

Notice of Privacy 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.

We understand that information about your health, health care and payment for health care is personal and confidential, and we are committed to safeguarding this information. Further, your health information is protected by state and federal laws and regulations. This notice will tell you about the ways in which we handle your protected health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information.

This notice applies to Nashville Neuroscience Group. This notice applies only to your protected health information created while you are a patient of the Nashville Neuroscience Group.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the Nashville Neuroscience Group, the information belongs to you. You have the right to:

- Request a restriction of certain uses and disclosures of your protected health information for treatment, payment or healthcare operations. You have a right to request restrictions on certain disclosures to persons, such as family members involved in your care or the payment for your care. We are required to agree to these requests. We will attempt to notify you if we are unable to grant your request.
- Obtain a copy of this notice of privacy practices upon request. You may request a paper copy of this notice, in person, at Nashville Neuroscience Group.
- Inspect and to request a copy of your health records as provided by law.
- Request that we amend your health record as provided by law. We will attempt to notify you if we are unable to grant your request.
- Obtain an accounting of certain disclosures of your protected health information as provided by law.
- Request communications of your protected health information by alternative means or at alternative locations. We will accommodate reasonable requests.
- Revoke your authorization to use or disclose your protected health information except to the extent that action has already been taken under previous authorization.

You may exercise your rights set forth in this notice, by providing a written request to Nashville Neuroscience Group's office manager at 300 20th Ave. N., Suite 106, Nashville, TN 37203.

OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to protected health information we maintain about you.
- Abide by the terms of Nashville Neuroscience Group's Notice of Privacy Practices currently in effect.
- We reserve the right to change our practices and to make changes affective for all protected health information we maintain, including information received before the change. Should our privacy practices change, we are not required to notify you, but we may post our revised notice at our facility and you may also request copies of the revised notice in person at our facility.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Generally, we may not use or disclose your protected health information without your written authorization. However, in certain circumstances, we are permitted to disclose protected health information without authorization. The following categories describe different ways that we may use and disclose your health information without your authorization. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be described. However, all of the ways we are permitted to use and disclose information without your written authorization should fall within one of these categories.

We may use or disclose your health information for treatment

For example: We may disclose your protected health information to doctors, nurses, technicians or other personnel who are involved in taking care of you at Nashville Neuroscience Group. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also share your protected health information with other healthcare providers who assist in treating you.

We may use or disclose your health information for payment.

For example: We may send a bill to you or a third-party payer. The information on or accompanying the bill may include information that identifies you as well as any diagnosis, procedures, and supplies used.

We may use or disclose your health information for healthcare operations.

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in a manner to continually improve the quality and effectiveness of the health care and services we provide. We may otherwise use the information about you, as needed, to facilitate operation of our facility.

We may use or disclose your health information as otherwise allowed by law.

The following categories describe different ways that we may use and disclose your protected health information for other than treatment, payment, or healthcare without your written authorization. Some of the examples listed in these categories may require your permission, though your permission need not be given. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information for other than treatment, payment or operations without your written authorization should fall within one of these categories.

Business associates: We provide some services through business associates. Examples of services we might provide through business associates include laboratory tests and copy services. To protect your information, however, we require business associates to take appropriate measures to safeguard your information

Involvement in care or notification: We may use or disclose information to family members or others to you have involved in your care to notify or assist a family member, personal representative, or another person responsible for your care, of your location, general condition or death.

Research: We may disclose information to researchers when their research has been improved by an institutional review board that has reviewed the research and established protocols to ensure the privacy of your health information.

Funeral directors, coroners and medical examiners: We may disclose information to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duties.

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

Communications for treatment and healthcare operations: We may contact you to provide appointment reminders or information about treatment alternatives and health-related benefits and services that may be of interest to you.

Marketing: We may communicate with you face-to-face regarding goods and services that may be of interest to you and may provide you with promotional gifts of value.

Fundraising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, products and product defects or post marketing surveillance information to enable product recalls, repairs or replacements.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefits program compliance with civil rights laws.

Worker's compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with loss relating to Worker's Compensation or other similar programs established by law.

Public-health: Consistent with applicable law, we may disclose your health information to public health or legal authorities charged with preventing or controlling injury, or disability.

Abuse, neglect or domestic violence: Consistent with applicable law, we may disclose health information to a governmental authority authorized by law to receive notification of abuse, neglect, or domestic violence.

Judicial, administrative and law enforcement purposes: Consistent with applicable law we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include, for example, disclosures to avert a serious threat to you or a third-party's health or safety as well as victims of criminal conduct at Nashville Neuroscience Group.

To avert a serious threat to health or safety: Consistent with applicable law, we may use and disclose your health information when we believe it is necessary to avert a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help to lessen the threat or to law enforcement authorities in particular circumstances.

National security and intelligence activities: We may release your health information to authorized Federal officials for lawful intelligence, counter intelligence or national security activities authorized by law.

Protective services for the president and others: We may disclose your health information to authorized Federal officials so they may provide protection to the president or other authorized persons or foreign heads of state or for the conduct of special investigations to the extent permitted by law.

Custodial situations: If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations that may disclose health information to a correctional institution or law enforcement official in certain circumstances.

Required or allowed by law: We may use and disclosure your protected health information as required to do so by Federal, state or local law.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

IF YOU HAVE QUESTIONS OR WOULD LIKE MORE INFORMATION YOU MAY CONTACT NASHVILLE NEUROSCIENCE GROUP'S OFFICE MANAGER AT (615) 284-4680.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, YOU CAN FILE A WRITTEN COMPLAINT WITH NASHVILLE NEUROSCIENCE GROUP'S OFFICE MANAGER AT 300 20TH AVE. N. SUITE 106, NASHVILLE, TN 37203 OR WITH THE SECRETARY OF HEALTH AND HUMAN SERVICES. THERE WILL BE NO RETALIATION FOR FILING A COMPLAINT.