Optimum
Internal Medicine & Pediatrics

Clinic Privacy Practices:

This notice describes how medical information about you may be used, disclosed, and how you may get access to your protected health information

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purpose of diagnosis, treatment, payment, and health care operations. We will honor and protect your health information in all areas. Protected health information is information that we create, obtain, and utilize in providing medical services to you. Such information includes but is not limited to documenting your symptoms, examination, test results, diagnoses, treatment care plans, discussions with referring providers, and applications for future care or treatment. You protected health information also includes documents related to billing for services provided.

An example of the use of your health information for treatment purposes includes: During the course of your treatment, the physician determines he needs to discuss and consult with another physician regarding your information. He/she will share your information with such specialist and obtain his/her input on your behalf.

An example of the use of your health information for payment purposes includes: We submit request for payment to your health insurance company. The health insurance company or business associate dealing with payment for services we provided during your visit then requests for information regarding the medical care provided during your visit. We will provide information about your and the care given during the billing occurrence.

An example of the use of your information for Health Care Operations: We may obtain services from business associates, health departments, state and federal institutions for purposes such as quality assessment, quality improvement, outcome evaluation, protocol, clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We also are actively involved in training the physicians and mid-level providers of tomorrow by having medical students, resident physicians, and mid-level provider trainees at our institutions. We will share only the information required about you with such business associates and trainees as necessary to obtain necessary services and improvement in health care operations.

The health and billing records we maintain are the physical property of the doctor’s office.

You have the following rights with respect to your Protected Health Information:

1) Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office—we are not required to grant the request and there may be times it is impossible due to the possibility of negative legal or patient clinical outcomes but we will comply with any requests when reasonable;

2) Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at the front desk;

3) Right to inspect and copy your health record and billing record—you may exercise the right by delivering the request in writing to our office using the form we provide to you upon request at the front desk; appeal a denial of access to your protected health information except in certain circumstances;

4) Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request (realize that this request is up to the health care provider or physician that provided care and they are not required by law to make amendments unless they feel the record is truly incorrect); you may file a statement of disagreement

if your agreement is denied, and require that the request for amendment and any denial be attached to all future disclosures of protected health information; 5) Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include any internal use of information for treatment, payment, or operations, disclosures made to your or made at your request, or disclosures made to family members or friends in the course of providing care;

6) Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing using the form we provde you upon request

If you wish to exercise any of the above rights regarding you protected health information please contact the Office Manager at 931-996-4247 regarding your request. Our office will provide you with assistance on the above matters and offer you any forms that need completion.

Our Responsibilities

This medical office is required to:

1) Maintain the privacy of your health information as required by law

2) Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you

3) Abide by the terms of this notice

4) Accommodate your reasonable requests regarding methods to communicate health information with you

5) Accommodate your request for an accounting of disclosures

We reserve the right to amend, change, or eliminate in our privacy practices and access practices any necessary changes and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy

of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

