

**HIGH RISK OBSTETRICAL CONSULTANTS, PLLC  
NOTICE OF PRIVACY PRACTICES**

**A. OUR COMMITMENT TO YOUR PRIVACY**

High Risk Obstetrical Consultants, PLLC (“HROC”) is dedicated to maintaining the privacy of your protected health information (“PHI”). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We will notify you in the event of any breach of unsecured PHI.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

**B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:**

**Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400.**

**C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your PHI.

**1. Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

**2. Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with

details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

**3. Health Care Operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

**4. Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

**5. Treatment Options.** Our practice may use and disclose your PHI to inform you or potential treatment options or alternatives.

**6. Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**7. Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, giving postoperative instructions to a family member or friend.

**8. Disclosures Required By Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

#### **D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your protected health information:

**1. Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 2. Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
  - 3. Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
  - 4. Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
    - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
    - Concerning a death we believe has resulted from criminal conduct
    - Regarding criminal conduct at our offices
    - In response to a warrant, summons, court order, subpoena or similar legal process
    - To identify/locate a suspect, material witness, fugitive or missing person
    - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
  - 5. Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Institutional Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.
  - 6. Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
  - 7. Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
  - 8. National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**9. Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary : (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**10. Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.

**E. Disclosure Requiring your Written Authorization. (45 CFR § 164.508)**

In all other situations, our practice will obtain your written authorization before using or disclosing any PHI about you. If you choose to sign an authorization to use or disclose your PHI, you or your representative may later revoke that authorization by notifying us in writing to stop any future uses and disclosures. This includes, but is not limited to, the following three (3) categories of PHI, which require written authorization.

**1. Psychotherapy Notes.** We must obtain your written authorization prior to releasing any information from your mental health professional documenting or analyzing the contents of a conversation during a counseling session that are separated from the rest of your medical records. If you provide us authorization to use or disclose your psychotherapy notes, you may revoke that authorization, in writing, at any time.

**2. Marketing Activities.** We must obtain your written authorization prior to using your protected health information for marketing activities. Marketing activity is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This includes any communications regarding alternative treatments, therapies, health care providers, or products or services. If we receive any direct or indirect payment as a result of the use or disclosure of your protected health information, we will explicitly state in your signed authorization that we received such payment. If you provide us authorization to use or disclose your information for marketing activities, you may revoke that authorization, in writing, at any time.

**3. Sale of Protected Health Information.** We must obtain your written authorization prior to using your protected health information for any sale of your protected health information. This would include receiving any financial remuneration from the recipient of the protected health information we provided. We will explicitly state in your signed authorization that we received such payment. If you provide us authorization to use or disclose your information for the sale of your protected health information, you may revoke that authorization, in writing, at any time.

**4. Substance Use Disorder Prevention and Treatment Notes.** See Paragraph G below.

**F. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding the PHI that we maintain about you:

**Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400** specifying the requested method of contact, or the

location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

**1. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **Except as stated below, we are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400**. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure or both; and
- To whom you want the limits to apply.

Our Compliance Officer, with the assistance of legal counsel, as necessary, will either approve or refuse the requested restriction and, if approved, will document the restriction in your chart.

**2. Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite 435 Building A, Knoxville, Tennessee 37920, (865) 263-2400** in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

**3. Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400**. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**4. Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented (for example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400**. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-

month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**5. Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400.**

**6. Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**8. Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or otherwise permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose the PHI, unless required by law to do so, although we will continue to maintain records related to your care.

**9. Changes to this Notice.** We reserve the right to change this Notice of Privacy Practices. Whenever the notice is revised, the notice will be available upon request on or after the effective date of the revision. (If there is a material change to the notice, we may elect to post the notice on our web site by the effective date of the material change to the notice and provide the revised notice, or information about the material change and how to obtain the revised notice.) We will post a copy of the revised notice in our office and will give the new/revised notice to patients at their next visit.

**10. Notice of Breach.** We will notify affected individuals following a breach of unsecured PHI if that should occur, in a timely manner and in any event within 60 days of discovery of such a situation and will take steps to mitigate any harm that might be reasonably anticipated by the event.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Mark Hennessy, M.D., 1930 Alcoa Highway, Suite A435, Knoxville, Tennessee 37920, (865) 263-2400.**

## **G. NOTICE OF PRIVACY PRACTICES FOR SUBSTANCE USE PATIENTS**

If you receive substance use disorder prevention and treatment services at HROC, your treatment records have additional privacy protections under federal law. Private information regarding your health and substance use disorder care is protected by two federal laws: Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq., and 45 C.F.R. Parts 160 & 164 (collectively, “HIPAA”), and the Confidentiality of Records Relating to Substance Abuse and Mental Health, 42 U.S.C. § 290dd, 42 C.F.R. Part 2 (collectively “Part 2”).

Specifically, Part 2 includes confidentiality provisions relating to the access, use, and disclosure of substance use disorder patient records. These protections go above and beyond the protections described in the preceding paragraphs of this Notice. Under Part 2, you must give written consent before information identifying you as a patient who needs or is receiving substance use disorder prevention and treatment is disclosed, including to entities or individuals who are paying your insurance claims. We ask you to help us care for you and support your treatment goals by providing a written consent that allows your providers to receive from, and disclose to, other treating providers, your identity and information in order to provide

you the care you need, to obtain payment for care and treatment, and to allow for communication with other professionals, friends, and advocates involved in your treatment or recovery.

Under federal law, we may disclose information about your care and treatment for substance use disorder services without your written consent for the following reasons:

1. The disclosure is allowed by court order;
2. The disclosure is made to medical personnel in a medical emergency;
3. The disclosure is made to appropriate authorities to report suspected child abuse or neglect;
4. The disclosure is made to a qualified service organization/business associate;
5. The disclosure is made to qualified personnel for research, audit or program evaluation; or
6. The disclosure is made in connection with a suspected crime committed on the premises or a crime against any person who works for us or about any threat to commit such a crime.

For example, HROC can disclose information without your consent in order to provide services in a medical emergency to ensure your emergency is treated effectively. In addition, with your consent, HROC will disclose your treatment and recovery information to your treating providers using a confidential and secure information exchange. You have a right to request a list of the treating providers who have received your substance use disorder treatment information exchanged pursuant to 42 CFR Part 2. If you would like additional information or a list of treating providers who have received your information, please contact: **Mark Hennessy, M.D.**

Violation of Part 2 is a crime and suspected violations may be reported to appropriate authorities, including the U.S. Attorney's Office for the Eastern District of Tennessee. If you have any questions about disclosure of your private health information, you can contact **HROC** at **(865) 263-2400**.