

Memphis Vascular Center
1661 International Place Drive * Suite 350
Memphis, TN 38119
901-683-1890

Notice of Privacy Practices:

We are required by law to protect the privacy of your medical information. Please review this carefully.

YOUR HEALTH INFORMATION RIGHTS

Your medical record belongs to you as the patient. You have the right to inspect and obtain a copy of this information at any time. You can request communication between physicians regarding your medical records at any time. You may also revoke the authorization to disclose health information except to the extent it has already been disclosed.

OUR RESPONSIBILITIES

Memphis Vascular Center is required to maintain privacy of your health information; to provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We abide by the terms of this notice, and notify you if we are unable to agree to a requested restriction. We reserve the right to change our practices and to make new provisions for all health information we maintain. We will not use or disclose your health information without your authorization, except as described in this Notice.

EXAMPLES OF DISCLOSURES FOR TREATMENT

Memphis Vascular Center will use your medical information for treatment purposes. An example is the information obtained by a nurse or a physician that will be recorded in your medical record. This information will be used by members of the healthcare team to determine treatment and response to medical intervention.

OTHER PERMITTED DISCLOSURES AND USES OF YOUR HEALTH INFORMATION

Unless you notify us that you object, we may use or disclose health information to *notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition*. Unless you notify us that you object, we may disclose your health information to *members of the clergy*. We, as health professionals, may disclose to a *family member*, other relative, or any other person you identify, health information relevant to that person's involvement in your care. We may disclose your protected health information to a group health plan, health insurance issuer, or HMO with respect to a group health plan, who may disclose your protected health information to the plan sponsor. We may also contact you to provide additional information. (i.e.: to verify your policy number and insurance verification).

Concerning messages left: Memphis Vascular Center may leave a message at the following numbers: Please see attached page to be left for your medical record.

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

As required by law, we may disclose your health information to *public health or legal authorities* charged with preventing or controlling disease, injury, or disability.

We may disclose health information *for law enforcement purposes* as required by law or *in response to a valid subpoena*. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

We will disclose appropriate medical billing information to a collection agency should efforts to collect from your insurance company or yourself become unproductive. We file insurance as a courtesy for patients, but the responsibility for payment is with the patient or the responsible party--as they are the policyholder.

RIGHT TO OBTAIN NOTICE

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice electronically. This Notice may be changed at any time.

REQUESTING COPIES OF YOUR MEDICAL RECORD

You may request a copy of your medical record. We will provide a copy within 10 working days after you submit your request. We will charge \$.025 for each page copied.

REQUESTING RESTRICTIONS ON USE AND DISCLOSURE

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also may request that your health information not be disclosed to family members or friends who may be involved in your care. You must state the specific restriction requested and to whom you want the restriction to apply. This office is not required by law to agree to a restriction that you may request.

REQUESTING AND ACCOUNTING

You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. It excludes disclosures we may have made to you, or to family members involved in your care. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame.

The right to receive this information is subject to certain exceptions, restrictions and limitations.

REQUESTING CHANGES TO YOUR HEALTH RECORD

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

FOR MORE INFORMATION

If you have questions or would like additional information, please feel free to contact us at (901) 683-1890. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the Federal Health and Human Services Department. There will be no retaliation for filing a complaint.