



Mercy Health Services, Inc.

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS

This Notice is effective January 1, 2014

This Notice was most recently revised on 01/29/2026

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

About This Notice:

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this Notice explaining our privacy practices regarding that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your PHI, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice. What is Protected Health Information (PHI)? Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

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.

Changes to this Notice:

The effective date of the Notice is stated at the beginning. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

What is Protected Health Information (PHI)?

Protected Health Information (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your PHI:

We may use and disclose your PHI in the following circumstances:

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.

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.

Healthcare Operations-

We may use and disclose PHI for our health care operations. For example, we may use PHI for our general business management activities, for checking on the performance of our staff in caring for you, for our cost-management activities, for audits, or to get legal services. We may give PHI to other health care entities for their health care operations, for example, to your health insurer for its quality review purposes.

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).

Substance Use Disorder Records - If we receive your record through a general consent you gave to a substance use disorder treatment program covered by 42 CFR Part 2 (a "Part 2 Program") for treatment, payment, and or health care operations, we may use and share your record for those same purposes as described in this Notice. We will never use or share your record, or any information from it, in any civil, criminal, administrative, or legislative proceeding against you unless you give written permission or a court issues an order after notifying you.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services- We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Our Business Associates -We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI (HITECH Act of 2009). 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.

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, through updating the Designee Form (electronically or on paper).

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.

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.

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 release PHI if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **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.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is 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) the safety and security of the correctional institution.

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.

Authorizations

Other than the uses and disclosures described above, 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 ***Release of Information Authorization Form***.

In other instances, you may contact us to ask us to disclose medical information, and we will ask you to sign an ***Release of Information 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 contact our medical records department by calling 615-790-0567 to update documentation of your revoke of authorization, or you may come in office to one of our locations and notify staff.

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

You have the following rights, subject to certain limitations, regarding your PHI. If you would like to know more about you/your child’s rights, please contact our privacy Officer at 615-790-0567.

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.

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.

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.

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 Release of Information Authorization form and put your request under the “other” option on the 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. 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.

Right to Request Restrictions

You have the right to request a restriction or limitation on the PHI we use or disclose 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 for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

Right to Restrict Certain Disclosures to Your Health Plan

You have the right to restrict certain disclosures of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. We will honor this request unless we are otherwise required by law to disclose this information. This request must be made at the time of service.

Right to Request an Alternative Method of Contact

You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a special address or call you only at your work number. You must make any such request in writing, and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you for the reason for your request.

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.

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.

Fundraising Communications

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

Right to Equal Opportunity under Title VI

The Civil Rights Act of 1964 was passed to ensure the people of the United States equal treatment, rights and opportunities regardless of race, color, or national origin. Title VI of that Act prohibits discrimination in federally funded programs.

"No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Included under National Origin is discrimination based on a person's inability to speak, read, write, or understand English. Persons whose primary language is not English can be Limited English Proficient or "LEP." These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter. All programs and operations of entities that receive assistance from the federal government must comply.

It is important that all applicants and recipients of services know about their rights under the law, and that employees of Mercy Health Services as well as other agencies, organizations, institutions, and contractors providing services with state support understand what the law requires. Any person who applies for or receives any benefit or service provided by Mercy Health Services may file a complaint if he or she has had unfair or different treatment because of race, color, or national origin.

Mercy Health Services does not, because of race, color, or national origin:

- Deny an individual any services, opportunity, or other benefit for which he is otherwise qualified;
- Provide any individual with any service, or other benefit, which is different or is provided in a different manner from that which is provided to others under the program;
- Subject any individual to segregated or separate treatment in any manner related to his/her receipt of service;

- Restrict an individual in any way in the employment of services, facilities or any other advantage, privilege or other advantage, privilege or other benefit provided to others under the program;
- Adopt methods of administration which would limit participation by any group of recipients or subject them to discrimination;
- Address an individual in a manner that denotes inferiority because of race, color, or national origin.

For further information, contact Mercy Health Services' Title VI Coordinator:

HIPAA Privacy Officer
Mercy Health Services
143 Southeast Parkway Court
Franklin, TN 37064
615-790-0567

Right to file a complaint about unfair or different treatment because of race, color or national origin

Complaints must be filed in writing with the Title VI representative of the location of the alleged discrimination Mercy Community Healthcare; or with the appropriate regional or central office of the Department of Mental Health and Substance Abuse Services; or with the Office of Civil Rights, 101 Marietta Tower, Suite 2706, Atlanta, Georgia 30323.

Right to 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
143 Southeast Parkway Court
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: OCRMail@hhs.gov

Principles of Clients' Rights and Responsibilities

- *All Clients have the right to informed consent in treatment decisions, timely access to specialty care, and confidentiality protections.*
Clients should be treated courteously with dignity and respect. Before consenting to specific care choices, they should receive complete and easily understood information about their condition and treatment options. Clients should be entitled to timely referral and access to needed specialty care and other services; confidentiality of their medical records and communications with providers; and respect for their legal advanced directives or living wills. Identifiable photographs of Clients shall not be used without the written and signed consent for the client or their LAR. Clients shall not be given any responsibility requiring access to confidential information. Clients and client information shall not be used in research without the written and signed consent of the client or their LAR.
- *All Clients have the right to concise and easily understood information about their coverage.*
This information should include the range of covered benefits, required authorizations, and service restrictions/limitations (such as on the use of certain healthcare providers and prescription drugs).

- *All Clients have the right to know how coverage payment decisions are made and how they can be fairly and openly appealed.*
Clients are entitled to information about how coverage decisions are made, i.e., how "medically necessary" treatment is determined, and how quality assurance is conducted. Clients and their family caregivers should have access to an open, simple, and timely process to appeal negative coverage decisions on tests and treatments they believe to be necessary.
- *All Clients have the right to a reasonable choice of providers and useful information about provider options.*
Clients are entitled to a reasonable choice of healthcare providers and the ability to change providers if dissatisfied with their care. Information should be available on provider credentials and facility accreditation reports, provider expertise relative to specific diseases and disorders, and the criteria used by provider networks to select and retain providers. The latter should include information about whether and how a Client can remain with a provider who leaves or is not part of a plan network. Clients have the right to ask for a change of provider 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.
- *All Clients have the right to know what provider incentives or restrictions might influence practice patterns.*
Clients also have the right to know the basis for provider payments, any potential conflicts of interest that may exist, and any financial incentives that may be in place.
- *Additional Client Protections*
Clients shall not be required to make public statements which acknowledge gratitude for MHS' BH services. Clients shall not be required to perform in public gatherings or for fund-raising activities. Clients (except for employees who are clients) shall not be assigned the responsibility for the care of other clients.

All Clients, To the Extent Capable, Have the Responsibility To:

(It is recognized that Clients may suffer significant physical and/or mental conditions that may limit their ability to fulfill these responsibilities.)

- *Pursue healthy lifestyles.*
Clients should pursue lifestyles known to promote positive health results, such as proper diet and nutrition, adequate rest, and regular exercise. Simultaneously, they should avoid behaviors known to be detrimental to one's health, such as smoking, excessive alcohol consumption, and drug abuse.
- *Become knowledgeable about their health plans.*
Clients should read and become familiar with the terms, coverage provisions, rules, and restrictions of their health plans. They should not be hesitant to inquire with appropriate sources when additional information or clarification is needed about these matters.
- *Actively participate in decisions about their healthcare.* Clients should seek, when recommended for their age group, an annual medical examination and be present at all other scheduled healthcare appointments. They should provide accurate information to providers regarding their medical and personal histories, and current symptoms and conditions. They should ask questions of providers to determine the potential risks, benefits, and costs of treatment alternatives. Where appropriate, this should include information about the availability and accessibility of experimental treatments and clinical trials. Additionally, Clients should also seek and read literature about their conditions and weigh all pertinent factors in making informed decisions about their care.
- *Cooperate on mutually accepted courses of treatment.*
Clients should cooperate fully with providers in complying with mutually accepted treatment regimens and regularly reporting on treatment progress. If serious side effects, complications, or worsening of the condition occur, they should notify their providers promptly. They should also inform providers of other medications and treatments they are pursuing simultaneously.

¹ National Health Council Board of Directors. "Principles of Patient's Rights and Responsibilities," (National Health Council Principle, 1995) Washington, D.C. www.nationalhealthcouncil.org/pages/patients-rights.php, Accessed April 1, 2010.

Grievance Review

Each client, LAR, and/or 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 Grievance Policy of Mercy Health Services, Inc.

Patient Grievance Procedure

- Mercy Health Services' goal is to provide excellent services to all patients/clients. It is recognized that there may be an occasion wherein a patient/client of MHS feels the need to voice a complaint or grievance regarding the service they received by either the provider, a clinical staff member, or a member of Mercy Health Services' administrative staff.

- Mercy Health Services provides a Patient Experience telephone number in English and Spanish, available via direct dial and through the phone tree, for patients to call and provide feedback, including grievances and complaints.
- Patients are notified of the Patient Experience line in the New Patient packet provided at their first visit.

Complaint vs. Grievance and Resolution Process

A complaint is defined as an expression of dissatisfaction that can be resolved promptly by staff present at the time of the issue. A grievance is a formal concern requiring investigation and resolution by the Compliance Department. All grievances are acknowledged and investigated in a timely manner. The Compliance Department coordinates investigation, documents findings, and determines resolution. When appropriate, patients/clients receive written notification of grievance outcomes.

The goal for grievance resolution is within thirty (30) calendar days. If additional time is required, the patient/client will be informed of the delay and anticipated timeframe for resolution. This procedure ensures patient grievances are received, investigated, resolved, and responded to in accordance with Rule 0940-5-6-.02.

- Compliance department manages calls and voicemails for the Patient Experience line.
- Grievances are submitted by the Compliance department as an incident report for tracking purposes.
- Appropriate investigation and resolution is made and documented in an incident report.
- Patient Grievances are tracked and reported in Quarterly Risk Assessment to Quality Committee, Key Management and Board of Directors.
- Patients/Clients are also informed that if they feel their issue is not resolved to their satisfaction, that they may contact either:
 - **MENTAL HEALTH COMPLAINTS** - Department of Mental Health and Development Disabilities, 3rd Floor, Cordell Hull Building, Nashville, TN 37243-0675. Phone 615-532-6500
 - **MEDICAL OFFICE COMPLAINTS** – Tennessee Department of Health – 425 5th Avenue North, Cordell Hull Blvd., 3rd Floor, Nashville, TN 37243 Phone 615-741-3111