June 30, 2015.

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.

If you have any questions about this notice, please contact Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C., Tina Patrick, Practice Administrator, 310 North State of Franklin Road, Suite 202, Johnson City, Tennessee 37601; (423)-929-7111.

Who Will Follow This Notice

This notice describes the medical information practices of Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C. group health plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administrative purposes. This notice applies to all the medical records we maintain. Your personal doctor or healthcare provider may have different policies or notices regarding the doctors' use and disclosure of your medical information created in the doctors' office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment (as describes in applicable regulations). We may use or disclose medical information about you to facilitate medical treatment or services by physicians and providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, nurse anesthetist or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contradictive with prior prescriptions.

For Payment (as described in applicable regulations). We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from physicians and nurse practitioners, to determine benefit responsibility under the Plan, or to coordinate plan coverage. For example, your physician or nurse practitioner may need to use your medical history to determine a treatment plan, decide on possible medications needed, or to determine a needed test or procedure. Our staff will often use the information from clinical decisions made by the physician or nurse practitioner to facilitate plan coverage with your insurance carrier. The facilitation on plan coverage may be precertification or utilization review, prior authorization or plan benefits. This does not guarantee payment, it is simply a method used to determine if your plan covers or authorizes medically necessary care. We may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. We may also share medical information with referring physicians, your primary care doctor, or a hospital system if you are receiving care where our medical treatment plan is necessary to coordinate your healthcare.

For Health Care Operations. We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage, submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs: business planning and development such as cost management; and business management and general Plan administrative activities.

As Required By Law. We may use and disclose medical information about you when required to do so by federal, state, or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

Special Situations

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan maintained by Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C. for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to the billing department personnel solely for purposes of administering benefits under the Plan.

Organ and Tissue Donation. If you are an organ donor, we may release the medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These Activities generally include the following:

- To prevent or control disease, injury or disability;
- To report deaths,
- To report child abuse or neglect,
- To report reactions or medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved with a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain a person's agreement;
- About a death we may believe to be the result of criminal conduct;
- About criminal conduct at our facility/clinic and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of our clinic/facility to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. The release would be necessary:

(a) For the institution to provide you with health care
(b) To protect your health and safety or the health and safety of others, or
(c) For the safety and security of the correctional institution

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you.

Effective February 17, 2010: Right to Restrict Disclosure of Certain Protected Health Information. You have the right to request a restriction on disclosures of your protected health information if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (but not treatment); AND (2) the protected health information relates to a health care item or service for which the provider has already been paid by you in full.

Effective February 17, 2010: Right to Accounting of Electronic Health Record. If a "covered entity" maintains an "electronic health record" about you, you have the right to (1) obtain a copy of the information in electronic format and (2) tell the covered entity to send the copy to a third party. We may charge you a reasonable fee for our labor costs for sending the electronic copy of your health information.

Right to Inspect and Copy. You have the tight to inspect and copy medical information that may be used to make decisions about your clinic/facility benefits. To inspect and copy medical information that may be used to make decisions about you. You must submit your request in writing to Gastrointestinal Associates of Northeast Tennessee, P.C. and/or Endoscopy Center of Northeast Tennessee, P.C. first. In addition, you must provide a reason that supports your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic/facility.

To request an amendment, your request must be made in writing and submitted to Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C. first. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not a part of the medical information kept by or for the clinic/facility;
- Was not created by us;

- Is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C. first. Your request must state a time period which may not be longer than six years and may not include dates before April 2005. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free. For **additional lists**, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have a right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

To request restrictions, you must make your request in writing to Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C. In your request, you must tell us:

(a) What information you want to limit;
(b) Whether you want to limit our use, disclosure, or both; and
(c) To whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications you must make your request in writing to Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C. first. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

A Note About Personal Representatives. You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to that PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public.
- A court order of appointment of the person as the conservator or guardian of the individual; or

- An individual who is the parent of a minor child. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. 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 may obtain a copy of this notice at our website www.giassociatesofnetn.com

To obtain a paper copy of this notice, please contact Tina Patrick, Practice Administrator, at Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C., 310 North State of Franklin Road, Suite 202, Johnson City, Tennessee 37601; (423)-929-7111.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the clinic/facility website. The notice will contain on the first page, in the top left-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated you may file a complaint with the clinic/facility. To file a complaint with the clinic/facility, contact our clinic/facility at Gastrointestinal Associates of Northeast Tennessee, P.C. and Endoscopy Center of Northeast Tennessee, P.C., Tina Patrick, Practice Administrator, 310 North State of Franklin Road, Suite 202, Johnson City, Tennessee 37601; (423)-929-7111. All complaints must be submitted in writing. In addition to filing a complaint with the Plan, you may file a complaint with the Secretary of the Department of Health and Human Services.

For all complaints filed by email send to: OCRComplaint@hhs.gov

You will not be penalized for filing a complaint.

Other Uses of Medical Information.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take bake any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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Signature of patient *(or Responsible Party)* Date