

**NOTICE OF PRIVACY PRACTICES OF
EMG CLINICS OF TENNESSEE, PLLC
DBA
BINGHAM NERVE & MUSCLE**

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 of Privacy Practices describes how we may use and disclose your protected health information, and it is intended to provide you with a notice of our legal duties and privacy practices. This Notice applies to all of the records of your care generated by or at our facility and/or our affiliate facilities, whether made by our employees or made by other healthcare providers at our facilities.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment. We will use and disclose your health information in the provision and coordination of your healthcare and in connection with your treatment. For example, we may disclose all or part of any portion of your medical record information to your attending physician, consulting physician, nurses, technicians, medical students, other students doing clinical rotations at our facilities, others outside of our facility who are involved in your care (such as family members or clergy), and any other healthcare providers or individuals or other healthcare facilities who have a need for your health information in connection with your care and continued treatment. We may use and disclose your health information to tell you about or recommend potential treatment options or alternatives. We may disclose health information about you to friends or family members who are involved in your care or to someone who helps to pay for your care. We may also tell your family or friends or clergy that you are receiving treatment in our facility.

Payment. We may use and disclose your health information for purposes of obtaining payment for healthcare services. We may use and disclose your health information for purposes of determining insurance or health plan coverage, billing, claims management, medical data processing, and reimbursement. This health information may be disclosed to an insurance company, third party payor, or other entity or person (or their authorized representative) who may be involved in or responsible for payment of your medical bill and may include copies of or excerpts from your medical records that are necessary to obtain payment on your account. For example, a bill sent to a third party payor may include information that identifies you, your diagnosis, the treatment provided, the supplies used, and any other information required or desirable to obtain payment. We may use and disclose your health information to obtain prior authorization for services rendered in order to determine whether your health plan will provide coverage for treatment.

Healthcare Operations. We may use or disclose your health information to support the business activities of our facilities and for our facilities' operations. These activities include, but are not limited to, uses and disclosures of your health information for quality assessment and improvement activities, employee review activities, training of medical and other students, marketing and fundraising activities, and/or conducting or arranging for other activities. For example, we may use your health information to review our treatment and services provided to you and to evaluate the performance of our personnel or other personnel providing services at our facilities in your treatment. We may disclose your health information to doctors, nurses, technicians, medical and other students, and other persons for review and learning purposes. We may use and disclose your health information by combining it with medical information that we have from other healthcare providers to compare our services with services of other facilities. We may use and disclose your health information for licensing and accreditation purposes.

Business Associates. We will use and disclose your health information with and to our “business associates” that provide services or products on behalf of or for our facilities (for example, billing or coding services, legal services, accounting services, consulting services, or information systems products and services). Whenever an arrangement between our facilities and a “business associate” involves the use or disclosure of your health information, we will have a contract that contains terms that will assist in protecting your health information, although you will not have any rights under or relating to such contracts.

Appointment Reminders/Sign-In Sheet. We may use and disclose your health information to contact you in such manner as we deem appropriate to remind you that you have an appointment for treatment or medical care at our facilities. We may use and disclose your information by using a sign in sheet at our registration desk where your name and physician and other information about you may appear. We may use and disclose your health information by calling you audibly by name in the presence of others in our facilities.

Marketing. We will not use, sell or disclose your health information for marketing without your permission.

Family and Friends. We may disclose your health information to friends or family members who are present during your appointment and involved in your medical care or in paying for your medical care. We will not disclose your health information to friends or family members who are not present during your appointment without your permission.

Disaster Relief. We may disclose your health information to entities involved in disaster relief for appropriate purposes.

Emergencies. We may use or disclose your health information in an emergency situation.

Regulatory Agencies. We may disclose your health information to health oversight agencies for activities authorized by law, which include, but are not limited to, licensure, certification, audits, inspections, and investigations. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, governmental programs, and compliance with laws.

As Required by Law. We will disclose your health information when we are required to do so by law.

To Avert a Serious Threat to Health or Safety. We may use or disclose health information about you when it appears necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.

Public Health. We may use or disclose your health information to public health activities or legal authorities charged with preventing or controlling disease, disability, or injury. For example, we will report the existence of a communicable disease, such as AIDS, to the department of health for Tennessee to protect the health and safety of the public. We may also disclose your health information for other public health activities, such as reporting births and deaths, child abuse or neglect, reactions or incidences with drugs or medical products, and other abuse, neglect or domestic violence if required or authorized by law.

Organ and Tissue Donation. To the extent allowed by law, we may disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking, or transplantation of organs and/or tissue.

Coroners and Funeral Directors. We may disclose to a coroner, medical examiner, or funeral director for identification purposes, determining cause of death or for the coroner, medical examiner, or funeral director to perform duties authorized by law. We may disclose health information in reasonable anticipation of death.

Workers' Compensation. We may release your health information for workers' compensation or similar programs that provide benefits for work-related injuries and illnesses.

Law Enforcement/Litigation. We may use and disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, discovery process, or court order. Disclosures for law enforcement purposes may include, by way of example only, disclosures to law enforcement officials to identify or locate a suspect, fugitive, witness, or missing person, disclosures about the victim of a suspected crime if, under certain circumstances, we are unable to get the person's agreement, disclosures about a death if we believe the death may be the result of criminal conduct, disclosures about criminal conduct at our facilities, and other such circumstances.

Military/Veterans. We may disclose your health information as required by military command authorities if you are a member of the armed forces.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your health information to the correctional institution or law enforcement official.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your health information to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Food and Drug Administration. We may disclose your health information to a person or entity required by the Food and Drug Administration to report adverse events, product problems, to assist with product recalls, or for other related, authorized purposes.

Communicable Diseases. We may disclose your health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading the disease or condition.

Except as described above, disclosures of your health information will generally be made only with your written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The following is a statement of your rights regarding your health information and how you may exercise these rights.

Right to Request Inspection and Copying of Your Health Information. You have the right to inspect and copy health information that is contained in a designated record set for as long as we maintain such health information. A "designated record set" normally includes medical and billing records, but does not include psychotherapy notes. If you want to inspect and copy your health information, you must deliver your request in writing by mail or in person to:

Privacy Officer
EMG Clinics of Tennessee, PLLC
dba Bingham Nerve & Muscle
3035 N. Highland Ave.
Jackson, TN 38305
800-224-1807

We may charge you a fee for the costs of copying, mailing, and other supplies associated with your request.

We may deny your request to inspect and copy your health information in certain circumstances, such as where the information consists of psychotherapy notes, information compiled in reasonable anticipation of or use in a civil, criminal, or administrative proceeding, and/or health information that is subject to a law that prohibits access to health information. If you are denied access to your health information, under certain circumstances, you may be able to have the decision to deny reviewed by our facility. Please contact the Privacy Officer if you have questions about your access to your health information.

Right to Request Amendment of Your Health Information. You may request that we amend your health information that we maintain if you believe such information is incorrect as long as we maintain this information. In order to request an amendment, your request must be in writing and delivered in person or by mail to the Privacy Officer listed above. You must include in your request the specific reasons that support your request.

We may deny your request for an amendment to your health information for reasons that include, but are not limited to: (1) your failure to submit your request with supporting reasons in writing as described above; (2) the fact that we may not have created the information; (3) that the information is not part of the information created and maintained by or for our facilities; (4) the information that you want to amend is not part of the information that you are entitled to inspect and copy under the law; and/or (5) we determine that the information is correct and/or complete. If we deny your request for amendment, you may have the decision to deny reviewed by our facility. Please contact the Privacy Officer if you have questions about amendment to your health information.

Right to Request an Accounting of Disclosures. You have the right to request an accounting of disclosures we have made of your health information under certain circumstances. The right applies only to certain disclosures defined in the law, and it does not apply to all types of disclosures of your health information. In order to request an accounting of disclosures of your health information, you must submit your request in writing and deliver it in person or by mail to the Privacy Officer.

Your request must state a limited time period (which may not be longer than six (6) years), and it may not include any dates before April 14, 2003. Your request must indicate in what form you want the accounting, such as on paper, electronically, by mail, etc.). Your request may involve paying for certain costs of providing the accounting. Your right to request an accounting of disclosures is subject to certain additional exceptions, restrictions, and limitations.

Right to Request Restrictions. You may request restrictions or limitations on the health information that we use or disclose about you for the purposes of treatment, payment, or healthcare operations. You may also request a limitation on the health information that we disclose about you to friends or family members who may be involved in your care or payment for your care. Any request for any restrictions or limitations on uses or disclosures of your health information must be submitted in writing on our prescribed form and delivered in person or by mail to the Privacy Officer. Your written request must contain: (1) what information you want to limit; (2) whether you want to restrict or limit the use, disclosure, or both; and (3) specifically to whom you want the restrictions and limitations to apply.

We are not required to agree to your request. If we do agree, we will comply with your request, except in emergency situations and in certain other situations, such as where your healthcare provider believes that it would be in your best interests to use or disclose such information and in other circumstances permitted by law.

Right to Request Confidential Communications. You may request that you receive communications from us by alternate means or at alternate locations. For example, you may request that we communicate with you only by mail at your work address. Any request for confidential communications must be submitted in writing on our prescribed form and delivered in person or by mail to the Privacy Officer.

Your written request must specify how and where you want to receive communications. We will attempt to accommodate all reasonable requests. We may condition our agreement to accommodate your request by obtaining information from you as to how payment will be handled and obtaining additional or alternate addresses or means of contacting you. We will not ask you about the reason for your request to receive confidential communications by alternate means or at an alternate location.

Right to Receive a Paper Copy of this Notice of Privacy Practices. You have the right to a paper copy of this Notice of Privacy Practices upon your request. To obtain a paper copy of the Notice of Privacy Practices, you must submit your request in writing to the Privacy Officer.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose your health information provided that such request is in writing and delivered in person or by mail to the Privacy Officer and provided that action has not already been taken in reliance on your authorization. You acknowledge and agree that we are unable to take back any disclosures that we have already made with your permission or as otherwise permitted by this Notice or by law and that we are not required to retain our records of care that we provided to you.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We are required to follow the terms of this Notice of Privacy Practices as currently in effect. We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for health information that we already have about you, as well as to any health information that we receive about you in the future. We will post a copy of the current notice at our facility. Upon your written request, we will provide you with any revised Notice of Privacy Practices.

COMPLAINTS

If you have questions or would like additional information, you may contact our Privacy Officer at:

EMG Clinics of Tennessee, PLLC
dba Bingham Nerve & Muscle
3035 N. Highland Ave.
Jackson, TN 38305
800-224-1807

If you believe that your privacy rights have been violated, you may complain to us by submitting a complaint in writing to the Privacy Officer or you may complain to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Other uses and disclosures of your health information not covered by this Notice or covered or allowed by applicable law will be made with your written permission.

EFFECTIVE DATE

The effective date of this Notice of Privacy Practices is January 28, 2005.