



Mercy Health Services, Inc.

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS

This Notice is effective January 1, 2014

**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 ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU/YOUR
CHILD**

We are required by law to protect the privacy of medical information about you/your child and that identifies you/your child. This medical information may be information about health care we provide to you/your child or payment for health care provided to you/your child. It may also be information about your/your child's past, present, or future medical condition.

We are also required by law to provide you with this **Notice of Privacy Practices** explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request (you may always contact our Privacy Officer at 615-790-0567 to obtain a copy of the current notice).

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you/your child.
- Explain your rights with respect to medical information about you/your child.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at 615-790-0567.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION
ABOUT YOU/YOUR CHILD IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you/your child in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you/your child. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at 615-790-0567.

1. Treatment

We may use and disclose medical information about you/your child to provide health care treatment to you/your child. In other words, we may use and disclose medical information about you/your child to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your/your child's treatment and coordinating and managing your/your child's health care with others.

Example: Jane is a patient at Mercy Health Services. The receptionist may use medical information about Jane when setting up an appointment. The provider will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the provider concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

2. Payment

We may use and disclose medical information about you/ your child to obtain payment for health care services that you received. This means that, within Mercy Health Services, we may use medical information about you/your child to arrange for payment (such as preparing bills and managing accounts). We also may disclose medical information about you/your child to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you/your child to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

Example: Jane is a patient at Mercy Health Services and she has private insurance. During an appointment with a provider, the provider ordered a blood test. Mercy Health Services' billing clerk will use medical information about Jane when she prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be disclosed to her insurance company when the billing clerk sends in the bill.

Example: The provider referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan would pay for the test.

3. Healthcare Operations

We may use and disclose medical information about you/your child in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you/your child in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you/your child.
- Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you/your child and our other patients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

Example: Jane was diagnosed with diabetes. Mercy Health Services used Jane's medical information – as well as medical information from all of the other Mercy patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

Example: Jane complained that she did not receive appropriate health care. Mercy Health Services reviewed Jane's record to evaluate the quality of the care provided to Jane. Mercy Health Services also discussed Jane's care with an attorney.

Our Business Associates – Mercy Health Services will contractually require our Business Associates to follow the same confidentiality laws and rules required of all other healthcare providers and health plans. Furthermore, the HITECH Act of 2009 requires that all Business Associates comply with the privacy and security regulations in the same manner as is required of the health care provider. Note: Business Associates perform various activities such as billing services, after-hours telephone answering services, medical software vendors, etc.

4. Persons Involved in Your Care - Designees

We may disclose medical information about you/ your child to a relative, close personal friend or any other person you identify as a "DESIGNEE". If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. If you want certain persons to be allowed to bring you/your child for services at Mercy Health Services, you must complete a **Designee Form** and this person must be listed on the form. Be aware that listing them as a DESIGNEE may allow them to obtain information regarding your/your child's protected health information and billing information. For more information on the privacy of minors' information, contact our Privacy Officer at 615-790-0567. We may also use or disclose medical information about you/your child to a relative, another person involved in your care or possibly a

disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you/ your child to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request. You may remove persons as "DESIGNEES" at any time.

Example: Jane's mother regularly brings Jane's children to Mercy Health Services for their appointments. Jane has placed her mother on her children's **Designee Form** giving Mercy Health Services permission to treat Jane's children while in the care of Jane's mother/children's grandmother. If at any time, Jane decides she does not want her mother to have these rights, Jane must remove her mother's name from Mercy Health Services "DESIGNEE" form in her children's medical record.

5. Required by Law

We will use and disclose medical information about you/your child whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Children's Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you/your child without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you/your child in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at 615-790-0567.

- **Threat to health or safety:** We may use or disclose medical information about you/ your child if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you/your child for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you/your child to a government authority (such as the Department of Children's Services) if we reasonably believe that you/your child may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you/your child to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you/your child to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you/your child to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you/your child to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you/your child to a police officer if the officer needs the information to help find or identify a missing person.

- **Coroners and others:** We may disclose medical information about you/your child to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you/your child in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you/your child to research organizations if the organization has satisfied certain conditions regarding protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you/your child for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you/your child to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you/your child without the "authorization" – or signed permission – of you/your child or your personal representative. In some instances, we may wish to use or disclose medical information about you/your child and we may contact you to ask you to sign an **Authorization Form**. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an **Authorization Form**.

If you sign a written authorization allowing us to disclose medical information about you/your child, you may later revoke (or cancel) your authorization (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you must fill out an **Authorization Revocation Form**. **Authorization Revocation Forms** are available from our Privacy Officer. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

8. OHCAs – Organized Health Care Arrangements

Your information may be shared with those Health Care providers and their authorized representatives that are members of organized health care arrangements in which this practice participates. Purposes of data sharing include utilization review, and quality assessment and improvement activities.

**YOU HAVE RIGHTS WITH RESPECT TO MEDICAL
INFORMATION ABOUT YOU/YOUR CHILD**

You have several rights with respect to medical information about you/your child. This section of the Notice will briefly mention each of these rights. If you would like to know more about you/your child's rights, please contact our Privacy Officer at 615-790-0567.

1. Right to a Copy of This Notice

You have a right to have a paper copy of our **Notice of Privacy Practices** at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at 615-790-0567.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of medical information about you/your child that we maintain in certain groups of records. If we maintain your /your child's medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your/your child's medical records. You may also request an electronic copy of your/your child's medical records be sent to a third party. If you would like to inspect or receive a copy of medical information

about you/your child, you will need to complete a **Medical Record Release Form**. These forms are available from our office.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you/your child, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. Mercy Health Services will follow the State of Tennessee guidelines for charging for copies of medical records either paper or electronic. We may be able to provide you with a summary or explanation of the information in your/your child's medical record. Contact our Privacy Officer for more information on these services and any possible additional fees.

3. Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you/your child that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must complete an **Amendment Request Form** and explain why you would like us to amend the information. **Amendment Request Forms** are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you will need to complete an **Accounting of Disclosures Request Form**. **Accounting of Disclosure Request Forms** are available from our Privacy Officer. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. The accounting will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you/your child for treatment, payment and health care operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of health care operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a health care item or service for which the health care provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. All requests for restrictions must be made by completing a **Restriction Request Form**. This form can be obtained by contacting Mercy Health Services' Privacy Officer at 615-790-0567.

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any *reasonable* request for alternative methods of contact. If you would like to request an alternative method of contact, you must complete an **Alternative Communication Request Form**. **Alternative Communication Request Forms** are available from our Privacy Officer.

7. Breach Notification

The HITECH Act of 2009 requires that health care providers and other covered entities (such as Business Associates) promptly notify affected individuals when there has been a breach of protected health information. Health care providers who experience a breach of information affecting 500 or more individuals must report the breach to the HHS Secretary and the media. Breaches affecting fewer than 500 individuals will be reported to the HHS Secretary on an annual basis. The regulations also require that the Business Associates notify the health care provider or covered entity of any breaches at or by the Business Associate.

8. Filing Your Insurance

You have the right to pay for your services and request that we not file your insurance. If this is your preference you must notify the front desk upon checking in for services.

9. Fundraising Communications

Please let us know if you would like to opt out of Mercy's fundraising communications.

**YOU MAY FILE A COMPLAINT
ABOUT OUR PRIVACY PRACTICES**

If you believe that your/your child's privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you/your child in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

**HIPAA Privacy Officer
Mercy Health Services
1113 Murfreesboro Road
Suite 319
Franklin, TN 37064**

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: (800) 368-1019

TDD Toll-Free: (800) 537-7697

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRAMail@hhs.gov

Client/Patient Rights

(This section of the Patient Notice has been created by MCH's Chief Behavioral Health Officer in an effort to comply with state facility requirements.)

At any time, the client/patient may question and/or refuse our therapeutic services, diagnostic procedures, or methods, as well as gain whatever information the client wishes to know about the process and the course of the prescribed therapeutic services.

The client/patient has the right to:

- Receive respectful treatment that will be helpful to the client/patient
- Receive a particular type of treatment or end treatment without obligation or harassment
- Have a safe environment free from sexual, physical and emotional abuse
- Report unethical and illegal behavior by the client's/patient's provider
- Ask questions about treatment
- Request and receive full information about the client's/patient's provider's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations
- Obtain written information about fees, methods of payment, insurance reimbursement, number of sessions planned, substitution (in cases of vacation and emergencies), and cancellation policies before beginning treatment
- Refuse audio/visual recording, but the client/patient may also request it if he or she wishes
- Refuse to answer any questions or disclose any information the client/patient chooses not to reveal
- Know the limits of confidentiality and the circumstances in which the provider is legally required to disclose information to others
- Know if there are supervisors, consultants, students, or others with whom the client's/patient's provider will discuss your case
- Request, and in most cases receive, a summary of your file, including the diagnosis, the client's/patient's progress and type of treatment
- Request a transfer of a copy of the client's/patient's file to any provider or agency that the client/patient chooses
- Receive a second opinion at any time about the client's/patient's treatment or provider's methods
- Request that the client's/patient's provider inform the client/patient of his or her progress (© 2006, CAMFT).
- Clients have the right to ask for a change of therapist, however the request will only be granted when it is reasonable and an alternative exists. Requests that are discriminatory in nature will not be granted.
- Clients have the right to be treated with consideration, respect and full recognition of their dignity and individuality; (d) Clients have the right to be protected by the licensee from neglect, from physical verbal and emotional abuse (including corporal punishment); and from all forms of misappropriation and/or exploitation.
- Clients have the right to be assisted by Mercy Community Healthcare in the exercise of their civil rights.
- Clients have the right to be free of any requirement by Mercy Community Healthcare that they perform services which are ordinarily performed by Mercy Community Healthcare staff.
- If residential services are provided, clients must be allowed to send personal mail unopened and to receive mail and packages which may be opened in the presence of staff when there is reason to believe that the contents thereof may be harmful to the client or others; (h) clients have the right to privacy while receiving these services.
- Clients have the right to have their personal information kept confidential in accordance with state and federal confidentiality laws.
- Clients have the right to ask MCH to correct information in their records. If MCH refuses, the client may include a written statement in the records of the reasons they disagree.
- Clients have the right to be informed about their care in a language they understand.
- Clients have the right to vote, make contracts, buy or sell real estate or personal property, or sign documents, unless the law or a court removes these rights.
- Clients have the right to participate in the development of the client's individual program or treatment plans and to receive sufficient information about proposed and alternative interventions and program goals to enable them to participate effectively.
- Clients have the right to participate fully, or to refuse to participate, in community activities including cultural, educational, religious, community services, vocational and recreational activities.
- If residential services are provided, clients must be allowed to have free use of common areas in the facility with due regard for privacy, personal possessions, and the rights of others.
- Clients have the right to be accorded privacy and freedom for the use of bathrooms when needed.
- Clients shall be permitted to retain and use personal clothing and appropriate possessions including books, pictures, games, toys, radios, arts and crafts materials, religious articles, toiletries, jewelry and letters.
- If residential services are provided and if married clients reside in the facility, privacy for visits by spouses must be ensured, and if both spouses are clients residing in the facility, they must be permitted to share a room.

- If residential services are provided, clients have the right to associate and communicate privately with persons of their choice including receiving visitors at reasonable hours.
- If residential services are provided, persons supported have the right to be given privacy and freedom in the use of their bedroom/sleeping area. MCH shall have a written statement of basic client rights. The intention of this statement of client's rights is to make the client and his/her guardian aware of those rights and to promote the sensitivity of staff and volunteers of those rights.
- Each client, LAR, advocate has the right to a grievance review if they feel the client's rights have been violated. This grievance review would be consistent with the Grievance Policy.

Mercy Health Services, Inc.

Grievance Process for Persons Receiving Behavioral Health Services

Mercy Health Services, Inc. is committed to providing high quality mental health services through its various programs. As is the case with any service provider, occasionally there will be times when a person receiving services is dissatisfied with the services provided by the agency. If you believe that you have a legitimate complaint regarding services provided to you, the following procedure should be followed.

For all types of services provided by Mercy Health Services, Inc. first try discussing the situation or the nature of your dissatisfaction with the staff member providing services to you. Our goal is to provide the most effective services possible and we want you to be satisfied with the services you receive. Most problems are likely to be resolved at this level.

If the problem is not resolved by talking directly to the staff person providing services to you, you may submit a written explanation of your behavioral health department complaint to the Chief Behavioral Health Officer at Mercy Health Services, Inc. within 15 days of making your dissatisfaction known to the person providing services to you. The CBHO will respond to your complaint verbally and in writing within 15 days of receiving it. If the complaint is regarding the Chief Behavioral Health Officer, please follow the same procedure above and contact the Chief Executive Officer of Mercy Health Services, Inc.

If you and the Chief Executive Officer do not resolve the problem to your satisfaction, you may contact the State of Tennessee Division of Mental Health at the following address and phone number:

- Department of Mental Health & Developmental Disabilities
- 3rd Floor, Cordell Hull Building
- Nashville, TN 37243-0675
- (615) 532-6500
- oc.tdmhdd@state.tn.us

