

**Gastroenterology Associates
Kingsport Endoscopy Corporation
The Endoscopy Center of Bristol, LLC**

Notice Of Privacy Practices For Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review this document carefully!

Patient Health Information

Your physician is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. Your health information also includes payment, billing, and insurance information.

How We Use Your Patient Health 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. Before we can use the information for these purposes, we must obtain your written consent. Your consent is included on a form that you have been asked to sign.

This Notice gives examples of how we will use or disclose your health information for treatment, payment, and health care operations. The Notice describes circumstances when we may have to use or disclose the information even without your consent.

Examples of Uses of Your Health Information for Treatment, Payment, and Health Care Operation Purposes are:

Treatment: We will use and disclose your health information to provide you with medical treatment or services. 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.

Payment: We will use and disclose your health information for payment purposes. For example, we submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment may request information from us regarding your medical care. We will provide information to them about you and the care you were given.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records. We may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, credentialing, medical record review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

Special Uses

We may also use your information to contact you with appointment reminders and information about treatment alternatives or other health-related services that may be of interest to you.

Other Uses and Disclosures

We may use and disclose identifiable health information about you for other reasons, even without your consent. Subject to certain requirements, we are permitted by law to give out health information without your consent for the following purposes:

- **Required by Law:** We may be required by law to report suspected abuse or neglect, gunshot wounds, or similar injuries and events.
- **Health Oversight:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.
- **Public Health Activities:** As required by law, we may disclose vital statistics, diseases, and information related to recalls of dangerous products to public health authorities.
- **Law Enforcement Purposes:** Subject to certain restrictions, we may disclose information required by law enforcement officials.
- **Judicial and Administrative Proceedings:** We may disclose information in response to an appropriate subpoena or court order.
- **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.
- **Deaths:** We may report information regarding deaths to coroners, medical examiners, and funeral directors.
- **Military and Veterans:** If you are a member of the armed forces, we may release information as required by military command authorities.

- **Workers Compensation:** We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.
- **Research:** We may use or disclose information for approved medical research or clinical trials.

In all other situations, 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.

Your Health Information Rights

The health and billing records we maintain are the physical property of the practice. You have the following rights with respect to your Protected Health Information. Please contact the number listed below to obtain the appropriate form for exercising these rights.

- **Request Restrictions:** You may request restrictions on certain uses and disclosures of your health information. We are not required to grant the request, but we will comply with any request granted.
- **Confidential Communications:** You may ask us to communicate with you confidentially by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request
- **Inspect and Obtain Copies:** You have the right to view or receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include uses of information for treatment, payment, or operations, disclosures. There may be a small charge for the copies.
- **Amended Information:** If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that your health care record be amended by delivering a written request to our office using the form we provide to you upon request (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information. If you want to exercise any of the above rights, please contact our Privacy Officer at the number listed, in person or in writing, during normal office hours. She will provide you with assistance on the steps to take to exercise your rights.

Our Legal Responsibilities

This office is required to:

- Maintain the privacy of your health information as required by law;
- provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of the Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.
- Accommodate your request for an accounting of disclosures.

Changes in Privacy Practices

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy. For more information about our privacy practices, contact the number 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 our office at the number listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The proper person at the number listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Effective Date: April 14, 2003

If you have questions request, or complaints, please contact our office at: (423) 246-6777-Kingsport, (423) 274-6350-Bristol

Gastroenterology Associates

Holston Valley Physicians Building, Suite 3A
135 W. Ravine Rd., Kingsport, TN 37660
(423) 246-6777

235 Medical Park Blvd.
Bristol, TN 37620
(423) 274-6350

Wellmont Lonesome Pine Medical Specialist Office
1980 Holton Ave., Big Stone Gap, VA 24219
(540) 523-8764

Kingsport Endoscopy Corporation

Holston Valley Physicians Bldg., Suite 7A
135 W. Ravine Rd.
Kingsport, TN 37660
(423) 246-9752

www.giassoc.com

The Endoscopy Center of Bristol, LLC

235 Medical Park Blvd.
Bristol, TN 37620
(423) 878-0232