

Kara Emerson, MD

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Privacy Policies / HIPAA Acknowledgement

PRIVACY STATEMENT

This policy explains how the office may use and disclose information about you; it also informs you of your rights as a patient/guardian. Respecting your confidential and private medical/psychiatric information is very important in this office. I work very hard to protect your privacy and preserve the confidentiality of your personal health information. Federal rules and regulations are in place to help maintain the privacy of your medical/psychiatric record. The law requires the office to give you this written notice, follow the terms of this notice, keep your medical/psychiatric information private, and only disclose patient information as is authorized or allowed by federal laws, rules, or regulations. Every patient must sign the privacy policy statement attesting to receipt of the notice. The office must keep a record of releases of information, and provide it to the patient upon request; in addition, the office must keep copies of all authorizations for at least six years.

If you consent, the office 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 I create and obtain in providing my services to you. Such information may include documenting symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- I obtain treatment information about you and record it in a health record.
- During the course of your treatment, your provider may determine that you need an EKG, medical procedure, laboratory test, or emergency evaluation. I will share information with other medical professionals and staff, in order to get your tests completed or to permit emergency care in the case of an emergency assessment.

Examples of uses of your health information for payment purposes:

- Submitting requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment requests information from me regarding your medical care given. I will provide information to them about you and the care given.

Examples of uses of your health information for health care operations:

- I may obtain services from business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, billing services, mailing services, and insurance.
- I will share information about you with such business associates as necessary to obtain these services. Those business associates must maintain your confidentiality by law as well.

YOUR INDIVIDUAL, PATIENT/GUARDIAN, HEALTH INFORMATION RIGHTS:

- You have the right to have your medical and psychiatric information kept private.
- You have the right to limit the release of information to only that information authorized and to only those individuals authorized to receive the information. Authorizations are required for most all disclosures of psychiatric information including but not limited to general requests for information, transfers of care to another doctor, psychotherapy notes, life and disability insurance policy applications, and workman's compensation claims. You may sign a written request in our office.
- You have a right to request that communication of your health information be made by alternative means or at an alternative location. You may deliver a written request to our office.



- You have the right to revoke any authorization at any time. You must understand that your provider may have already used or disclosed information about you at the time you revoke authorization. Canceling an authorization would not affect the information already used or disclosed.
- You have the right to a history of all disclosures of your private medical/psychiatric information. You may deliver a written request to our office.
- You have the right to review, read, and have a copy of your medical/psychiatric record upon request. (Our office procedures do allow us to bill you for the records, and allow us up to 30 days to copy those records stored on site for you. Up to 60 days is allowed for those records that are in long-term storage.) Access to part of the medical record may be denied because psychotherapy records are considered private protected records. If you have any questions about this possibility, please ask your provider.
- You have the right to complain to us, your health plan, or to the Department of Health and Human Services concerning any violation of privacy.
- You have the right to exercise any of the above rights by contacting the office manager (privacy officer) in person or in writing during normal business hours. She will provide you with assistance on the steps to take to exercise your rights.
- You have the right to review the Privacy Policies and Procedures before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and health care operations purposes.
- You also have the right to request amendments to your record.

MY OFFICE RESPONSIBILITIES AND RIGHTS:

- I must maintain the privacy of your health information as required by law.
- I must provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- I must abide by the terms of this notice.
- I must notify you if I cannot accommodate a requested restriction or request.
- I must accommodate your reasonable requests regarding methods to communicate health information with you.
- I must accommodate your request for an accounting or history of disclosures.
- I reserve the right to amend, change, or eliminate provisions in my privacy policy and access practices and to enact new provisions regarding the protected health information I maintain. If my information practices change, I will amend my notice.
- You are entitled to receive a revised copy of the notice by calling and requesting a copy of my notice or by visiting my office and picking up a copy. I have the right to apply any new changes for all medical/psychiatric information kept, including information created before the changes.
- I have the right to disclose limited information to protect your well-being and others if I believe you are abusing prescription medications.
- I have the right to disclose limited information to protect your well being should you require emergent hospitalization for psychiatric or other medical reasons.
- I have the right to disclose limited information if national, state, or local governmental security is threatened in any manner.
- I have the right and am required by law to disclose limited information to protect any other individual should I believe that you have threatened (or implied a threat of) bodily harm to another with intent to act upon those threats. I have the right and am required by law to disclose limited information to protect any minor (or adult who is unable to care for him or herself) in the case where I believe there is abuse occurring, regardless of how you are involved.
- I have the right to disagree with any request to alter your record or information if your request would violate my ethical or moral obligations to be truthful, or if the record is reasonably accurate and complete.

TO REQUEST INFORMATION OR FILE A COMPLAINT:



If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact me at 615-879-2332. Additionally, if you believe your privacy rights have been violated, you may file a written complaint to my office by delivering the written complaint to me. You may also file a complaint by mailing it to the Secretary of Health and Human Services whose street address is Atlanta Federal Center, Suite 3B70, 61 Forsythe Street, SW, Atlanta GA 30303-8909 phone (404) 562-7886 fax (404) 562-7881.

- I cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- I cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

THE FOLLOWING IS A LIST OF OTHER PATIENT-RELATED CONTACT ALLOWED BY FEDERAL LAW:

- I may contact you to provide you with appointment reminders, with test or procedure results, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

- NOTIFICATION – YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT.

Unless you object, I may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location and about your general condition or your death.

- COMMUNICATION WITH FAMILY. Using our best judgment, I may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

- DISASTER RELIEF EFFORTS. I may use and disclose your protected health information to assist in disaster relief efforts.

YOUR OPPORTUNITY TO AGREE OR OBJECT IS NOT REQUIRED BY FEDERAL LAW FOR THE FOLLOWING:

CONTROLLING DISEASES – As required by law, I may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

CHILD ABUSE & NEGLECT – I may disclose protected health info to public authorities as allowed by law to report child abuse or neglect.

FOOD AND DRUG ADMINISTRATION (FDA) – I may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE - I can disclose protected health information to government authorities to the extent the disclosure is authorized by statute or regulation and in the exercise of the professional judgment of me, your provider, if I believe the disclosure is necessary to prevent serious harm to the individual or other potential victim.

OVERSIGHT AGENCIES - Federal law allows me to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.

JUDICIAL/ADMINISTRATIVE PROCEEDINGS - I may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or lawful process.

LAW ENFORCEMENT - I may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting certain types of wounds or other physical injury.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS - I may disclose your protected health information to funeral directors or coroners consistent with law to allow them to carry out their duties.



ORGAN PROCUREMENT ORGANIZATIONS - Consistent with applicable law, I may disclose your protected health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of donation and transplant.

RESEARCH - I may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure privacy of your protected health information has approved their research.

THREAT TO HEALTH AND SAFETY - To avert a serious threat to health or safety, I may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

FOR SPECIALIZED GOVERNMENTAL FUNCTIONS - I may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

CORRECTIONAL INSTITUTIONS - If you are an inmate of a correctional institution, I may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

WORKER'S COMPENSATION - If you are seeking compensation through Worker's Compensation, I may disclose your protected health information to the extent necessary to comply with laws relating to Worker's Compensation.

OTHER USES AND DISCLOSURES - Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization, which you may revoke except to the extent information or action has already been taken.

Confidentiality & Privacy: Patient confidentiality will be respected at all levels of communication and is protected by the Federal and State Laws. There are, however, situations in which confidentiality may be compromised and the provider's professional and legal duty to protect may override the dictates of confidentiality. Briefly, these situations may include a strong indication of imminent danger to self or others or indication of abuse or neglect of another. Patients under the age of 18 require a parent or legal guardian to receive services. Please discuss your concerns about the limits of confidentiality with your provider and read the HIPPA privacy statements by requesting a copy.

Release of Information: Following the execution of a valid Patient Authorization Form (Release of Information), patient records, or a treatment summary will be forwarded to a licensed professional. As part of the ordinary course of my treatment of you, I will obtain your consent to speak with your therapist (if any) to coordinate your care. Requests to obtain a personal copy of your medical chart and requests to release records to any other entity (including attorneys) will be reviewed on an individual basis. This service is billed at the actual cost of supplying the records, and includes cost of copying, mailing, and professional time. Any request for release of records must allow at least two weeks preparation time

I have read and have been given a copy (by request) of the Office Policies and Privacy Statement for Kara V. Emerson MD, PLLC and I acknowledge receipt of these documents.

I am a patient of Kara V. Emerson MD, PLLC and I understand I may review the Policies and Procedures Manual for HIPAA compliance to protect my confidential medical information and all processing necessary for my care; at any time.

NAME:

DATE:

Signature (required):