

Wellness Nashville

NOTICE OF PRIVACY PRACTICES – Effective February 1, 2019

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 60 days of your request. We charge a reasonable, cost-based fee of \$1.00 per page for the first 25 pages and .25 cents per page for additional pages over 25.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- We do not take insurance assignment so we will only assist you with sharing information with your health insurer upon your written request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make in writing). We will charge a reasonable, cost-based fee (hourly rate based on time of compilation).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Please advise us if so and provide any documentation needed to verify the appointment.

Wellness Nashville

File a complaint

- You can complain by contacting us in writing:

Wellness Nashville, 618 Grassmere Park Dr., Suite 12A, Nashville, TN 37211

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information with your family, close friends, or others involved in your care, please let us know. *If you are not able to tell us your preference, for example if you are unresponsive, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* **We will never share your personal information for marketing purposes unless you give us written permission.**

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you:** We can use and share your health information with other professionals who are treating you.
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.
- **Help with public health and safety issues:** We can use and share your health information in ways that:
 - Contribute to the public good, such as public health and research;
 - Help with public health and safety issues such as disease prevention, product recalls, adverse reactions to medications, suspected abuse, neglect or domestic violence or preventing or reducing any serious threat to anyone's health or safety.
- **Do research:** We can use or share your information for health research.
- **Marketing: We can use the aggregation of data, including yours, for marketing purposes as long as you cannot be individually identified.**
- **Comply with the law:** We will share information about you if state or federal laws require it.
- **Address workers' compensation, law enforcement, and other government requests** (such as health oversight agencies, military, national security and other governmental needs).
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Other ways:** If we need to respond to organ and tissue donation requests or work with a medical examiner or funeral director

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office at:

Wellness Nashville, 618 Grassmere Park Dr., Suite 12A, Nashville, TN 37211