

AN OFFICE OF BAPTIST MEMORIAL MEDICAL GROUP
NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2011

**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 notice, please contact 1-877-BMH-TIPS during regular business hours. If necessary, your question may be directed to the Privacy Officer, or their designee, at the specific physician office to which your question refers.

WHO WILL FOLLOW THIS NOTICE.

This notice describes the privacy practices of:

- All physician offices, clinics, and diagnostic centers of Baptist Memorial Medical Group
- These entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our office to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose information about you.

We are required by law to:

- keep private medical information that identifies you;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice of Privacy Rights currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For better understanding, we have provided some examples in each category. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use information about you to provide you with medical treatment or services. We may disclose medical information about you to the various members of our staff to facilitate your care. For example, the nurse or office staff member may contact a hospital to arrange an appointment for a diagnostic test that cannot be performed in our office. The nurse or office staff member may call in a prescription to a pharmacy for you.
- **For Payment.** We may use and disclose information about you so that the services you receive at our office may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose information about you for our office operations. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

- **Photographs.** We may photograph patients for security and identification purposes.
- **Patient Satisfaction Surveys.** We may use a limited amount of information about you to conduct patient satisfaction surveys by telephone and written communications.
- **Health Awareness Materials.** We may use your demographic information to send general health information to you. If you would like us to send information about a particular health topic to you, please let us know.
- **Personal Representatives.** If you have an advance directive, such as a Durable Power of Attorney for Health Care, or if a court has appointed a guardian for you, we will share information regarding your treatment with your personal representative unless we believe that the sharing of information would jeopardize your health or safety.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment scheduled.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. This includes reviewing your medical information to see if you meet the criteria to be eligible to participate in clinical trials.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved with your medical care or payment for services, unless you inform us that you object to such disclosure. (However, you may not use such an objection to avoid payment for services by a responsible party.)
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Access by Parents.** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.
- **Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Medical Surveillance of the Workplace.** If you are an employee who is being evaluated at the request of your employer for medical surveillance of the workplace or in relation to a work-related illness or injury, we may share information obtained from such evaluation with your employer.
- **Public Health Risks.** We may disclose medical information about you for public health activities aimed at preventing or controlling the spread of disease.
- **Health Oversight Activities.** We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. We may disclose medical information to lawyers or consultants who are providing services to our office regarding a legal or regulatory matter.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response

to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we receive written assurances that the party seeking your information has made efforts to tell you about the request or to obtain an order protecting the information requested. We may use your medical information to defend a legal action against our office.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official whose request is for a purpose authorized by the law.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner to assist in determining a cause of death.
- **National Security, Intelligence Activities, and Protective Services.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, national security activities authorized by law, protection of the President or foreign heads of state, or other similar activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of information used to make decisions about your care. Generally, this includes medical and billing records. You must submit your request in writing to the Office Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain, very limited circumstances, such as if the physician believes that you might harm yourself or someone else if you had access to the record. However, you can request a review of the decision to deny access.

- **Right to Amend.** If you feel that the information in your record is incorrect or incomplete, you may ask us to amend the information for as long as the information is maintained.

Your request must be made in writing and submitted to the Office Manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for our office;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of information about you for reasons other than treatment, payment or health care operations. For example, an accounting of disclosures would include disclosures that we are required by law to make, such as reporting communicable diseases to the county health department.

To request this accounting of disclosures, you must submit your request in writing to the Office Manager. Your request must state a time period, which may not be longer than six years and may not include dates

before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or if disclosure is required by law.

To request restrictions, you must make your request in writing to the Office Manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work. However, you must provide us with an address to which we can send all written correspondence, including your bill.

When you establish a relationship with this office, you will be requested to provide one mailing address and one phone number which are acceptable to you for receiving communications from us.

You may request a change to your confidential communications address and phone number at any time by submitting a written request to the Office Manager. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website, www.baptistonline.org. Paper copies of this notice are available upon request.

CHANGES TO THIS NOTICE.

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice showing the effective date.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a privacy complaint with this office, contact 1-877-BMH-TIPS, or submit your complaint in writing to the attention of the Compliance Officer at P.O. Box 1960, Jonesboro, Arkansas 72403 or call 870-934-5136.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.