

**University Health System, Inc.
The University of Tennessee Medical Center**

Notice of Information Practices

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.

Patient Privacy

At University Health System (UHS), your privacy is a priority. We follow applicable federal and state guidelines to maintain the confidentiality of your medical information. The federal guidelines with regard to the confidentiality of your medical information may be found in the Code of Federal Regulations at 45 CFR §§ 164.500 et seq.

How do we use medical information?

When you visit a UHS facility, we may use your medical information to treat you, to obtain payment for services, and to conduct normal business known as health care operations. Examples of how we use your information include:

Treatment - We keep a record of each visit and/or admission. This record may include your test results, diagnoses, medications, and your response to medications or other therapies. This allows your doctors, nurses and other clinical staff to provide appropriate care to meet your needs.

Payment - We document the services and supplies you receive at each visit or admission and may provide this information as needed so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatment or services that require their prior approval.

Health Care Operations - Medical information is used to improve the services we provide, to train staff and students, for business management, quality improvement, and for customer service.

Other services

We may also use information to:

- Recommend treatment alternatives.
- Tell you about health benefits and services.
- Communicate with family or friends involved in your care.
- Communicate with other UHS organizations or associates for treatment, payment, or health care operations. Business associates must follow privacy rules.
- Send appointment reminders.¹
- Include you on the inpatient list for callers or visitors if you are admitted.¹
- Let your clergy know if you have been admitted.¹
- Contact you for UHS fundraising.¹

Your choice

Services followed by a superscript one ⁽¹⁾ are optional. Tell the scheduler, admitting clerk or fundraiser (if contacted) that you do not wish to participate.

Need more information?

- Visit our website at www.utmedicalcenter.org or
- Call or write the Privacy Officer at the number and address listed on the back of this notice.

Information we share

There are limited times when we are permitted or required to disclose medical information without your signed permission. These situations are listed below:

- For public health activities such as tracking diseases or medical devices.
- To protect victims of abuse or neglect.
- For federal and state health oversight activities such as fraud investigations.
- For judicial or administrative proceedings.
- If required by law or for law enforcement.
- To coroners, medical examiners and funeral directors.
- For organ donation.
- To avert serious threat to public health or safety.
- For specialized government functions such as military, national security, intelligence and protective service.
- To Workers' Compensation if you are injured at work.
- To a correctional institution if you are an inmate.
- For research following strict internal review to ensure protection of information.

All other uses and disclosures, not previously described, may only be done with your signed authorization. You may revoke your authorization at any time.

Our Responsibilities

UHS is required by law to:

- Maintain the privacy of your medical information.
- Provide this notice of our duties and privacy practices.
- Abide by the terms of the notice currently in effect

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be available in our facilities, and will be available from your health care provider.

Your Rights

You have the right to:

- Request that we restrict how we use or disclose your medical information. (We may not be able to comply with all requests.)
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your medical information (fees may apply).²
- Request additions or corrections to your medical information.²
- Receive an accounting of how your medical information was disclosed (excludes disclosures for treatment, payment, healthcare operations and some required disclosures).²
- Obtain a paper copy of this notice even if you receive it electronically.

Requests followed by a superscript two ⁽²⁾ must be in writing.

To Contact Us

If you would like to exercise your rights, or if you have privacy concerns:

- University Health System, Inc.
Phone: 865-544-9118
Fax: 865-544-6832
Address: 1924 Alcoa Highway
Knoxville, TN 37920
- UHS Ventures, Inc.
Phone: 865-670-6102
Fax: 865-670-6099
Address: 9000 Executive Park Dr.
Building C
Knoxville, TN 37923
- Call the Confidential Reporting line at 1-877-591-6744.

All complaints will be thoroughly investigated, and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services in Washington, D.C.

This is a joint notice covering:

- UHS and its employees
- UHS Ventures and its employees
- Physicians and other Professionals (pursuant to 45 CFR § 164.501)

These persons or entities will share your medical information as necessary to facilitate your care.

Please send any questions, comments or complaints regarding our web service to the following address: webadmin@mc.utmck.edu