**Uses and Disclosures of Medical Information**

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment- We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you.

Payment- We may use and disclose your medical information to obtain payment for services we provide to you. We may disclose your medical information to another health care provider or entity subject to federal and state Privacy Rules so they can obtain payment.

Health Care Operations- We may use and disclose your medical information in connection with our health care operations. These uses are necessary to make sure that all our patients receive quality care. Some examples are:  
\* Review of our treatment or services to evaluate the performance of our staff providing your care;  
\* Sending you a satisfaction survey;  
\* Review of information about many of our patients to determine if additional services should be added or perhaps are no longer needed;  
\* Information may be given to our referring providers, health care students and other personnel to be used for education and learning purposes;  
\* We may remove information that identifies you from the medical information so others may use it for studies in health care delivery without learning who the patients are; and  
\* We may disclose your medical information to another provider who has a relationship with you and is subject to the same Privacy rules, for their health care operation purposes.

**On Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the facility.

**By Law or Special Circumstances:** We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:  
\* As required by law;  
\* For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;  
\* To report adult abuse, neglect, or domestic violence;  
\* To health oversight agencies;   
\* In response to court and administrative orders and other lawful processes;  
\* To law enforcement officials after receiving subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;  
\* To coroners, medical examiners, and funeral directors;  
\* To organ procurement organizations;  
\* To avert a serious threat to health or safety;  
\* In connection with certain research activities;  
\* To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;  
\* To correctional institutions regarding inmates; and  
\* As authorized by state worker’s compensation laws.

**Health Related Benefits and Services:** We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

**For certain types of medical information we may be required to protect your privacy in ways more strict than we have discussed in this notice. These types of medical information include:**\* HIV Information.   
\* Sexually Transmitted Disease Information  
\* Alcohol Abuse Information  
\* Drug Abuse Information

**Your Rights Regarding Your Medical Information**

Right to Inspect and Copy- You have the right to look at or get copies of your medical information, with limited exceptions. You must make a request in writing to obtain access to your medical information.

Disclosure Accounting- You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, for six (6) years from the date of your request. You must make this request in writing.

Restriction- You have the right to request that we place certain restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, except in limited circumstances described below, but if we do, we will abide by our agreement (except in an emergency.) Any agreement to additional restrictions must be in writing, signed by you and by an authorized representative of our facility. **We will grant a request for restriction of disclosure of your protected health information to your health insurer if the following three conditions are met:**  
**1**. The reason we would disclose to the insurer is for payment or health care operations,  
**2**. The disclosure is not required by law, and  
**3**. You or another person has paid us in full for the health care item or service.

Confidential Communication-You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. This request must be made in writing.

Amendment- If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing, and it must explain why the information should be amended.

Electronic Notice- If you receive this notice on our web site or by electronic mail (email), you are entitled to receive this notice in written form.

**Questions and Complaints**

If you would like more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**THIS NOTICE IS YOUR COPY TO RETAIN FOR ANY FUTURE QUESTIONS OR CONCERNS REGARDING THE USE OF YOUR PROTECTED HEALTH INFORMATION.**

**Please sign the Acknowledgement / Notice of Privacy Practices, which is included in with your New Patient Intake to signify your receipt and understanding of this document for our records.**

**THANK YOU.**

**Contact: Catie Russell,** HIPAA Compliance Officer  
**Telephone:** (865) 579-2293  
**Address:** 10721 Chapman Hwy #22; Seymour, TN 37865

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**Moser Speech Therapy Services  
PRIVACY PRACTICES NOTICE**Updated: 08/06/2015

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**If you have any questions about this notice, please contact our HIPAA Compliance Officer at (865) 579-2293.  
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**Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice version will remain in effect until we replace or update it. Replacement/Updated copies of this notice will be available in our office upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

**Who Will Follow This Notice**

This notice describes our facility’s privacy practice. All members of our staff have been fully trained on our privacy practices and are responsible for abiding by our privacy practices.