

This Notice Describes How Medical Information About you May be Used and How You Can Get Access to This Information

**Please Review it Carefully**

**Uses and Disclosures of Health Information**

We use health information about you for treatment (diagnostic testing, prescription, etc.) to obtain payment (submit claims and/or encounters to billing services and/or clearinghouses, and/or collection agencies, etc.) for administrative purposes (reporting, utilization management, quality improvement and surveys, etc.) and to evaluate the quality of care that you receive. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information for health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses or disclosures.

We may apply a change to 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 waiting area and each examination room. You may also request a copy of our notice at any time. For more information about our privacy practices, contact our Corporate Compliance Officer.

**Individual Rights:** You have the right, following a written request and agreed upon date and time to look at, get a copy of, or receive electronically protected health information about you that we use to make decisions about you. If you request copies we will charge you for each page. The cost to you will not exceed the cost we incur to provide such copies. You also have the right to receive a list of instances where we have disclosed protected health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request in writing that we amend existing information.

You may request in writing that we restrict and/ or not use or disclose your information for treatment, payment and administrative

purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to agree to it.

**Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access or amendment to your records, you may contact our Corporate Compliance Officer who number is listed at the bottom this page. You may send a written complaint to the US Department of Health and Human Services, Office of Civil Rights. The corporate Compliance Manager can provide you with the appropriate address upon request.

**Matthew Walker Comprehensive Health Center Legal Duty**

We are required by law to protect the privacy of your information, provide notice about our information practices, and follow the information practices that are described in the notice. Questions or complaints may be addressed to:



**Matthew Walker Comprehensive Health Center**

**Corporate Compliance Manager**

**1035 14th Avenue North**

**Nashville, TN 37208**

If you wish to discuss your complaint or have any questions, you may call the Corporate Compliance Officer at: (615) 327-9400. You will not be penalized in any way for filing a complaint.

# HIPAA

Health Insurance Portability Accountability Act

**Patient Acknowledgement**

**I acknowledge that I have received a copy of the Matthew Walker Comprehensive Health Center, Inc. Notice of Privacy Practices as required by HIPAA**

**I understand that upon completion of reading this notice, any questions I may have may be addressed to our HIPAA Corporate Compliance Officer.**

\_\_\_\_\_  
**Childs Name If Under 18**

\_\_\_\_\_  
**Patient Signature/ Responsible Party Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Matthew Walker Comprehensive Health Center Inc. Use Only Section:**

**Refusal to sign: Patient has the right to refuse to sign and has decided not to sign.**

\_\_\_\_\_  
**MWCHC Representative**

\_\_\_\_\_  
**Date**



**1035 14th Avenue North**

**Nashville, TN 37208**

**615-327-9400**

**230 Dover Rd,**

**Clarksville, TN 37042**

**931-920-5000**

**739 President PI Ste 100,**

**Smyrna, TN 37167**

**615-984-4290**

- A. Standard: Notice of privacy practices.
  - 1. Right to notice. Except as provided by paragraph (a) (2) or (3) of this section, an individual has a right to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity and of the individual's rights and the covered entity's legal duties with respect to protected health information.
  - 2. Specific requirements for certain covered health care providers. A cover health care provider that has a direct treatment relationship with an individual must:
    - ❖ Provide the notice no later than the date of the first service delivery, including service delivered electronically to such individual after the compliance date for the covered health care provider.
      - A. Have the notice available at the service deliver Site for individual to request to take with them; and
      - B. Post the notice in a clear and prominent location where it is reasonable to expect individuals seeking service from the covered health care provider to be able to read the notice and;
      - C. Whenever the notice is revised, make the notice available upon request on or after the effective date of the revision and promptly comply with the requirements of paragraph C (2) of this section, if applicable

# HIPAA



# PRIVACY

# STATEMENT