



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

Because we are a medical care provider that does not engage in any transactions that invoke coverage of the HIPAA privacy act, the privacy practices and terms described in this notice are voluntarily undertaken. Therefore, nothing in this notice should be construed as creating any contractual or legal rights on behalf of patients. We reserve the right to modify our privacy practices and this notice at any time.

Safeguarding Your Individually Identifiable Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Individually Identifiable Health Information". We will extend certain protections to your Individually Identifiable Health Information. This Notice explains how, when and why we may use or disclose your individually identifiable health information. Except in specified circumstances, we will only use or disclose the minimum necessary individually identifiable health information to accomplish the intended purpose of the use or disclosure.

How We May Use and Disclose Your Protected Health Information

We use and disclose individually identifiable health information for a variety of reasons. We may use and/or disclose your individually identifiable health information for purposes of treatment or our health care operations. For uses beyond that, we will ordinarily obtain your written authorization. The following offers more description and some examples of the potential uses and disclosures of your individually identifiable health information:

- **Uses and Disclosures Relating to Treatment or Health Care Operations.** We may disclose your individually identifiable health information to doctors, nurses and other health care personnel who are involved in providing your health care. Your individually identifiable health information may be shared with outside entities performing ancillary services to your treatment. Also, we may use and/or, disclose your individually identifiable health information as may be reasonably necessary in the course of operating our medical clinic. We may also send or communicate appointment reminders, subject to our normal confidentiality policies and any special instructions that you have given.
- **Uses and Disclosures for Which Special Authorization Will Be Sought.** For uses beyond treatment and operations purposes, we will ordinarily seek to obtain your authorization before disclosing your individually identifiable health information. However, disclosure of your individually identifiable health information may be made without your consent or authorization when required by law, when required for public health reasons, when necessary to avert a threat of harm to you or a third person, or when other circumstances may require or reasonably warrant such disclosure.

How You May Have Access to or Control of Your Protected Health Information

The following is a description of the steps you may take to access your information:

- You may request we limit how we use or disclose your individually identifiable health information. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- You may request we send you information at an alternative address or by alternative means. We will agree to your request so long as it is reasonable for us to do so.



- You may request to access to and inspection of your individually identifiable health information upon written request. We will respond to your request within 30 days. If we deny your request for access, we will give you written reasons for the denial. If you want copies of your information, we will make reasonable efforts to accommodate your request, and there may be a reasonable, cost-based fee.
- You may request an amendment of your individually identifiable health information if you believe there is a mistake or missing information in our record. This request should be made in writing and should include the information to be corrected or added. We will respond within 60 days of receiving your request. Any denial will state the reasons for the denial. If we approve the request for amendment, we will change the record and inform you. We will also inform any others who have a need to know about such changes.
- You may 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. We will make sure this person has this authority and can act for you before we take any action.
- You may request for us to provide you with a list of all disclosures of your individually identifiable health information which we have made except for such disclosures as have been made in connection with your treatment, our health care operations, or as specifically required by law. We will respond to your request within 60 days of receiving it.
- You may request a paper or electronic copy of this notice.

Contact Person: If you have any questions or concerns about our privacy practices, please contact:

Hope Resource Center attn: Privacy Officer
2700 Painter Avenue Knox, TN 37919
865-525-4673