

Tin Laser Center
Pe Than Tin, M.D., P.C.

Notice of Privacy Practices for Protected Health Information

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!

Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- A nurse or medical assistant obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment requests information from us regarding your medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

Your Health Information Rights

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 but we will comply with any request granted;
2. Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
3. Right to inspect and obtain a copy your health record and billing record—you may exercise this right by delivering the request in writing to our office. We will charge you a reasonable cost-based fee for expenses such as copies and staff time, and postage if you want the copies mailed to you. Contact our Privacy Officer for a full explanation of our fee structure. You may also 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. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your 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. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care. A cost-based fee may apply if you request this accounting more than once in a 12-month period.
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 to our office.

If you want to exercise any of the above rights, please contact: Privacy Officer, Tin Laser Center, 930 Oak Street, Chattanooga, TN 37403. S[he] will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices 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.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our Privacy Officer in writing at the address listed above or call 423-266-7392.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to our Privacy Officer. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, Office of Civil Rights.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Following is a List of Other Uses and Disclosures Allowed by the Privacy Rule

Patient Contact

We may contact you to provide you with **appointment reminders**, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may contact you as part of a fund raising effort.

Notification – Opportunity to Agree or Object

If you are present and able and do not object: if you are not present, able, or in an emergency, using our professional judgment we may:

Disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care. This will allow them to pick up a filled prescription, etc.

Use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

We may use and disclose your protected health information to assist in disaster relief efforts.

Other permitted uses/disclosures that do not require patient authorization include:

- **Public health activities related to disease prevention or control**
- **To report victims of abuse, neglect, or domestic violence**
- **Food and Drug Administration (FDA) regarding adverse events from products/product defects**
- **Work-related injury or illness that requires notices of findings to the employer in compliance with OSHA regulations**
- **Health Oversight agencies or activities such as audits, civil, administrative or criminal investigations, inspections, licensure or for certain law enforcement purposes or government functions**
- **Judicial/Administrative proceedings**
- **Law Enforcement**
- **Coroners, Medical Examiners and Funeral Directors**
- **Organ Procurement Organizations**
- **Approved Research**
- **To avert a threat to health and safety**
- **For specialized government functions**
- **Correctional institutions**
- **Workers Compensation**

Other Uses and Disclosures

- Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.