

**To our patients:** THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

**Christ Community Health Services, Inc.  
Notice of Privacy Practices  
(Full-length Notice - Patient Copy)**

You should have received a short-form summary notice along with this full-length version. If you did not, please request one from the CCHS staff person who provided this form to you. If you have any questions after reviewing this information, please direct them to the person who provided this information to you, or to our Privacy Officer (whose contact information is contained in this notice).

## **UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your "medical record." This information and other information relating to your care is referred to in this notice as "Health Information." The doctors and staff of Christ Community Health Services, Inc. ("CCHS") maintain Health Information relating to the care you receive from us.

The Health Information contained in your record is useful for a number of reasons. For example, this information:

- Serves as a basis for planning your care and treatment
- Provides a means of communication among the many health professionals who contribute to your care
- Describes the care you received
- Allows you, your insurance company or other third-party payer to verify that services are accurately billed
- Allows health care professionals and organizations involved in your care to conduct treatment, payment, and operational activities
- Contains information we will need to contact you about appointment reminders, treatment alternatives, or other health-related benefits

Understanding what is in your record and how your Health Information is used helps you to ensure its accuracy and to better understand who, what, when, where, and why others may access your Health Information. This, in turn, allows you to make more informed decisions about its use and disclosure.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your Health Information at our offices is the physical property of CCHS, you have certain rights relating to this information. As a patient, you are generally entitled to:

- Obtain a copy or summary of your Health Information or to inspect such information (a reasonable fee may be charged)
- Request an amendment to your Health Information where you feel there is an error
- Request a restriction on certain uses and disclosures of your Health Information (we will consider reasonable, appropriate requests, but are not obligated to agree to them; except that CCHS is obligated to agree to any request not to make disclosures of your Health Information to a health plan for carrying out payment or healthcare operations, provided that you pay for the healthcare items or services to which the Health Information relates in full at the time the request is made)
- Obtain an accounting of certain disclosures of your Health Information (a reasonable fee may be charged to fulfill repeated requests for accountings)



- Request that communication of your Health Information made to you be made by alternative means or at alternative locations (for example, a certain postal address or phone number). Please be aware that it is our standard practice to use any or all of the information you have provided to us in order to contact you for purposes of treatment (for example, conveying test results), payment, and business operations (for example, scheduling appointments, providing appointment reminders) . We may use mailings and may leave messages on your answering machine, voice mail, or with others who may answer your phone or service for such purposes. Also, if contact information we have for you is no longer valid, we may contact other persons identified in your record (for example, family members, persons identified as an emergency contact) to obtain updated contact information on you. If you wish to limit or specify the means by which we contact you, you may request our patient request form and return it to the CCHS Privacy Officer as provided below. We will accommodate requests we determine to be reasonable. You do not need to give a reason for your request
- Obtain a paper copy of our notice of privacy practices (if you have received this electronically)
- Revoke a previous authorization of certain uses and disclosures of your Health Information by us (that you may have provided under a written authorization), except where actions have already been taken relating to that authorization

**Any requests for forms or questions regarding your rights described above should be directed to the Site Manager at the location or the CCHS Privacy Officer at 901-842-3102. Communications may also be sent by mail to Privacy Officer, Christ Community Health Services, Inc., 2595 Central Avenue, Memphis, TN 38104.**

## **OUR RESPONSIBILITIES**

We are required by law to take measures designed to protect the privacy of your Health Information, to provide you with this notice describing our privacy practices and legal duties, and to notify you if a breach occurs that compromises the privacy or security of your Health Information. We are also required to abide by the terms of our current notice. We reserve the right to change our notice and privacy practices, and to make the new provisions effective for all protected health information we maintain, including, your Health Information. Should our privacy practices change, we will post our revised notice at our offices and on our website, if applicable. An updated version may also be provided to you following any substantial changes to the notice upon your written request to the Privacy Officer or upon your request during a return visit to CCHS.

Except as consistent with this notice or as otherwise required or permitted by law (for example, in emergency treatment situations), we will not use or disclose your Health Information without obtaining your written authorization. When feasible, we will accommodate reasonable requests from you to communicate Health Information by alternative means or to alternative locations.

Although other health care providers may provide treatment to you (for example, hospitals or other physician groups), we are not jointly managed with or owned by such providers. They will have their own policies and procedures for handling your health information.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information, you may contact the Center's Site Manager or the CCHS Privacy Officer at 901-842-3102. Communications may also be sent by mail addressed to:

Privacy Officer  
Christ Community Health Services, Inc.  
2595 Central Avenue  
Memphis, TN 38104

If you believe your privacy rights have been violated, please file a complaint with the Privacy Officer, as listed above, or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

## EXAMPLES OF USES AND DISCLOSURES OF HEALTH INFORMATION

*We will use your Health Information/or treatment.* For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded and used to determine your course of treatment. Members of your health care team will then record the actions they took and their observations. CCHS may also provide copies of your Health Information to other health care providers who take care of you.

*We will use your Health Information for payment.* For example: A bill may be sent to you or your insurance company or other third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. CCHS may also provide other health care providers involved in your care with information to assist in their billing and payment activities.

*We will use your Health Information/or our business operations.* For example: Our doctors and staff may use information in your health record to assess the care and outcomes in your case and others like it or to train students or other health professionals. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

*We will share your Health Information with the MidSouth e-Health Alliance.* CCHS shares your health information with the MidSouth eHealth Alliance in a community-wide information system for the purposes of diagnosis and treatment. Other healthcare providers may access your health information through this system as part of your treatment. You may contact the Site Manager at your center or the CCHS Privacy Officer if you have questions or concerns. If you do not want to participate in the MidSouth eHealth Alliance, you may "opt-out" by completing a MidSouth eHealth Alliance Opt-Out Request Form. This form is available at the front desk.

*Vendors:* There are some services provided in our organization through contracts with outside vendors. For example, we might use a copy service to make copies of patient records for us. When such services are contracted, we may disclose your Health Information to our vendors so that they can perform the job we've asked them to do. To help protect your Health Information we require vendors to agree in writing to safeguard Health Information, consistent with the same standards that we are required to observe.

*Notification:* We may use or disclose your Health Information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition in the event you are unable to care for yourself.

*Communication with family:* We may disclose to a family member, other relative, close personal friend, or other person you identify, Health Information that is in our judgment relevant to that person's involvement in your care or payment for your care.

*Note to persons under the age of 18:* Good medical practice, payment requirements, or state law may make it necessary to tell your parent or guardian about your visit or provide them with all or part of your Health Information. If this is a concern to you, please discuss your concern with your doctor or CCHS's Privacy Officer before you receive services.

*Limited data sets and de-identified information:* In many instances where we use or disclose information for purposes of research, public health, or health care operations, certain information (names, social security numbers, etc.) will be removed to help protect the identity of the patient.

*Research:* We may use and disclose information for research activities when you have provided written authorization and/or protocols designed to ensure the privacy of your health information are in place.

*Decedents:* We may disclose Health Information to medical examiners or funeral directors to permit them to carry out their duties.



*Organ procurement organizations:* Consistent with applicable law, we may disclose Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* We, or persons working with us, may contact you to provide information about health-related products or services that may be of interest to you. Your Health Information may also be a source of data for CCHS's planning and marketing activities. If we desire to provide Health Information to third parties for their marketing activities, we will ask your authorization in writing before doing so.

*Fund raising:* We, or someone working with us, may contact you as part of a fund-raising effort on our behalf. If you are contacted for fund raising purposes, you have the right to opt out of receiving any further communications. Food and Drug Administration (FDA): We may disclose to the FDA Health Information relative to adverse events with respect to food, supplements, products, and product defects, or post-marketing surveillance information to enable product recall, repair, or replacement.

*Workers compensation:* We may disclose Health Information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public health:* We may disclose your Health Information to public health or legal authorities charged with improving health (for example, by preventing or controlling disease, injury, or disability) when and to the extent required or permitted by law. We participate in the Tennessee Immunization Information System, Tennessee's state immunization registry, and disclose Health Information related to immunizations to the registry. If you do not want you or your child's immunization information to be reported to the Tennessee immunization registry, you may request to "opt-out" of this by completing an Immunization Registry Opt-Out Form. This form is available at the front desk.

*National security/military service:* We may disclose Health Information for national security purposes. We may also disclose Health Information about Armed Forces personnel to appropriate military authorities in certain circumstances. Correctional institution: If you are an inmate of a correctional institution, we may disclose to the institution or agents of this institution Health Information necessary for your health and the health and safety of others.

*Law enforcement/Prevention of harm/Required by law:* We may disclose Health Information for law enforcement purposes as required by law or in response to a valid subpoena or court order: or where in our judgment, we believe there may be a threat of serious bodily harm to a patient or other person. Also, Federal or state law may require that your Health Information be released to an appropriate health oversight agency, public health authority, or other organization in certain circumstances.

**THE POLICIES IN THIS NOTICE BECOME EFFECTIVE ON: August 1, 2015.**