

MORRISTOWN GASTROENTEROLOGY, P.C.
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

LEGAL OBLIGATIONS

Morristown Gastroenterology 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. Morristown Gastroenterology shall follow the privacy practices contained in this notice from its effective date of April 14, 2003, and continue to do so until this notice is changed or replaced.

Morristown Gastroenterology reserves the right to change privacy practices and their terms of this notice at any time. Any changes made in these privacy practices will be effective for all protected health information (PHI) that is maintained including PHI created or received before the changes were made. All members will be notified of any changes by receiving a new notice of privacy practices.

You may request a copy of this Notice of Privacy Practices any time by contacting the Privacy Officer, Morristown Gastroenterology, 705 North High Street, Suite A, Morristown, TN 37814, (423) 587-0860.

ORGANIZATIONS COVERED BY THIS NOTICE

This notice applies to the privacy practices of Morristown Gastroenterology and health care providers involved in the treatment of patients and its business or other associates. PHI of patients may be communicated as needed for treatment, payment, or healthcare operations. PHI 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 healthcare to an individual or payment for provision of healthcare to the individual that 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

Your PHI may be used without authorization and disclosed for treatment, payment, and healthcare operations, for example:

TREATMENT: Your PHI may be disclosed to a doctor or other healthcare provider that asks for it to provide treatment to you.

PAYMENT: Your PHI may be used or disclosed to file a claim for payment of services provided to you by Morristown Gastroenterology, doctors, or other healthcare providers.

HEALTHCARE OPERATIONS: Your PHI 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

and/or reimbursement, subrogation, accreditation, conducting and arranging legal services, etc. It also includes disease management, case management, conducting or arranging for medical reviews, legal services, and auditing functions including fraud and detection and abuse compliance programs, business planning, and development, business management and general administrative activities.

AUTHORIZATIONS: You may provide written authorization to use your PHI 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 PHI for any reason except those described in this notice.

PERSONAL REPRESENTATIVE: Your PHI may be disclosed to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree we may do so, as described in the Individual Rights section of this notice below.

PLAN SPONSORS: Your PHI 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 PHI in order to administer your group health plan.

UNDERWRITING: Your PHI may be disclosed for underwriting, premium rating or other activities related to the creation, renewal or replacement of a contract of health insurance or benefits. Your PHI will not be used or further disclosed for any other purpose, except as required by law.

RESEARCH: Your PHI may be used or disclosed for research purposes in limited circumstances. PHI 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 PHI may be used or disclosed as required by state or federal law. For example, PHI must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining compliance with federal privacy laws. PHI may be disclosed when required by workers compensation or similar laws; to a government agency authorized to oversee the healthcare systems or government programs or its contractors; and to public health authorities for public health purposes.

COURT OR ADMINISTRATIVE ORDER: PHI 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), PHI may be disclosed to law enforcement officials. In addition, PHI may be disclosed to law enforcement officials concerning a suspect, fugitive, material witness, crime victim, or missing person. PHI 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: PHI may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. PHI 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. PHI 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: PHI of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. PHI may be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

INDIVIDUAL RIGHTS

You have the right to look at or get copies of your PHI, with limited exceptions. You must make the request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information at the end of this notice. If you request copies, there will be a reasonable cost-based charge for each page and for staff time to copy your PHI, and postage if you want the copies mailed to you.

You have the right to receive an accounting of the disclosures of your PHI by Morristown Gastroenterology or by a business associate of Morristown Gastroenterology. This accounting will list each disclosure that was made of your PHI for any reason other than treatment, payment, healthcare operations and certain other activities since April 14, 2003. 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 PHI 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.

You have the right to request restrictions on Morristown Gastroenterology's use or disclosure of your PHI. Morristown Gastroenterology is not required to agree to these additional requests, but if in agreement, Morristown Gastroenterology will honor the agreement, except in an emergency.

QUESTIONS AND COMPLAINTS

If you want more information concerning Morristown Gastroenterology's privacy practices or have questions or concerns, please contact us at the location specified below.

If you are concerned that Morristown Gastroenterology has violated your privacy rights, or you disagree with a decision made about access to your PHI, or in response to a request you made to amend or restrict the use or disclosure of your PHI, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services.

Morristown Gastroenterology supports your right to protect the privacy of your PHI. 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.

Privacy Officer
Morristown Gastroenterology, P.C.
705 North High Street, Suite A
Morristown, TN 37814
(423) 587-0860 PHONE

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: _____ Signature _____ Date _____