

## NOTICE OF PRIVACY 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.

### **This Notice describes the privacy practices of Williamson Health and the physicians who provide services to patients at this hospital.**

#### **Patient Health Information**

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

#### **How We Use Your Patient Information**

We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your consent. An Organized Health Care Arrangement ("OHCA"), is defined as a clinically-integrated care setting in which individuals typically receive healthcare from more than one healthcare provider. The OHCA allows physicians who practice at the hospital to share information for purposes of treatment, payment and health care operations. Your information will be shared by and among members of the OHCA of both Williamson Medical Center and the Vanderbilt Health Affiliated Network.

#### **Examples of Treatment, Payment, and Health Care Operations**

**Treatment:** We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care, including for continuing treatment post-discharge.

**Payment:** We Will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

**Health Care Operations:** We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.

**Video Surveillance:** Some areas are equipped with video surveillance equipment for security which may be used in certain circumstances.

#### **Other Uses and Disclosures**

As permitted by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

- **Required by Law:** We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
- **Health oversight:** We may be required or permitted to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- **Judicial and administrative proceedings:** We may disclose information in response to an appropriate subpoena or court order.
- **Law enforcement purposes:** Subject to certain restrictions, we may disclose information required by law enforcement officials.
- **Deaths:** We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.
- **Serious threat to health or safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Special Government Functions:** If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- **Research:** We may use or disclose information for approved medical research.
- **Worker's Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.
- **Fundraising:** We may give your name and certain other information to Williamson Medical Foundation as permitted by applicable law. However, you will be provided with an opportunity to opt out of receiving any fund raising communications. You may contact the Williamson Health Foundation at 615-435-5158 for information on how to opt out of receiving fund raising material.

We may also ask if we can disclose limited information about you to clergy or include it in the Hospital directory. Under limited circumstances, we may disclose information to notify or locate your relatives or to assist disaster relief agencies. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

#### **Individual Rights**

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate forms for exercising these rights.

**Request Restrictions:** We will limit disclosure, use and request of identifiable health information, to the extent practicable, to a limited data set or to the minimum amount necessary to accomplish the intended purpose of such use, disclosure, or request. However, you have the right to request that we restrict the use and disclosure of identifiable health information about you. We must comply with your requested restriction if, except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the identifiable health information pertains solely to a health care item or service for which the health care provider

involved has been paid out of pocket in full. Otherwise, we are not required to agree to your requested restrictions, but if we do agree, we must abide by those restrictions unless otherwise required by law. You may request a restriction by writing the Contact Person identified below.

**Confidential Communications:** You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

**Inspect and Obtain Copies:** In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

**Amend Information:** If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

**Accounting of Disclosures:** You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

We will not solicit or receive any remuneration in exchange for your health information or sale your health information unless you expressly authorize us to do so or unless such is otherwise permitted by law. We will not utilize your health information in marketing efforts unless you expressly authorize us to do so or unless such is otherwise permitted by law. We will not use or disclose your psychotherapy notes, if any, unless you expressly authorize us to do so or unless such is otherwise permitted by law.

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect. In the case of a breach of unsecured health information, we shall notify you in the event your identifiable health information has been accessed, acquired or disclosed as a result of a breach unless, after conducting an appropriate risk assessment, we reasonably believe that there is a low probability that your health information has been compromised. All notifications required under this paragraph shall be made to you without unreasonable delay and in no case later than sixty (60) calendar days after the discovery of a breach.

You are entitled to receive such notice in the following form: (1) written notification by first-class mail at your last known address, or, if you specify as a preference, by electronic mail; (2) in the case in which there is insufficient, or out-of-date contact information (including a phone number, email address, or any other form of appropriate communication) that precludes direct written notification to you, you shall be provided a substitute form of notice, including, a conspicuous posting on the home page of the our web site or notice in major print of broadcast media. Such a notice in media or web posting will include a toll-free number where you can learn whether or not your unsecured health information is possibly included in a breach; (3) in urgent circumstances, we, in addition to written notification, may provide you information by telephone or other means, as appropriate. We shall also provide notice to prominent media outlets following the discovery of a breach involving unsecured identifiable health information or more than 500 individuals.

Regardless of the method by which notice is provided to you, you are entitled to a notification including, to the extent possible, the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; (2) a description of the types of unsecured health information that were involved in the breach (such as your name, Social Security number, date of birth, home address, account number, or disability code); (3) the steps you should take to protect yourself from potential harm resulting from the breach; (4) a brief description of what we are doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and (5) contact procedures for you to ask questions or learn additional information, which shall include a toll-free number, an e-mail address, web site, or postal address. We shall also provide notice to the Secretary of the Department of Health and Human Services of any breach that requires us to notify you pursuant to this paragraph.

#### **Changes in Privacy Practices**

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the admissions area. You have the right to obtain a paper copy of this Notice upon request. For more information about our privacy practices, contact the person listed below.

#### **Complaints**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

#### **Contact Person**

If you have any questions, requests, or complaints, please contact:

Williamson Health  
Privacy Officer  
4321 Carothers Parkway  
Franklin, TN 37067  
(615) 435-5760

**Effective Date:** The effective date of this Notice is March 1, 2023.