

Skyline Gastroenterology of West TN/ OneGI

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. You have the right to obtain a paper copy of this Notice upon request.

Patient Health Information (PHI)

Under federal law, your patient health information (PHI) is protected and confidential. PHI includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your PHI also includes payment, billing, and insurance information. Your information may be stored electronically and if so, is subject to electronic disclosure.

How We Use Your PHI

Treatment: We will use and disclose PHI to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record PHI and use it to determine the most appropriate course of care. We may also disclose this PHI to other healthcare providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your PHI 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.

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

Special Uses & Disclosures

Following a procedure, we will disclose your discharge instructions and information related to your care to the individual who is driving you home from the center or who is otherwise identified as assisting in your post-procedure care. We may also disclose relevant health information to a family member, friend or others involved in your care or payment for your care and disclose PHI to those assisting in disaster relief.

Other Uses & Disclosures

We may use or disclose identifiable PHI for other reasons, even without your consent. Subject to certain requirements, we are permitted to give out PHI without your permission for the following purposes:
Required by Law: We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
Research: We may use or disclose PHI for approved medical research.

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 to disclose PHI to assist in investigations and audits, eligibility for government programs, and similar activities.

Judicial & Administrative Proceedings: We may disclose PHI in response to an appropriate subpoena, discovery request, or court order.

Law Enforcement Purposes: We may use and disclose PHI required by law enforcement officials or to report a crime on our premises.

Deaths: We may disclose PHI regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

Serious Threat to Health or Safety: We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military & Special Government Functions: If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also disclose PHI to correctional institutions or for national security purposes.

Workers Compensation: We may release PHI for workers compensation or similar programs providing benefits for work-related injuries or illness.

Business Associates: We may disclose PHI to business associates (individuals or entities who perform functions on our behalf) provided they agree to safeguard the information.

Messages: We may contact you and leave messages on your answering machine, voicemail or through other methods with appointment reminders or billing and collections notices.

In other situations, we will ask for your written authorization before using or disclosing identifiable PHI 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. Subject to compliance with limited exceptions, we will not do the following unless you have signed a prior authorization:

- Use or disclose psychotherapy notes
- Use or disclose your PHI for marketing purposes
- Sell your PHI.

Individual Rights

You have the following rights with regards to your PHI. Please contact the person listed on this Notice to obtain the appropriate form for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your PHI. We are not required to agree to such restrictions, except for requests of limited disclosures to your health plan for the purpose(s) of payment or healthcare operations when you have paid in full, paid out-of-pocket for the item or service covered by the request, and when the uses or disclosures are not permitted by law.

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

Request of Personal PHI: In most cases, you have the right to look at or get a copy of your PHI. There may be a small charge for any copies.

Amending PHI: You have the right to request that we amend your PHI.

Disclosures: You may request a list of PHI disclosures for reasons other than treatment, payment or healthcare operations.

Paper Copy of Notice: You have the right to obtain a paper copy of the current version of this Notice upon request even if you have previously agreed to receive it electronically.

Our Legal Duty

We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding protected PHI, and to abide by the terms of the Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured protected PHI.

Changes in Privacy Practices

We may change our policies at any time and make the new terms effective for all health information we hold. The effective date of this notice is listed at the bottom of the page. If we change our Notice, we will post the new Notice in the waiting area. For more information about our privacy practices, contact the person listed on this Notice.

Complaints

If you are concerned that we have violated your privacy rights, you may contact the person listed on this Notice. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed on this Notice 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:

corporateprivacy@onegi.com

Effective Date: December 20, 2022