

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.

Who Will Follow This Notice

This Notice describes the privacy practices of Wellmont Health System, which includes Bristol Regional Medical Center, Hawkins County Memorial Hospital, Hancock County Hospital, Holston Valley Medical Center, Lonesome Pine Hospital, Mountain View Regional Medical Center, Takoma Regional Hospital, Takoma Medical Associates, Wellmont Cardiology Services, Wellmont Medical Associates, Wexford House, and WPS Inc., which together form an affiliated covered entity under the HIPAA privacy rules. This Notice will also be followed by independent medical staff while providing services at, or on behalf of, one of these facilities.¹ When this Notice refers to “Wellmont Health System,” “we,” “us,” and “our,” it is referring to this group of Wellmont Health System facilities, entities and providers which have formed relationships authorized by the Federal HIPAA privacy rules that permit sharing of your medical information amongst ourselves to carry out our treatment, payment and health care operations activities. “Medical Information” includes all paper and electronic records pertaining to your health care and payment for your health care.

Our Pledge Regarding Your Medical Information

We understand that your medical information is personal and we are committed to protecting the privacy of your medical information. While you are a patient of Wellmont Health System, we create records of the health care services that have been provided to you. We need these records to provide you with quality health care services and to comply with certain legal requirements. This Notice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights with respect to your medical information.

Your Rights Regarding Your Medical Information

By law, you have the following rights with respect to your medical information:

- Right to Review and Obtain a Copy of Your Medical Information. You have the right to review and obtain a copy of your medical information. We will generally act on your request within 30 days or less, as required by state law. Where permitted by law, in certain circumstances, we may extend this an additional 30 days if necessary. However, under certain circumstances and, if permitted by law, we may deny your request. To inspect and copy your medical information, you must submit your request in writing. Ask us how to do this. If you request a copy of your medical information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, as permitted by law. You also may

¹ These relationships permit important use and disclosure of information among the various participants, but in no way impact the independent nature of medical staff that provides services at any of Wellmont Health System facilities. Medical staff members are solely responsible for their own judgment and conduct in providing professional services and for their compliance with applicable laws.

request a copy of your electronic health record, if we maintain your medical information in electronic format.

- Right to Request a Restriction on Uses and Disclosures of Your Medical Information. You have the right to request a restriction on uses and disclosures of your medical information for purposes of treatment, payment or health care operations or to individuals involved in your care. To request such restriction, you must make your request in writing to our Corporate or Local Privacy Officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to a certain family member). We are not required to agree to a requested restriction unless your request is to restrict disclosures for purposes of carrying out payment or health care operations to your health plan, which disclosures are not otherwise required by law, and the medical information pertains solely to the item or service for which you or a party other than the health plan, have paid in full. We will notify you if we don't agree to your request for restriction. If we agree to your request for a restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you. Even if we agree to your request for a restriction, we will still be permitted to disclose your medical information to the Secretary of the Department of Health and Human Services, in a hospital directory and for other purposes described below when disclosure is permitted without your authorization (e.g., judicial proceedings, public health activities). We may terminate a previously agreed to restriction, except the restriction which we are required to accept as described above, in which case you will be notified of such termination.
- Right to Request Confidential Communications. You have the right to request that we communicate with you by using a specified method or at a specified location. For example, you can ask that we only contact you at work or only by mail. To request confidential communications, you must submit your request in writing to our Corporate or Local Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted and to what address we may send bills for payment for services provided to you. We will accommodate all reasonable requests for confidential communications.
- Right to Request Amendment of Your Medical Information. You have the right to request an amendment of your medical information if you believe that the information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by Wellmont Health System. Your request for amendment must be in writing, submitted to our Corporate or Local Privacy Officer and provide a reason that supports your request. We may deny your request for an amendment if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not part of the medical information about you kept by Wellmont Health System, is not part of the information which you would be permitted to inspect and copy, or if we determine that your medical information is accurate and complete. If we accept your request, we will inform you about our acceptance and make the appropriate corrections. If we deny your request, we will inform you of this decision and give you a chance to submit to us a

written statement disagreeing with the denial. We will add your written statement to your records and include it whenever we disclose the part of your medical information to which your written statement relates.

- Right to Request Accounting of Disclosures. You have the right to request an accounting of certain disclosures we have made of your medical information. To request this accounting of disclosures, you must submit your request in writing to our Corporate or Local Privacy Officer. Your request must state a time period for which the accounting of disclosures is sought, which cannot be longer than six years prior to the date on which your request for accounting is made. The first accounting request within a 12-month period will be free. For additional requests, we may charge you for the reasonable costs of providing the accounting. We will notify you of the cost involved in advance and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Right to Receive Breach Notice. You have the right to receive notice following a breach of your unsecured protected health information.
- Right to Obtain Copy of This Notice. You have the right to obtain a copy of this Notice upon request. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You also may obtain a copy of this Notice on our website: www.wellmont.org.

Our Responsibilities Regarding Your Medical Information

We are required by law to:

- Maintain the privacy of your medical information;
- Provide you with this Notice concerning our legal duties and privacy practices with respect to your medical information;
- Provide you with notice following a breach of unsecured protected health information; and
- Abide by the terms of this Notice.

We Reserve the Right to Change this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post copy of the current Notice on Wellmont Health System's website. The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. Any new Notice will also be available to you by requesting that a copy be sent to you in the mail.

Permitted Disclosures of Medical Information Without Your Authorization

Unless otherwise prohibited by law, we may disclose your medical information without obtaining your authorization as described below.

- Treatment. We may use and disclose your medical information to provide, coordinate or manage your healthcare. For example, we may disclose your medical information to doctors, nurses, hospitals and other providers and facilities involved in your care. We may also share medical information about you to provide you with various items and services, such as laboratory tests or medications and to make arrangements for home

care, rehabilitation facilities or other health care services you may need. We may contact you to provide appointment reminders, patient registration information or to follow up about your medical care.

- Payment. We may use and disclose your medical information so that we may bill you or appropriate third party payors for the health care services we provide to you and receive payment for those services. For example, we may need to give your health plan information about treatment you received so your health plan will pay for your treatment or provide a prior approval of a particular procedure. We may also disclose your medical information to other health care providers so that those providers may receive payment for services provided to you. For example, we may disclose your medical information to an ambulance company, so that the ambulance company can receive payment for services provided to you.
- Health Care Operations. We may use and disclose your medical information for purposes of health care operations. These are uses and disclosures that are necessary to run our business. Examples of health care operations activities include business planning and management, general administrative functions, quality assessment and improvement activities, protocol development, case management and care coordination, peer reviews and compliance audits. For instance, we may use your medical information to review the quality and competence of our health care providers. We may use your medical information to decide what additional services we should offer you, what services are not needed and whether certain health care practices are effective. We may also disclose information to other health care providers for review and learning purposes.
- Hospital Directory. For hospital patients, we may maintain a directory that, unless you object, includes your name and location within the facility. The directory may also include your religious designation and information about your condition in general terms that will not communicate specific medical information about you (for example, “fair” or “stable”). Except for your religion, we may disclose this general information about you to any person who asks for you by name. We may disclose all directory information to members of the clergy, such as a priest or a rabbi. This helps your family, friends and clergy to visit you and learn about your general condition.
- Family Members and Friends Involved In Your Care. We may share your medical information with your family members, other relatives and close personal friends involved in your care or any other person identified by you, if we either obtain your agreement, provide you with an opportunity to object and you do not express an objection or reasonably infer, based on professional judgment, that you do not object to the disclosure. If you are not present at the time we disclose your medical information or the opportunity to agree or object to the disclosure cannot reasonably be provided because of your incapacity or emergent circumstances, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interests and if so, disclose the medical information that is directly relevant to the person’s involvement with your health care. We may also use and disclose your medical information for the purpose of locating and notifying your relatives or friends of your location, general condition or death and to organizations that are involved in those tasks during disaster situations.

- Compliance With Law. We will make your medical information available to you, disclose your medical information to the Secretary of the Department of Health and Human Services and disclose your medical information to the extent the disclosure is required to comply with Federal or state law.
- Public Health Activities. We may disclose your medical information for public health activities to public health or other appropriate governmental authorities authorized by law to collect and receive such information in order to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, injuries, vital events such as births or deaths, child abuse or neglect, reporting information to the Food and Drug Administration if you experience an adverse reaction from any of the drugs, supplies or equipment, to enable product recalls or disclosing medical information for public health surveillance, public health investigations or interventions.
- Health Oversight Activities. We may disclose your medical information to government agencies so they can monitor, audit, investigate, inspect, discipline or license those who work in the health care system and engage in other activities authorized by law in order to provide for the proper oversight of the health care system or for government benefit programs for which health information is relevant to beneficiary eligibility.
- Workers Compensation. We may disclose your medical information as authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illnesses.
- Judicial Proceedings. We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request or other lawful process, subject to certain procedural requirements required by law.
- Law Enforcement. We may disclose your medical information to law enforcement officials to report criminal conduct that occurred on premises of our facilities, to locate or identify a suspect, fugitive, material witness or a missing person, to alert law enforcement if a death has resulted from a criminal conduct or to report crime in emergencies if we provide medical care in response to a medical emergency outside of our facilities to alert law enforcement to the commission, nature, location, victims and perpetrators of such crime. In addition, we may disclose medical information to law enforcement officials regarding a victim of a crime, in response to a subpoena, court order or warrant, administrative request or similar process authorized under law or as otherwise may be required by law.

- Specialized Government Functions. If you are a member of the Armed Forces, we may disclose your medical information as required by military command authorities to assure the proper execution of a military mission and with respect to foreign military personnel, to the appropriate foreign military authorities for the same purpose. We also may disclose your medical information for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
- Correctional Institutions. If you are in the custody of law enforcement or a correctional institution, we may disclose your medical information to the law enforcement official or the correctional institution as necessary for your health, the health of others or certain approved operations of the correctional institution.
- Coroners, Medical Examiners and Funeral Directors. We may disclose your medical information to coroners and medical examiners so that they can carry out their duties authorized by law and for purposes of identification of a deceased person or determining a cause of death. We may also disclose your medical information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to a decedent.
- Organ, Eye and Tissue Donation. We may disclose your medical information to organ procurement organizations or other entities involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation and transplantation purposes.
- Research. We may use or disclose your medical information for research purposes provided that we comply with applicable Federal and state legal requirements.
- Serious Threat to Health and Safety. We may disclose your medical information as necessary to prevent or lessen a serious threat to health or safety of a person or the public.
- Fundraising. We may use and disclose certain limited medical information to contact you as part of a fundraising effort on behalf of Wellmont Health System; unless you have told us that you do not want to receive communications from us for fundraising purposes. You have the right to opt out of receiving such communication and if you receive a communication from us for fundraising purposes, you will be told how you may request not to be contacted for fundraising purposes in the future.
- Abuse, Neglect and Domestic Violence. We may disclose your medical or contact information to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence to the extent required or permitted by Federal or state law.
- Business Associates. We may share your medical information with third party business associates, which are various vendors that perform various services for us.

For example, we may disclose your medical information to our vendors which provide to us billing, collection or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.

Uses and Disclosures of Medical Information Which Require Authorization

Obtaining your authorization will be required for most uses and disclosures of psychotherapy notes, uses and disclosures of your medical information for marketing purposes and disclosures which constitute sale of your medical information. In addition, for other uses and disclosures of your medical information beyond the uses and disclosures described in this Notice, we are required to obtain your written authorization. For example, you will need to give us your written authorization before we send your medical information to your life insurance company or to your employer. Certain Federal and state laws may require special privacy protections for certain medical information, including information that pertains to HIV/AIDS testing, diagnosis or treatment, mental health services, alcohol or drug abuse treatment services, genetic information and testing, sexual assault or other types of medical information. Sometimes state or Federal laws prohibit disclosure of medical information that is otherwise permitted to be made without an authorization under the HIPAA privacy rules. To the extent any such laws require special protection to any of your medical information and do not permit disclosure of such information without obtaining your written consent, we will comply with those laws.

How You May Revoke Your Authorization

You may revoke your authorization to release your medical information if you notify us in writing at any time but we cannot take back any medical information that has already been disclosed by us in reliance of your prior authorization approving such disclosure. Your request to revoke your authorization must be sent to our Corporate or Local Privacy Officer.

For More Information or to Report a Complaint

If you have questions or would like more information about our privacy practices, you may contact our Chief Compliance Officer at the phone number listed below. If you believe your privacy rights have been violated, you may file a written complaint with the Chief Compliance Officer or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with Wellmont Health System, please submit your complaint to our Chief Compliance Officer using the contact information below:

**Chief Compliance Officer
Wellmont Health System
105 W. Stone Drive, Suite 6A
Kingsport, TN 37660
(423) 408-7320
Email: compliancequestions@wellmont.org**

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