



Appalachian Mountain Project Access

## NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2007

**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: Executive Director, 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604  
Phone: (423) 232-6700 Fax: (423) 232-6707

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION.** Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the healthcare provider to provide you with quality care and to comply with certain legal requirements. We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received during your enrollment with Project Access. Healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices; make a good faith effort to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently in effect.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

●**Right To Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your health information, you must complete a specific form providing the information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604 or call (423) 232-6700. You will be asked to submit a specific form to review the records stored in the Project Office office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. We may require that you pay such fee prior to receiving the requested copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A Project Access Board Member will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

●**Right to Request Amendment.** If you believe that our records contain information about you that 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 Project Access. To request an amendment, you must submit this request in writing to the Executive Director, and include the reason that supports your request. To obtain this form or to obtain more information concerning this process please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604. We may deny your request for an amendment if you fail to provide a complete request in writing. In addition, we may deny your request 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 health information kept by us; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

●**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you, with certain exceptions specifically defined by law. To request this list of accounting of disclosures, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700. Your request must state a time period, which may not be longer than six years and may not include dates before 11/01/2008. Your request should indicate in what form you want the list (for example, on paper, electronically, etc). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs 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 of limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health 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.* If we do agree, we will comply



with your request unless the information is needed to provide you emergency treatment. If you file a request to restrict or limit the health information we would normally disclose to participating providers and other associated entities, and that restriction limits our ability to coordinate your access to donated services, we may have to remove you from the Project Access program. To request restrictions, you must complete a specific form providing the information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700.

●**Right to Request Alternative Methods of 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 an alternative method of communication, you must complete a specific form providing the information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

●**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. To obtain a paper copy of this notice, contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700.

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**COMPLAINTS** - If you believe your rights, with respect to health information about you, have been violated by Project Access, you may file a complaint with Project Access or with the Secretary of the Department of Health and Human Services. To file a complaint with Project Access, contact your Care Manager at 926 W. Oakland Avenue, Ste 222, Johnson City, TN 37604, or call (423) 232-6700. All complaints must be submitted in writing.

**You WILL NOT BE PENALIZED for filing a complaint.**

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**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION** - The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our use of your health information for any of these purposes, you need to submit a request for restrictions in the manner described above.

●**For Treatment.** We may use information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you through your enrollment in Project Access. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Project Access may also share your health information with other participating or non-participating medical providers, ancillary or supportive providers, social service providers, community resource providers, medical provider groups, hospital networks, and health insurance companies in order to coordinate the different things you need, such as prescriptions, lab work, x-rays, durable medical equipment, in-network services, authorizations, etc. We also may disclose health information about you to people outside of Project Access who may be involved in your medical care after you leave the program, such as family members, friends, or others we use to provide services that are part of your care. We will give you an opportunity, however, to restrict such communications.

●**For Payment and Eligibility.** Through our Specialty Care Coordination (SCC) Program, Project Access aims at assisting you in accessing medical services on a donated basis. However, there may be situations in which you access care that is not being donated and for which you must provide payment even when enrolled in SCC. Our Health Insurance Marketplace Program aims at getting previously uninsured individuals health insurance coverage. There may be premium, co-pay, co-insurance and/or other charges associated with HIM plans. Our Insurance Premium Assistance Program aims at assisting with premium, co-pay, co-insurance and/or other charges related to HIM plans or Private plans. Not all HIM plans or Private plans will be eligible for IPA. We may use and disclose health information about you so that the treatment and services you receive during your enrollment in Project Access may be coordinated, even if those services are not available on a donated basis and you are being billed for those services. For example, we may need to give your health information about emergency services you received through a hospital (that are not considered donated, patients must be billed) so that the hospital can bill you for those emergency services. We may tell other medical benefits providers such as TennCare about a treatment you are going to receive to determine your eligibility for coverage for the treatment. We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and services provided to you by that provider, or to determine if they wish to consider those services as donations through our program.

●**For Health Care Operations.** We may use and disclose health information about you for our internal operations or external partnerships. These uses and disclosures are necessary to operate and improve Project Access and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from



other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider or plan's internal operations.

● **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care through the Project Access program. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying Project Access and asking for you to return our call. Unless we are specifically instructed by you otherwise or in a particular circumstance, we will not disclose any health information to any person (other than you) who answers your phone except to leave a message for you to return the call.

● **Surveys.** We may use and disclose health information to contact you to assess your satisfaction with our services.

● **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

● **Business Associates.** There are some services provided in our organization through contracts or arrangements with business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

● **Individuals Involved In Your Care or Payment For Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

● **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health status of newly enrolled Project Access patients with those exiting the program. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' needs for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave the Project Access program. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care through your enrollment in Project Access.

● **As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.

● **To Avert a Serious Threat to Health or Safety.** We may use and disclose health 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 prevent the threat.

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

● **Employers.** We may release health information about you to your employer if you access health care services through the Project Access program at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

● **Workers' Compensation.** We may release health 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 health information about you for public health activities. These activities generally include the following: to prevent or control disease, injury, or disability; to report births and deaths; to report reactions to medications or problems with products; 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 health 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 in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.



●**Law Enforcement.** We may release health 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 the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at Project Access; 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.

●**Coroner's Medical Examiners and Funeral Directors.** We may release health 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 health information about patients enrolled in Project Access to funeral directors as necessary for them to carry out their duties.

●**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.

●**Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

●**Inmates/Persons In Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

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**OTHER USES OF HEALTH INFORMATION.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission, as we are required to retain in our records, the care that we provided to you.

**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 health 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 in the Project Access office. The notice will contain the effective date on the first page. In addition, each time you are enrolled in the Project Access program to access donated health care services, we will offer you a copy of the current notice in effect.

**ACKNOWLEDGEMENT.** You will be asked to provide a written acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgement from you. However, your receipt of care and enrollment in Project Access is not conditioned upon your providing the written acknowledgement.

**DATA BREACH POLICY.** Project Access is compelled by the Health Insurance Portability and Accountability Act (HIPAA) and the National Association of Social Work's Code of Ethics to notify our patients in the event of a breach of patients' confidential information in a timely manner. Patients will receive details concerning the information involved in the breach, the steps that are being taken regarding the incident, and any precautions patients may take to further protect their information.