

NOTICE OF PRIVACY PRACTICES

This notice describes how **health information about you** may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you the Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/13/2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We only use and disclose health information about you for treatment, payment, or healthcare operations. We may use or disclose your health information when we are required to do so by law or national security concerns. We will not use your health information for marketing communications without your written authorization. We are required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health/safety or the health/safety of others. For example:

1. We may need to use or disclose your health information to a physician, dentist, or other healthcare provider providing treatment to you.
2. We may use and disclose your health information to your insurance company to obtain payment for services we provide to you. If you prefer, you may choose to pay the bill and be reimbursed.
3. We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information as above, you may give us written authorization to disclose it to anyone for any purpose. If you wish, information may be discussed with a family member, health aide, or guardian with written permission. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, answering machines, or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must request in writing on a form provided. A cost-based fee will be charged for expenses of copying and staff time. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure. You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances. You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

QUESTIONS AND CONCERNS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations. You may appeal to us using the contact information listed at the end of this Notice. You also may submit a written appeal to the U.S. Department of Health and Human Services. We will provide you with the address to file your appeal with the U.S. Department of Health and Human Service upon request.

We strongly support your right to the privacy of your health information.

Contact Officer: Deanna Hutcheson or Dr. William Lenihan

Telephone: (865) 482-1731

Fax: (865) 482-4821

E-Mail:

Address: 400 Laboratory Rd. Suite 104 Oak Ridge, TN. 37830