

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.

- I. Interfaith Health Clinic, Inc. (IHC) has always been very careful to protect the privacy of our clients' medical information. We respect your right to privacy and have always handled your personal health information entrusted to us with the utmost care. We hope that you will direct any questions or concerns that you might have about the privacy of your personal health information or this document to any member of our staff.
- II. IHC and all other medical providers are required by law to maintain the privacy of protected health information. We are also required by law to give you this statement and to adhere to the practices as laid down in this statement. The law requires us to give you this notice in advance of your first service whenever possible. But it also allows us to collect information via phone or other means ahead of time to expedite our service to you and it allows us to treat you immediately in an emergency as long as we make a good faith effort to present you with the statement as soon as possible, which we will. We are required by law to prominently post this notice and any later revisions in all of our places of service. If you do not see this notice posted, please ask any staff person to point it out to you.
- III. This notice is effective as of April 14, 2003. We may in the future find it necessary to change our practices and reserve the right to do so without notice. Any change to our practices will be highlighted and dated on the posted notice of our practices at all of our service locations and we will have revised 'Statements of Privacy Practices' in distribution by the time any changes go into effect. We encourage you to check our posted practices each time you visit. If we do find it necessary to change our practices over time we will not segregate our records according to the notice in effect at the time the entries into the records were created. This means that we will not separate our patient records according to the dates of the Statement or any revision. We specifically reserve the right to not segregate our records in this notice. You are entitled to a copy of our privacy practices and any revisions at any time so please ask any staff person for a copy.
- IV. The law also requires that we must make a good faith effort to obtain your written acknowledgment of receipt of this notice. That is why we are asking you (or your personal representative, for example, a parent of a child) to sign saying that we have given you this notice. If you do not sign this acknowledgement, the staff person who presented it to you will sign a statement saying that they gave it to you, for our records. If you have any questions at any time about this notice or anything in it, please ask any staff person. If they do not answer your questions or address your concerns to your satisfaction please call Melissa Knight, our Privacy Officer, at 865-546-7330.
- V. Your medical records are maintained here in a secure location, available only to those who need access to them and then only to the minimum necessary extent to accomplish their job to help in your treatment, pursuit of payment or our healthcare operations. If maintained or shared electronically, reasonable and appropriate security measures will be in place to protect the privacy of your information. All staff is trained in the methods of protection of your privacy and all staff has agreed in writing to abide by the practices as set forth in this notice.
- VI. The law allows us to use your personal health information for the purposes of treatment, payment and healthcare operations. What this means is that while protecting the privacy of your information, releasing only the minimum necessary information to accomplish our purpose, in order to provide you the best treatment possible we must share your information among our professional staff and others.
  - A. Disclosures For Treatment
    1. In order for us to give you the best possible care, we will share your health information among our professional staff. Providers and support persons will access your information to the minimum extent as is necessary to provide the best possible care. What we mean by this is that your provider and support staff must review your personal health information and take it into consideration when

dealing with your illness or injury. Also, at times you may be seen by a different provider and support staff who must review your information in order to give you the best care. Providers often consult with other providers during the decision making processes of diagnosis and recommending treatment, as well.

2. Another example is that if your Primary Care Provider finds it necessary to refer you to a Specialty Provider (a cardiologist, for example), the part of your record that is pertinent to the diagnosis and treatment of your condition will be forwarded to the Specialty Provider in advance of your visit. After that visit, the Specialty Provider's records on your visit(s) to them will be in turn sent back to us to help us coordinate treatment. At times, your information must be sent to the other provider for them to be able to make the decision to accept the referral or not. Our use of your information for treating you is not limited to these examples.

B. Disclosures For Payment

1. We are allowed to use your information for the purpose of collecting payment. This means that office and billing staff may use the minimum necessary amount of your information to collect payment from any insurer, government program or any other payor including yourself.
2. At times an insurance company or other payor requires us to send them a medical record for their review before they will pay a claim for services rendered by us. When such a request occurs, we will review your record and send them only the minimum necessary amount of information that in our opinion satisfies their needs.
3. However, by contract with both you as the member and us as the provider, most plans have a contractual right to review your entire record on demand. If they make such a demand, we must comply. If you wish further information about this process, please call Melissa Knight, our Privacy Officer, at 865-546-7330.

C. Disclosures For Healthcare Operations

1. We are allowed to use your information to facilitate healthcare operations. This means that we can use your information to help us schedule our providers' time, review for Quality Assurance or Risk Management or Corporate Compliance or any other way that we see fit to help us facilitate, measure and improve the quality of care that we provide to you and our other patients.
2. At times it is necessary to mail, fax or electronically transmit your personal health information for the purposes of treatment, payment or healthcare operations. For example, you are being treated at another facility in an emergency or you have relocated and are seeing another provider and we must provide your medical record to the treating facility to aid in your treatment. In such a case and other cases, we may fax your record in whole or in part. If we do so, we will make an effort to ensure that the fax is going where it is intended and being used for it's intended purpose.
3. Similarly, at times it is necessary to transfer your information between our locations or to an insurance company, governmental agency or other payor and we will use reasonable and appropriate security measures whether they are being transferred physically or electronically. If your record is maintained in electronic form, reasonable and appropriate measures will be taken to protect your personal information, access being allowed only to the minimum necessary extent that each staff member needs to be able to make their best contribution to your care. Precautions will be taken to prevent unauthorized access both within our company and from outside our company. If you have questions about these reasonable and appropriate measures please contact Melissa Knight, our Privacy Officer, at 865-546-7330.

- VII. We will only release your records for the purposes of treatment, payment or healthcare operations unless required to by court order or compelled to by a government agency for any reason, including for example, for reasons of public health or law enforcement or duty to warn. Any other uses and disclosures will be made only with your authorization.

- A. If you give us an authorization and later change your mind, you can revoke that authorization.
  - B. If you sign and then later revoke an authorization, we will between the time of the authorization and the revocation be allowed to release your record as stated in the authorization that you sign. We will maintain a record of any release of your personal health information not covered in this statement or authorized in a separate document signed by you or your personal representative, if any. You have the right to request a disclosure of this record of releases in writing to Melissa Knight, our Privacy Officer, 315 Gill Ave. Knoxville, TN 37917.
- VIII. You can request restrictions in the handling of your information contrary to the practices described in this notice. Any request of this nature must be made in writing to Melissa Knight, our Privacy Officer, 315 Gill Ave. Knoxville, TN 37917.
- A. Be aware that as we are already committed to keeping your information as private as possible, that any further restriction may interfere with your treatment, our right to pursue payment from a plan or insurer and may hinder our healthcare operations.
  - B. Such an added restriction may cause responsibility for payment to fall exclusively to you.
  - C. We are not required to accommodate your request.
- IX. You have the right to review or receive a copy of your medical record.
- A. You must make this request in writing to: Melissa Knight, Privacy Officer, 315 Gill Ave. Knoxville, TN 37917.
  - B. We will respond to your request within 10 days.
  - C. There will be a charge for this service based on our actual copying charges. We will tell you how much the charge will be at the time of your request.
- X. If you do not agree with something in your medical record you have the right to amend it.
- A. This means that you may ask that your statement be placed in your record disagreeing with a part of your record.
  - B. We then have the right to attach a statement to your record responding to your concerns whether we agree or disagree with your amendment.
  - C. Please discuss any concerns in this regard with your clinician or call Melissa Knight, our Privacy Officer, at 865-546-7330.
- XI. We will require our Business Associates (people or companies that perform services on our behalf in the course of treatment, pursuit of payment or healthcare operations) to sign statements of acknowledgement of and agreement with our Privacy Practices and the law.
- A. In the future we may include these agreements in contracts with our Business Associates.
  - B. Our Business Associates, whether information is shared with them incidentally or in the course of treatment, payment or healthcare operations, agree to protect your privacy in the same ways that we do by signing these specific agreements.
- XII. We will never use or share your personally identifiable health information with anyone for marketing or research purposes without clearly explaining to you how your information will be used and having you sign an authorization for this use ahead of time.
- XIII. If you feel that your privacy rights have been violated please call Melissa Knight, our Privacy Officer, at 865-546-7330.
- A. It is our desire to immediately address your concerns regarding our protection of your privacy completely.
  - B. However, if your concerns are not addressed to your satisfaction you may complain to: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW., Atlanta, GA 30303-8909. Voice Phone (404) 562-7886. FAX (404) 562-7881. TDD (404) 331-2867.
- XIV. If you would like more information or further explanation of our privacy practices please call Melissa Knight, our Privacy Officer, at 865-546-7330.