

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. REVIEW CAREFULLY.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Tri-Cities Gastroenterology. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders. We may leave you a message on your telephone for appointment reminders, follow up after procedures, or non-specific information regarding procedures, labs, or other tests regarding your care.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.. We may also send you information describing other health-related products and services that we believe may interest you.

Medical Research. We participate in medical research and you may be contacted regarding a research trial. You have the right to refuse participation in any research study.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- » the right to request restrictions on the use and disclosure of your protected health information
- » the right to receive confidential communications concerning your medical condition and treatment
- » the right to inspect and copy your protected health information
- » the right to amend or submit corrections to your protected health information
- » the right to receive an accounting of how and to whom your protected health information has been disclosed
- » the right to receive a printed copy of this notice

Providing you with the quality care we expect for our own family.

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Tri-Cities Gastroenterology Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. If you would like a copy of this notice please notify us. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist or Angie Rhoton, Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: **Tri-Cities Gastroenterology | 10461 Wallace Alley Street | Kingsport, TN 37663**. If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and phone number of the person you can contact for further information concerning our privacy practices is Angie Rhoton, Assistant Administrator (423) 279-1404.

Effective Date: This Notice is effective on or after April 14, 2003.

PATIENT BILL OF RIGHTS

KNOW YOUR RIGHTS...As one of our patients, you have certain rights:

1. YOU have the right to be treated with dignity by competent medical staff.
2. YOU have the right to expect privacy and confidentiality concerning your medical care. Information can only be released with your consent except as provided by the law or third party contracts.
3. YOU have the right to receive accurate information about your problem in lay terms that you understand.
4. YOU have the right to participate in choosing the best form of treatment for your problem.
5. YOU have the right to consent to, or refuse, any care or treatment.
6. YOU have the right to know the names of all individuals who directly participate in your care, and you have the right to select and/or change your doctor at any time.
7. YOU have the right to ask any question about our services or any related cost.
8. YOU have the right not to be treated with discrimination. It is the policy of Center for Digestive Wellness to admit and treat all persons without regard to race, color, national origin, handicap, religious or fraternal organization or age.

AND KNOW YOUR RESPONSIBILITIES...As one of our patients, you also have certain responsibilities:

1. YOU have the responsibility to be courteous to our staff and other patients.
2. YOU have the responsibility to keep your appointments and be on time. If you cannot keep a scheduled visit, please call us at once and reschedule or cancel so another patient can use that time.
3. YOU have the responsibility to provide your doctor and nurse with accurate and truthful information about your medical history so that an accurate diagnosis can be made.
4. YOU have the responsibility to follow the mutually agreed upon prescribed course of treatment and to inform your doctor, nurse or other health care provider of any changes in your condition.
5. YOU have the responsibility to pay your bills promptly, to provide the necessary insurance information for processing them, and to ask any questions you have about them as soon as possible.