UNDERSTANDING THIS NOTICE
We understand that information about your health, health care and payment for health care is personal and confidential. This notice describes our legal duties and responsibilities regarding that information. Further, your health information is protected by state and federal laws and regulations. This notice will tell you about the ways in which we may use and disclose your protected health information ("PHI"). We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information.

This notice applies to Saint Thomas Medical Partners, its employees and other personnel, trainees, volunteers who we allow to help you while you are at Saint Thomas Medical Partners, clinically integrated health care professionals, and other participants in our organized health care arrangements. This notice applies to all of your PHI created while you are a patient at Saint Thomas Medical Partners. All entities, sites, and locations follow the terms of this notice.

YOUR HEALTH INFORMATION RIGHTS
Although your health record is the physical property of Saint Thomas Medical Partners, the information belongs to you. You have the right to:

• View and obtain a copy of your PHI by providing a written request to the Saint Thomas Health Corporate Privacy Officer, 2000 Church Street, Nashville, TN 37236.

The following categories describe different ways that we may use and disclose your PHI for other than treatment, payment or health care operations.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT
In order to enhance your treatment while in our care, and to better coordinate your health care and related services after discharge, we may provide your PHI (including summaries of your care, prescriptions, lab work and x-ray results) to your health care providers. These providers may include physicians, nurses, technicians, medical students or other medical personnel who are involved with your care. In some cases the sharing of your PHI with other health care providers and hospitals may be done electronically through the sharing of your PHI with other health care providers and hospitals. In other cases, the sharing of your PHI may include, for example, certain subpoenas and court orders disclosures to avert a serious threat to you or a third party's health or safety as well as victims of crime or criminal conduct at Saint Thomas Medical Partners.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT
We may communicate with you as part of our fund raising activities, but you have the right to opt out of receiving such communications.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR HEALTH CARE OPERATIONS
For example, we may use your PHI to assess the care and outcome in your case and others like it. This information may then be used in an effort to continually improve the quality and effectiveness of the health care and services we offer. We may also use or otherwise use your PHI, as needed, to facilitate the operation of our facility. Further, Saint Thomas Medical Partners and health care professionals with staff privileges may share medical information with each other and with participants in our organized health care arrangements (e.g., MissionPoint Health Partners) for treatments, payment or health care operations.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AS OTHERWISE ALLOWED BY LAW
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.

Effective Date: September 1, 2016

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.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AS OTHERWISE ALLOWED BY LAW
The following categories describe different ways that we may use and disclose your PHI for other than treatment, payment or health care operations without your written authorization. Under certain circumstances, we have noted when your authorization is required. Not every use or disclosure in a category below is listed. However, all of the ways we are permitted to use and disclose information without your written authorization should fall within one of these categories, with noted exceptions:

Business Associates: We provide some services through business associates. Examples include laboratory tests and copies of records. To protect your information, however, we require business associates to take appropriate measures to safeguard your PHI.

Involvement in Care or Notification: We may use or disclose relevant information to family members or others who you have identified in your records or in whose behalf you have arranged for the health care of yourself or death.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Funeral Directors, Coroner and Medical Examiners: We may disclose your PHI to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, and transplantation of organs and tissue for the purpose of organ and tissue donation and transplant.

Contacting You About Appointments, Insurance and Other Matters: We may contact you by mail, phone, or email to arrange or confirm appointments or insurance and other matters.

Workers’ Compensation: We may disclose your PHI to the extent necessary to comply with laws related to workers’ compensation.

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

We may disclose your PHI to a health oversight agency for the following purposes:

• To conduct activities authorized by law, such as some public health activities.
• To conduct quality oversight activities.
• To conduct health care compliance programs.
• To conduct or support health care fraud and abuse control programs.
• To serve as a quality improvement organization for a health plan.

To Avert a Serious Threat to Health or Safety: Consistent with applicable law, we may disclose your PHI when we believe it is necessary to prevent a serious and imminent 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 or lessen the threat or to law enforcement authorities in particular circumstances.

National Security and Intelligence Activities: We may release your PHI to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law. We may release your PHI to the Department of Homeland Security or other federal agencies to the extent necessary to meet its national security responsibilities.

We may disclose your PHI to the Department of Health and Human Services if a District of Columbia or other court orders a release so it may prevent protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations to the extent permitted by law.

Workers’ Compensation: We may disclose your PHI to workers’ compensation carriers for the purposes of treatment and payment.

Health Care Operations: We may use and disclose your PHI for this purpose. Please review the following information.

We may disclose your PHI as part of your health care. We may disclose your PHI for the purposes of treatment, payment, and health care operations.

Privacy Practices:

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