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JOINT 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 READ IT CAREFULLY.

Understanding this Notice

We understand information about your health, health care and payment for health care is personal and confidential, and we are committed to safeguarding that information. Further, we are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. This notice tells you how we may use and disclose your protected health information. It also describes your rights and makes certain our obligations regarding the use and disclosure of your protected health information.

Who Will Comply With this Notice

This notice applies to Mental Health Cooperative, Integrated Health Cooperative, NPS Pharmacy and their workforce members. Mental Health Cooperative, Integrated Health Cooperative and NPS Pharmacy are commonly controlled but separate legal entities that operate as an organized health care arrangement and share health information with each other as necessary to carry out treatment, payment or health care operations relating to our organized health care arrangement. We are all covered by certain federal laws and regulations concerning the privacy and security of health information. For purposes of compliance with those laws and regulations only, we have designated ourselves as a single affiliated covered entity. As such, we share common privacy practices and, to the extent permitted by other applicable law, share information as if we were a single entity.

How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we may use and disclose your protected health information. Some of the examples listed in these categories may require your permission, though your permission need not be given in writing. For each category of uses or disclosures, we will explain what we mean and try to give 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 your protected health information without your written authorization should fall within one of these categories.

We may use and disclose your protected health information for treatment. For example, in order for us to provide, coordinate, or manage your treatment, your protected health information may be used by staff members or disclosed to other health care providers for the purpose of evaluating your medical/mental health. In an emergency situation, your protected health information may also be disclosed to a hospital emergency room or to another medical facility in order to provide emergency treatment to you.

We may use and disclose your protected health information for payment. For example, we may send a bill to you or a third-party payer (such as TennCare or another health insurance plan) for the items or services you have received from us. The information on or accompanying the bill may include information that identifies you, as well as the dates of service, the services provided, the medical/mental condition being treated and other protected health information.

We may use and disclose your protected health information for health care operations. For example, we may use the protected health information in your health record to assess the quality of care given to you and evaluate the outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

We may disclose your protected health information to our business associates. We may provide certain services through business associates. An example of a service we might provide through a business associate might be copy services. To protect your information, we require our business associates that create, receive, maintain, or transmit your protected health information on our behalf to take appropriate steps to safeguard that information.

We may use and disclose your protected health information for health oversight activities: For example, your health information may be disclosed to agencies that conduct audits or inspections to assure that appropriate care is received.

We may use or disclose your protected health information to notify your family members or others involved in your care. We may, with your consent, use or disclose your protected health information to family members or others to the extent that you have involved them in your care. We may also use or disclose your protected health information to notify a family member, personal representative or another person responsible for your care of your location, general condition or death. We will attempt to obtain your consent before making these uses and disclosures. We will not make these uses or disclosures if you object.

We may use or disclose your protected health information in cases of abuse, neglect or domestic violence. For example, your protected health information could be disclosed in order for us to comply with government mandated reporting for abuse, neglect or domestic violence.

We may use or disclose your protected health information in connection with court proceedings. For example, your protected health information could be disclosed without your permission in response to a court order. If we receive an order for your records from a court of competent jurisdiction, we are required to release your health information as described in the order.

We may use or disclose your protected health information for public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

We may use or disclose your protected health information to comply with worker's compensation laws. We may disclose your protected health information only to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

We may use or disclose your protected health information in certain custodial situations. If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to the correctional institution or law enforcement authority in limited circumstances.

We may use your protected health information to remind you of appointments. Your protected health information may be used by our staff to call and to remind you of your appointments or you may receive a reminder via a text message or automated phone call. You have the right to opt out of receiving the text message reminder and automated phone call.

We may use or disclose your protected health information as otherwise required by law. We may use and disclose your protected health information if we are otherwise required to do so by federal, state or local laws.

When reproductive healthcare is allowed by state and/or Federal law or provided by a third party and presumed to be lawful, we are:

- Prohibited from using PHI against people for providing or obtaining lawful reproductive healthcare
- Required to obtain a signed statement in certain situations before using or disclosing PHI potentially related to reproductive healthcare for such prohibited purposes

Other uses and disclosures require your authorization.

- **Marketing** – With a few exceptions, we must have your written authorization to use or disclose your protected health information to make a communication about a product or service that encourages the recipients of the communication to purchase or use the product or service. For example, we may communicate with you face-to-face or send you information regarding services that may be of interest to you.
- **Psychotherapy Notes** – We must have your written authorization to use or disclose your psychotherapy notes except for certain treatment, payment and health care operations purposes, if the disclosure is required by law or for health oversight activities, or to avert a serious threat.
- **Sale of Protected Health Information** – With few exceptions, we must have your written authorization for any disclosure of your protected health information that is a sale of protected health information, and we must notify you that we will be paid for the disclosure.
- **Medical Research** - With few exceptions, if a research project involves your care or sharing of protected health information that can identify you, we must have your written authorization to use or disclose such information. However, federal regulations permit use of protected health information in medical research when your name and most other identifiers have been removed.
- **SMS consent and phone numbers** will never be shared with third parties or affiliates under any circumstances. SMS consent is not shared with any third parties or affiliates for marketing purposes
- **Other Uses and Disclosures** – Other uses and disclosures not described in this Notice will be made **only with your written authorization unless otherwise required or permitted by law**

If you change your mind after authorizing the use or disclosure of your information, you may submit a letter in writing stating that you want to revoke the authorization. However, we will not be able to undo any actions taken in reliance on your authorization before you notified us of your decision to revoke it.

Individual Rights

You have certain rights under federal privacy regulations. These include:

- The right to request additional restrictions on the use and disclosure of your protected health information. However, we are not required to agree to these requests. We will attempt to notify you if we are unable to agree to your request. Effective September 23, 2013, we are required to agree to your request to restrict disclosure of protected health information if: (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which we have been paid out of pocket in full.

- The right to receive communications concerning your medical/mental health condition and treatment by alternative means or at alternative locations. We will attempt to accommodate reasonable requests.
- The right to inspect and copy your protected health information. As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Medical Records office at 615-743-1541 or our Privacy Official at 615-743-1658.
- The right to request that we amend your protected health information. We will attempt to notify you if we are unable to agree to your request.
- The right to receive an accounting of how and to whom your protected health information has been disclosed in certain circumstances.
- The right to receive notification of any breach of your unsecured protected health information.
- The right to receive a copy of this notice. You may request a paper copy of this notice, in person, at our facility. You may also obtain a copy of this notice from our website at <http://www.mhc-tn.org/>.

Right to Revise Privacy Practices

We are required to abide by the terms of our notice of privacy practices then currently in effect. As permitted by law, we reserve the right to change our privacy practices and to make those changes effective for all protected health information we maintain, including information created or received before the change. We may revise this Privacy Policy from time to time without notice as we add new features or as laws change that may affect our services. Any amendments or modifications to this Privacy Policy will be posted on our website and effective immediately upon posting. The date of last modification will be indicated below. We will also post the revised notice at our facility and provide copies of the revised notice in person at our facility.

Updated: 10.8.2024

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Official
Mental Health Cooperative
275 Cumberland Bend
Nashville, TN 37228

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the above address. You may also file a complaint with the Department of Health and Human Services.

You will not be penalized or otherwise retaliated against for filing a complaint.



Contact Person

If you have questions and would like additional information, you may contact our Privacy Official at Phone: 615-743-1658 or Email: compliance@mhc-tn.org.