

- To a correctional institution if you are an inmate.
- For research following strict internal review to ensure protection of information.

All other uses and disclosures not previously described, including psychotherapy notes, may only be done with your signed authorization. You may revoke your authorization at any time.

Your Rights

You have the right to:

- Request that we restrict how we disclose your medical information to a health plan for payment and/or operations when your medical information relates to a health care service or product that you have paid for out of pocket in full.
- Request that we restrict how we use or disclose your medical information (we may not be able to comply with all requests).
- Request that we use a specific telephone number or address to communicate with you.
- Review, inspect and obtain a copy of your medical information in paper or electronic format (fees may apply).²
- Request additions or corrections to your medical information. (we may not be able to comply with all requests).²
- Receive an accounting of how your medical information was disclosed (excludes disclosures for treatment, payment, healthcare operations and some required disclosures).²

- Obtain a paper copy of this notice even if you receive it electronically.

Requests followed by a superscript two ⁽²⁾ must be in writing.

To Contact Us

If you would like to exercise your rights, or if you have privacy concerns:

University Health System, Inc
Privacy Officer

Phone: 865-305-9118

Fax: 865-305-6968

Address: 1520 Cherokee Trail, Suite 310
Knoxville, TN 37920

Call the Confidential Reporting line at
1-877-591-6744.

All complaints will be thoroughly investigated, and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, D.C.

Need more information?

Visit our website at
www.utmedicalcenter.org

Call or write the Privacy Officer at the number and address listed.



University Health System

**University Health System
The University of Tennessee
Medical Center**

Notice of Information 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.

Patient Privacy

At University Health System (UHS), your privacy is a priority. We follow applicable federal and state guidelines to maintain the confidentiality of your medical information. The federal guidelines with regard to the confidentiality of your medical information may be found in the Code of Federal Regulations at 45 CFR §§ 164.500 et seq.

This is a joint notice covering:

- All UHS employees, volunteers, students, residents, service providers, including clinicians, who have access to health information
- Any health care professional authorized to enter information into your medical record

These persons or entities will share your medical information as necessary to facilitate your care.

Our Responsibilities

UHS is required by law to:

- Maintain the privacy of your medical information.
- Provide this notice of our duties and privacy practices.
- Abide by the terms of the notice currently in effect.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be available in our facilities, and will be available from your health care provider.

How do we use medical information?

When you visit a UHS facility, we may use your medical information to treat you,

to obtain payment for services, and to conduct normal business known as health care operations. Examples of how we use your information include:

Treatment – We keep a record of each visit and/or admission. This record may include your test results, diagnoses, medications, and your response to medications or other therapies. This allows your doctors, nurses and other clinical staff to provide appropriate care to meet your needs.

Payment – We document the services and supplies you receive at each visit or admission and may provide this information as needed so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require their prior approval.

Health Care Operations – Medical information is used to improve the services we provide, to train staff and students, for business management, quality improvement, and for customer service

Other services

We may also use information to:

- Recommend treatment alternatives.
- Tell you about health benefits and services.
- Communicate with family or friends involved in your care.
- Communicate with other UHS organizations or associates for treatment, payment, or health care operations. Business associates must follow privacy rules.

- Send appointment reminders.¹
- Include you on the inpatient list for callers or visitors if you are admitted.¹
- Let your clergy know if you have been admitted.¹
- Contact you for UHS fundraising.¹

Your choice

Services followed by a superscript one ⁽¹⁾ are optional. Tell the scheduler, admitting clerk or fundraiser (if contacted) that you do not wish to participate.

Other Permitted Uses and Disclosures of Health Care Information:

There are limited times when we are permitted or required to disclose medical information without your signed permission. These situations are listed below:

- For public health activities such as tracking diseases or medical devices.
- To protect victims of abuse or neglect.
- For federal and state health oversight activities such as fraud investigations.
- For judicial or administrative proceedings.
- If required by law or for law enforcement.
- To coroners, medical examiners and funeral directors.
- For organ donation.
- To avert serious threat to public health or safety.
- For specialized government functions such as military, national security, intelligence and protective service.
- To Workers' Compensation if you are injured at work.