protected Health Information may be disclosed to law enforcement officials or a correctional institution regarding an inmate or other person in lawful custody, in certain circumstances.

VICTIM OF ABUSE: Protected Health Information may be released to appropriate authorities based on our reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. Protected Health Information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. Protected Health Information may be disclosed when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

MILITARY AUTHORITIES; NATIONAL SECURITY: Protected Health Information of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. Protected Health Information may be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

INDIVIDUAL RIGHTS

ACCESS: You have the right to review or obtain copies of your Protected Health Information, with limited exceptions. You may request a format other than photocopies, which request will be accommodated unless Provider cannot practicably do so. You must make the request in writing to obtain access to your Protected Health Information. You may obtain a form to request access by using the contact information at the end of this Notice, or you may send us a letter requesting access to the address located at the end of this Notice. If you request copies, there will be a reasonable cost-based charge for each page, for staff time to copy your Protected Health Information, and for postage if you want the copies mailed to you. If you request an alternative format, the charge will be cost-based for providing your Protected Health Information in that format. If you prefer, we will prepare a summary or explanation of your Protected Health Information. For an explanation of the fees charged for preparing an explanation or summary, please contact our Privacy Officer at the location stated below. If we deny your request to access your health information, we will notify you in writing why the request was denied within sixty (60) days.

ACCOUNTING: You have the right to receive an accounting of the disclosures of your Protected Health Information by Provider or by a Business Associate of Provider. This accounting will list each disclosure that was made of your Protected Health Information for any reason other than treatment, payment, health care operations and certain other activities for the prior six (6) years. This accounting will include the date the disclosure was made, the name of the person or entity to whom the disclosure was made, a description of the Protected Health Information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to these additional requests. For a more detailed explanation of the fee structure, please contact our Privacy Officer at the location stated below.

RESTRICTIONS ON USE OR DISCLOSURE: You have the right to request restrictions on Provider's use or disclosure of your Protected Health Information. Except for in certain limited circumstances, Provider is not required to agree to these additional requests. If Provider is in agreement with the restrictions, Provider will honor the request except in an emergency or as otherwise specifically described herein. **Any agreement to restrictions on the use and disclosure of your Protected Health Information must be in writing and signed by an authorized individual on behalf of Provider. Provider will not be bound unless the agreement is so memorialized in writing.**

COMMUNICATIONS: You have the right to request confidential communications about your Protected Health Information by alternative means or to alternative locations. You must inform Provider that confidential communication by alternative means or to alternative locations is required to avoid endangering you. **You must make your request in writing.** Provider will accommodate the request if it is reasonable and specifies the alternative means or location.

AMENDMENT OF PROTECTED HEALTH INFORMATION: You have the right to request that Provider amend your

Protected Health Information. **Your request must be in writing and it must explain why the information should be amended.** Provider may deny your request if the Protected Health Information you seek to amend was not created by Provider or for certain other reasons. If your request is denied, Provider shall provide a written explanation of the denial. You may respond with a statement of disagreement to be appended to the information you wanted amended. If Provider accepts your request to amend the information, Provider will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS

Substance use disorder patient records are subject to more stringent protections by law, than other types of health information. These records include information that may be used to identify a patient as someone who abuses alcohol or drugs. Certain federal laws and regulations protect the confidentiality of substance use disorder patient records (“Substance Use Disorder Laws and Regulations”), which are summarized for you in this paragraph. As a general rule, we may not tell persons outside the programs that you attend any of these programs, or disclose any information identifying you as having a substance use disorder, unless: you authorize the disclosure in writing; or disclosure is permitted by a court order; or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes according to law and regulation; or you threaten to commit a crime either at the substance use disorder program or against any person who works for our substance use disorder programs; or the disclosure is made pursuant to an agreement with a third party service provider, as allowed by law and regulation. Violation of the Substance Use Disorder Laws and Regulations is a crime. You may report suspected violations to the United States Attorney for the judicial district in which the violation occurs, and in the case of an opioid treatment program you may also report suspected violations to the Substance Abuse and Mental Health Services Administration office responsible for oversight of opioid treatment programs. You should include your contact information along with any report of a violation. The following types of information ***are not protected*** by Substance Use Disorder Laws and Regulations: (i) information about a crime committed either at the Provider’s location or against any person who works for the Provider or any threat to commit either type of crime, and (ii) information about suspected child abuse or neglect. Substance Abuse Laws and Regulations include the laws at 42 United States Code § 290dd-2 and the regulations of 42 Code of Federal Regulations Chapter I, Subchapter A, Part 2.

QUESTIONS AND COMPLAINTS

If you wish to opt out of certain communications as described above, or to request that we communicate with you by alternative means or at alternative locations, you may contact Provider’s Privacy Officer at the address or number set forth below. If you are concerned that Provider has violated your privacy rights, or you disagree with a decision made about access to your Protected Health Information or in response to a request you made to amend or restrict the use or disclosure of your Protected Health Information, you may contact us or submit a complaint using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request. We support your right to protect the privacy of your Protected Health Information. There will be no retaliation in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. Provider’s Privacy Officer’s contact information is as follows:

Privacy Officer
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201 W. Springdale Avenue
Knoxville, TN 37917
(865) 637-9711