



## JOINT 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.

If you have any questions about this notice or your privacy rights, please contact:

**Compliance & Privacy Office**

901-545-6554

[privacy@regionalonehealth.org](mailto:privacy@regionalonehealth.org)

**Regional One Health Main Number:**

901-545-7100

This joint notice covers the privacy practices of Regional One Health, our affiliated sites, and physicians or other professional healthcare providers when they see or treat you in one of our facilities or outpatient clinics.

Regional One Health and the Affiliated Covered Entities (ACE) listed below may share medical information for treatment, payment, or health care operations purposes as described within this notice.

**REGIONAL ONE HEALTH  
UT REGIONAL ONE PHYSICIANS, INC  
REGIONAL ONE HEALTH EXTENDED CARE, LLC**

An ACE is a group of legally separate covered entity that are affiliated or under common ownership or control and designate themselves as a single covered entity for purposes of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations. Regional One Health may modify the covered entities designated as part of its ACE from time to time and, if covered entities are added to the ACE, it's possible those entities may not be listed above.

## OUR PLEDGE TO YOU

At Regional One Health our greatest concerns are your health and privacy. We are committed to using and disclosing your health information responsibly. This Notice of Privacy Practices describes how Regional One Health may collect, use, and disclose information, along with your patient rights regarding your protected health information.

Protected health information, or “PHI”, is information about you, including demographic information, that can reasonably be used to identify you and which relates to your past, present, or future physical or mental health or condition, the provision of healthcare to you or the payment for that care. For purposes of this notice, PHI means any information, whether verbal, paper, or electronic, created or received by Regional One Health relating to your health, or the provision or payment for your healthcare.

## OUR RESPONSIBILITIES

We are required to by the Health Insurance Portability and Accountability Act, also known as “HIPAA”, to maintain the privacy of your PHI. In addition to the responsibilities outlined in this notice, the law requires us to:

- Provide you with notification if we discover a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised;
- Obtain your written authorization before we use or disclose your psychotherapy notes, except for use by the originator of the psychotherapy notes for treatment; or use or disclosure by Regional One Health to defend itself in a legal action or other proceeding brought by the individual;
- Provide you with this notice of our legal duties and privacy practices concerning information we collect and maintain about you
- Ensure all healthcare professionals, employees, students, and other healthcare personnel abide by the terms of the Regional One Health Notice of Privacy Practices currently in effect.

## HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

Generally, we may not use or disclose your PHI without your written authorization. However, in certain circumstances, we are permitted to use your PHI without authorization. This Notice describes different ways that we may use and disclose your PHI without your written authorization. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI without your written authorization should fall within one of these categories.

### Healthcare Treatment

Your PHI may be used and disclosed to provide or manage your healthcare and related services. This may include communicating with other healthcare providers, including physicians, nurses, and technicians, or other medical personnel about treatment, as well as coordinating and managing your healthcare with others. We may use and disclose PHI when you need a prescription, lab work, an x-ray, or other healthcare services. Additionally, we may disclose PHI about you when referring you to another healthcare provider.

### Payment of Services

Your PHI may be used and disclosed so the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give information to your insurance carrier about the surgery you received so your health plan will pay us per your benefits. We may also tell your insurance carrier about an outpatient treatment to obtain prior approval or to determine whether your plan will cover the treatment. We may need to share your demographic information with another provider who also rendered care to you so that they can bill for their services.

## Healthcare Operations

Your PHI may be used and disclosed in performing business activities, which we refer to as “healthcare operations”. These healthcare operations allow us to improve the quality of care we provide and reduce healthcare costs. The following are examples:

- To review and improve the quality, efficiency, and cost of care provided to you and other patients;
- To improve healthcare and lower costs for people who have similar health problems to help manage and coordinate their care. We may use PHI to identify groups of people with similar health problems to give them information about treatment alternatives, classes, or new procedures;
- To provide training programs for students, trainees, healthcare providers, or non-health professionals;
- To cooperate with outside organizations that assess the quality of the care provided. Such organizations might include government agencies, licensing boards, or accrediting bodies;
- To assist individuals in reviewing our healthcare operations. For example, doctors reviewing the services provided to you, as well as accountants, lawyers, and others who assist us in complying with applicable laws may view your PHI;
- To plan for the organization’s future operations and fundraising to benefit our organization;
- To conduct business management and general administrative activities related to services we provide;
- To review activities and the use or disclosure of PHI in the event the organization is sold or control of our business and/or property is given to someone else.

## Health Information Exchange

Many facilities participate in one or more health information exchanges (HIE). An HIE facilitates sharing of information among health care organizations such as hospitals, clinics, health plans, and state or federal- mandated reporting organizations. Information about your past and current medical conditions and medications can be available to us or your non-Regional One Health providers or hospital if they participate in the HIE. You may opt out and restrict others from accessing your Regional One Health record by contacting our Privacy Office. Your opt-out will not affect our obligation to disclose your medical information when required under the law.

## Patient Contact

We may use a limited amount of information about you to contact you for appointment reminders and other general communications, such as patient satisfaction surveys and sharing of health awareness materials. This includes contacting you by mail, telephone, email, text message, or messages through the patient portal.

## Treatment Alternatives

We may use and disclose your 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.

## Fundraising Activities

Your demographic information may be shared with the Regional One Health Foundation to contact you to raise money for the hospital and its operations. We only release contact information and the dates you received treatment or services at the hospital. If you do not want to be contacted, you may opt-out by contacting our Privacy Office.

## 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 corrections 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.



## Patient Objections

Unless you object, we may use or disclose your PHI in the following circumstances:

- If you are an inpatient, we may share your name, room and telephone numbers, and condition in our patient listing with people who ask for you by name. We may also share your religious affiliation with clergy;
- We may share with a family member, relative, or other person identified by you, PHI that is directly related to that person's involvement in your care or payment for your care. We may share with a family member or other person responsible for your care PHI necessary to notify them of your location, general condition, or death.

If you object to our use or disclosure of PHI in any of the circumstances listed above, please notify your caregiver, a Patient Advocate, or the Privacy Office.

## Other Circumstances

In some cases, we may disclose your PHI for circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. The following are ways we may be required to disclose your PHI without authorization. If you request a list of your PHI disclosures, most of these disclosures will be reported to you.

- Disclosures required by federal, state, or local law or other judicial or administrative proceedings;
- Disclosures necessary for public health activities;
- Disclosures related to victims of abuse, neglect, or domestic violence;
- Disclosures for health oversight activities;
- Disclosures for law enforcement purposes;
- Disclosures for non-regulatory tracking and statistical analysis of the incidence of certain diseases or conditions;
- Disclosures related to decedents. We may disclose PHI to a coroner, medical examiner, or funeral director, for example, to identify the deceased or to determine the cause of death;
- Disclosures to organizations involved in organ, eye, or tissue transplant or donation banks;
- Under certain circumstances, disclosure of limited PHI about you for medical research purposes;
- Disclosures to prevent a serious threat to health or safety;
- Disclosures related to specialized government functions. For example, we may disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State;
- Disclosures related to correctional institutions and in other law enforcement custodial situations;
- Disclosures related to Workers Compensation claims.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

### 1. Right to Request Restrictions on Use and Disclosure

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. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. 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 the law requires disclosure.



## 2. Right to Access, Inspect and Copy

You have the right to review and obtain a copy of your medical information in a designated record set maintained by our organization. A designated record set includes medical records, billing records, payment and claims records, as well as other records used, in whole or in part, by or for the entity to make decisions about you. Your request must be in writing and we may charge you related fees. We can also substitute a summary or explanation of your record if you agree in advance. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. To request to review or obtain a copy of your health information, contact the Health Information Management Department.

## 3. Right to Amend

If you feel your medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request we make changes or corrections to clinical, billing, or other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the change or correction.

We may deny your request if:

- The information was not created by us (unless you can prove the creator is no longer available to amend the information);
- The information is not part of the records used to make decisions about you;
- We believe the information we have is correct and complete.

If we deny the request, we will tell you in writing the reason(s) for the denial and describe your rights, including the right to provide a written statement disagreeing with the denial. If we accept your request to amend the information, we will attach the corrected information, identified as an amendment, to the record, along with the original information. We will make reasonable efforts to inform others of the amendment, including people you name who have received your PHI and need the amendment. To request an amendment, contact the Privacy Office.

## 4. Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of disclosures we made of medical information about you for reasons other than treatment, payment, or health care operations. You may ask for disclosures made up to 6 years before your request. For example, the list would include disclosures that we are required by law to make, such as reporting communicable diseases to the county health department. The list will include the date of the disclosure, the name and address of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. To request this accounting of disclosures, you must submit your request in writing to the Privacy Office.

## 5. Right to Be Notified of a Breach

A breach is the unauthorized use or disclosure of your PHI. If a breach occurs and it poses a significant risk of financial reputation, or other harm, Regional One Health is required to notify you in writing.

## 6. Right to Request Confidential Communication

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work phone number or by email. You may request a change to your confidential communications address and phone number by submitting a written request to the Privacy Office. Regional One Health will accommodate all reasonable requests.

## 7. Right to Paper Copy of This Notice

You have the right to request a paper copy of this notice at any time during your visit by asking any caregiver. At any other time, you may send a written request to the Privacy Officer or you can read and download a copy from our website at [www.regionalonehealth.org](http://www.regionalonehealth.org).



## CONTACT INFORMATION

You have rights related to the use and disclosure of your PHI. To exercise these rights, you may contact the following:

- Regional One Health / UT Regional One Physicians      Regional One Health Extended Care Hospital  
Health Information Management      Health Information Management  
877 Jefferson Ave, Memphis, TN 38103      890 Madison Ave, 4<sup>th</sup> FL Turner Tower, Memphis, TN 38103  
Phone: 901-545-7581      Phone: 901-515-3000
- Compliance & Privacy Office  
877 Jefferson Ave, Memphis, TN 38103  
Phone: 901-545-6554    Email: [privacy@regionalonehealth.org](mailto:privacy@regionalonehealth.org)  
Website: <https://www.regionalonehealth.org/patient-rights-and-privacy/>

## COMPLAINTS

If you think your privacy rights have been violated, you may file a complaint with Regional One Health or the Secretary of the Department of Health and Human Services. You won't be penalized or retaliated against for filing a complaint.

To file a complaint with Regional One Health, contact one of the following:

- Compliance & Privacy Office: 901-545-6554
- Patient Advocate (Available 24/7 to Inpatients): 901-545-7123
- Compliance Hotline: 1-844-260-0009

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201, or file a complaint online at <http://www.hhs.gov/ocr/hipaa>.

## CHANGES TO THIS NOTICE

We reserve the right to make revisions and/or change the terms of this Notice of Privacy Practices, the changes will apply to all information we have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices on-site at our hospital, clinic, doctor's office, or other health care entities as well as on our website at [www.regionalonehealth.org](http://www.regionalonehealth.org). We will also provide you with an updated copy upon request.

**Effective Date of This Notice:** *April 19, 2021*