

Clarksville OB-GYN Associates, P.C.
Notice of Privacy Practices
Effective April 14, 2003

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.

We understand that medical information about you and your health is personal. Clarksville OB-GYN Associates, P.C. and its employees are required by law to maintain the privacy of your health information, follow the terms of this notice, and provide you with a copy of this notice of our legal and privacy practices in regards to your health information.

How we may use or disclose your health information:

Clarksville Ob-GYN Associates, P.C. protects your health information. In certain circumstances, we must have your written authorization to use or disclose your health information. However, we are permitted by law to use or disclose your health information as listed below without your authorization.

- FOR TREATMENT – Information obtained by us will be used to render medical care to you. Health information about you may be disclosed to other health care providers and persons involved in your medical care.
- FOR PAYMENT – We may use and disclose your health information so that your medical services may be billed to and payment collected from you, an insurance company or a third party administrator.
- FOR HEALTH CARE OPERATIONS – We may use or disclose health information about you for our business operations. Unless you provide us with specific instructions, we may send materials related to your health care to your home through the mail or via telephone communications. These types of uses and disclosures are necessary to operate this business and provide you with the highest quality of care and service.
- AS REQUIRED BY LAW – We will disclose information about you when required to do so by federal, state or local laws.
- TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY – We may use or disclose health information about you when necessary to prevent serious threat to your health and safety or the health and safety of another person or the public in general. This type of disclosure would be limited to someone able to help prevent the threat.
- PUBLIC HEALTH RISKS – We may disclose health information about you for public health activities. These activities generally include the following: (a) to prevent or control disease, injury or disability; (b) to report adverse effects or problems with products; (c) recall notifications; (d) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree and when required or authorized by law).
- FOR HEALTH OVERSIGHT ACTIVITIES – We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.
- LAWSUITS AND DISPUTES – If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- FOR SPECIFIC GOVERNMENT FUNCTIONS – We will disclose health information on you for the following specific government functions: (a) health information of military personnel, as required by military command authorities; (b) health information of inmates to a correctional institution or law enforcement official; (c) in response to a request from law enforcement if certain conditions are met; and (d) for national security reasons.

When we may NOT use or disclose your health information:

Except as described in this notice, Clarksville OB-GYN Associates, P.C. will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your rights regarding your health information:

- You have the right to request restrictions on certain uses and disclosures of your health information. Clarksville OB-GYN Associates, P.C. is not required to agree to a restriction that you request. Should we agree to your request, we will put the agreement in writing and follow it except in emergency situations. We cannot agree to limit the uses or disclosures of information that is required by law.
- You have the right to inspect and copy your health information as long as it is maintained by Clarksville OB-GYN Associates, P.C. Your health information will include all clinical data collected on and about you from your first encounter in this practice. To inspect or copy your health information you must submit a written request. We may charge a fee for the costs necessary to grant your request. Your request may be denied in limited circumstances. In the case of a denial, you may ask for a review. You have the right to choose a summary as opposed to a copy of your health information.
- You have the right to request that Clarksville OB-GYN Associates, P.C. amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request along with explanation of the request. Clarksville OB-GYN Associates, P.C. is not required to amend health information that is accurate and complete.
- You have the right to request on accounting of disclosures of your health information made after the effective date of this notice. The accounting of disclosures excludes disclosures for (a) treatment, payment and health care operations; (b) to you or based upon your authorization and (c) certain government functions. To receive an accounting you must submit a written request specifying the time period, which may not be longer than seven years.
- You may request communications of your health information by alternative means or at alternative locations. For example you may request that we contact you about health matters only in writing or at a different address. You must submit a written request stating exactly how you wish to be contacted. Clarksville OB-GYN Associates, P.C. will accommodate all reasonable requests.

If you wish to exercise any of these rights, submit a written request to Clarksville OB-GYN Associates, P.C. ATTN: Office Manager, 1824 Memorial Drive Clarksville, TN. 37043. All requests will be responded to within 30 days from the date received.