Notice of Privacy Practices

Effective September 1, 2013

This Notice tells how your medical information may be used or shared. It also tells how you can get your information. Please read it carefully. Ask us if you have any questions. Or call the Privacy Office at (615) 936-3594.

Why We Keep Information about You

We keep medical information about you to help care for you and because the law requires us to.

The law also says we must:

- protect your medical information
- give you this Notice
- follow what the Notice says.

What the Words We Use Mean

- "Notice" means this Notice of Privacy Practices.
- "VUMC" means Vanderbilt University Medical Center, its staff, and any affiliated organizations covered by the Notice. (Covered entities are listed at the end of the Notice.)
- "We," "our," or "us" means one or more VUMC organizations, providers, or staff.
- "You" means the patient that the medical information is about.
- "Medical information" means all the paper and electronic records related to a patient's physical and mental health care—past, present, or future. These records tell who the patient is and include information about billing and payment.
- "Use" means sharing or using medical information within VUMC.
- "Share" means giving medical information, or access to information, to someone outside VUMC.

How We May Use and Share Information about You

We use electronic record systems to manage your care. These systems have safeguards to protect the information in them. We also have policies and training that limit the use of information to those who need it to do their job.

Doctors and other people who are not employed by VUMC may share information they have about you with our employees in order to care for you.

Hospitals, clinics, doctors, and other caregivers, programs, and services may share medical information about you without your consent for many reasons. Here are just a few examples:

For Treatment

We may use and share medical information to treat you. For example, a doctor treating you for a broken leg will need to know if you have diabetes because diabetes can slow healing. The doctor may need to tell food services that you have diabetes so the right meals can be prepared for you.

We may also share medical information about you so that you can get

- medicine, medical equipment, or other things you need for your health care
- lab tests, x-rays, transportation, home care, nursing care, rehab, or other health care services.

Medical information may also be shared when needed to plan for your care after you leave VUMC.

For Billing and Payment

We may use and share your information so that we and others who have provided services to you can bill and collect payment for these services. For example, we may share your medical information with your health plan:

- so your health plan will pay for care you got at VUMC
- to get approval before doing a procedure
- so your health plan can make sure they have paid the right amount to VUMC.

We may also share your information with a collection agency if a bill is overdue.

For Business Reasons

We may use and share information about you for business reasons. When we do this, we may, if we can, take out information that identifies who you are.

Some of the business reasons we may use or share your medical information include:

- to follow laws and regulations
- to train and educate
- for credentialing, licensure, certification, and accreditation
- to improve our care and services
- to budget and plan
- to do an audit
- to maintain computer systems
- to evaluate our staff
- to decide if we should offer more services
- to find out how satisfied our patients are
- to bill and collect payment.

Anyone we share information with in order to do these tasks on behalf of us must also protect and restrict the use of your medical information.

To Contact You about Appointments, Insurance, and Other Matters

We may contact you by mail, phone, text, or email for many reasons, including to:

- remind you about an appointment
- register you for a procedure
- give you test results
- ask about insurance, billing, or payment

- follow up on your care
- ask you how well we cared for you.

We may leave voice messages at the telephone number you give to us. If you choose to have us contact you by text, texting charges may apply.

To Tell You about Treatment Options or Health-related Products and Services

We may use or share your information to let you know about treatment options or health-related products or services that may interest you.

For Fundraising

We may use your name, address, phone number, the dates and places you got services at VUMC, and the names of your doctors to contact you to try to raise money for VUMC. You have the right to ask not to be contacted for fundraising. If we contact you, we will tell you how to prevent future contact if you wish.

For the Hospital Directory

If you are admitted to the hospital, your name, where you are in the hospital, your general condition (such as "fair" or "stable"), and your religion is included in the patient directory at the information desk. This helps family, friends, and clergy visit you and learn your condition. Except for your religion, this information may be shared with visitors or phone callers who ask for you by name. Unless you tell us not to, your religion may be shared with a member of the clergy, such as a priest or rabbi, even if you aren't asked for by name.

If you ask us to take your name from the directory, we will not share your information even if you are asked for by name.

To Inform Family Members and Friends Involved in Your Care or Paying for Your Care

We may share information about you with family members and friends who are involved in your care or paying for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so that the agency can help contact your family or friends to tell them where you are and how you are doing.

For Research

We may use and share medical information about you for the research we do to improve public health and develop new knowledge. For example, a research project may compare the health and recovery of patients who received one medicine for an illness to those who received a different medicine for the same illness. We use and share your information for research only as allowed by federal and state rules. Each research project is approved through a special process that balances the research needs with the patient's need for privacy. In most cases, if the research involves your care or the sharing of medical information that can identify you, we will first explain to you how your information will be used and ask your consent to use the information. We may access your medical information before the approval process to design the research project and provide the information needed for approval. Health information used to prepare a research project does not leave VUMC.

To Stop a Serious Threat

We may share your medical information to prevent a serious and urgent threat to the health and safety of you or someone else. For example, a threat to harm another person may be reported to the police.

For Organ, Eye, and Tissue Donation

We share medical information about organ, eye, and tissue donors and about the patients who need the organs, eyes, and tissues with others involved in getting, storing, and transplanting the organs, eyes, and tissues.

With Military Authorities

If you are a member or veteran of the armed forces, we may share your medical information with the military as authorized or required by law. We may also share information about foreign military personnel to the proper foreign military authority.

For Workers' Compensation

We may share medical information about you with those who need it in order to provide benefits for work-related injuries or illness.

For Health Oversight and Public Health Reporting

We may share information for audits, investigations, inspections, and licensing with agencies that oversee health organizations.

We may also share your medical information in reports to public health agencies.

Some reasons for this include:

- to prevent or control disease and injuries
- to report certain kinds of events, such as births and deaths
- to report abuse or neglect of children, elders, or dependent adults
- to report reactions to medicines or problems with medical products
- to tell people about recalls of medical products they may be using
- to let someone know that they may have been exposed to a disease or may spread a disease
- to notify the authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence.

For Lawsuits and Disputes

We may share your medical information as directed by a court order, subpoena, discovery request, warrant, summons, or other lawful instructions from a court or public body when needed for a legal or administrative proceeding.

With Law Enforcement and Other Officials

We may share your medical information with a law enforcement official as authorized or required by law:

- in response to a court order, subpoena, warrant, summons, or similar process
- to identify or find a suspect, fugitive, material witness, or missing person
- if you are suspected to be a victim of a crime. (We generally do this with your permission)
- because of a death we believe may have been caused by a crime

- because of criminal conduct at the hospital
- in an emergency: to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime
- if you are under the custody of the police or other law enforcement official.

We May Also Share Your Medical Information with:

- coroners, medical examiners, and funeral directors, so they can carry out their duties
- federal officials for national security and intelligence activities
- federal officials who provide protective services for the President and others, such as foreign heads of state, or to conduct special investigations
- a correctional institution if you are an inmate
- a school to confirm that you have been immunized.

Other Uses of Your Medical Information

We will not use or share your medical information for reasons other than those described in this Notice unless you agree to this in writing. For example, you may want us to give medical information to your employer. We will do this only with your written approval. Likewise, we would not use your information for marketing, sell your information, or share psychotherapy notes without your written approval. You may revoke the approval in writing at any time, but we cannot take back any medical information that has already been shared with your approval.

Your Rights Regarding Your Medical Information

The records we create and maintain using your medical information belong to VUMC, but you have the following rights:

Right to Review and Get a Copy of Your Medical Information

You have the right to look at and get a copy of your medical information, including billing records. You must make your request in writing to Medical Information Services at the address listed at the end of this Notice. We may charge a fee to cover copying, mailing, and other costs and supplies. In rare cases, we may deny your request for certain information. If we deny your request, we will give you the reason why in writing. In some cases, you may ask that the denial be reviewed by a licensed health care professional chosen by VUMC.

Right to Ask for a Change in Your Medical Information

If you think our information about you is not correct or complete, you may ask us to correct your record by writing to Medical Information Services at the address listed at the end of this Notice. Your written request must say why you are asking for the correction. We will respond in 60 days.

If we agree, we will tell you and correct your record. We cannot take anything out of the record. We can only add new information to complete or correct the existing information. With your help, we will notify others who have the incorrect or incomplete medical information.

If we deny your request, we will tell you why in writing. You will then have the right to submit a written statement of 250 words or less that tells what you believe is not correct or is missing. We will add your written statement to your records and include it whenever we share the part of your medical record that your written statement relates to.

Right to Ask For a List of When Your Medical Information Was Shared

You have the right to ask for a list of when your medical information was shared without your written consent.

This list will NOT include uses or sharing:

- for treatment, payment, or business reasons
- with you or someone representing you
- with those who ask for your information as listed in the hospital directory
- with family members or friends involved in your care
- in those very few instances where the law does not require or permit it
- as part of a limited data set with direct identifiers removed
- released before April 14, 2003.

You must request this list in writing from the Privacy Office at the address listed at the end of this Notice. Your request must state the time period for which you want the list. The time period may not be longer than 6 years from the date of your request. The first list you ask for within a 12-month period will be free. You may be charged a fee if you ask for another list in that same 12-month period.

Right to Notice in Case of a Breach

You have a right to know if your information has been breached (not treated according to our rules). We will follow what the privacy laws require to let you know if your information has been shared in error.

Right to Ask for Limits on the Use and Sharing of Your Medical Information

You have the right to ask that we limit the use or sharing of information about you for treatment, payment, or business reasons. You also have the right to ask us to limit the medical information we share about you with someone involved in your care or paying for your care, such as a family member or friend. For example, you could ask that we not share information about a surgery you had. Except for the sharing of information with health plans described in the next section, we reserve the right to accept or reject your request. Generally, we will not accept limits for treatment, payment, or business reasons. We will let you know if we do not agree to your request. If we do agree, our agreement must be in writing, and we will follow your request unless the information is needed to treat you in an emergency. We are allowed to end a limit if we tell you. If we end a limit, only medical information that was created or received after we notify you will be affected.

You must make your request to limit the use and sharing of your medical information in writing to the Privacy Office at the address listed at the end of this Notice. In your request, you must tell us

- what information you want to limit
- whether you want to limit our use or sharing of the information, or both
- AND to whom you want the limits to apply.

Right to Limit Sharing of Information with Health Plans

If you paid in full for your services, you have the right to limit the information that is shared with your health plan or insurer. To do this, you must ask before you receive any services. Let us know you want to limit sharing with your health plan when you schedule your appointment.

Any information shared before we receive payment in full, such as information for pre-authorizing your insurance, may be shared. Also, because we have a medical record system that combines all your records, we can limit information only for an episode of care (services given during a single visit to the clinic or hospital). If you wish to limit information beyond an episode of care, you will have to pay in full for each future visit as well.

Right to Ask for Confidential Communications

You have the right to ask us to communicate with you in a certain way or at a certain place. For example, you can ask that we contact you only at work or only using a post office box. You must make your request in writing to the Privacy Office at the address listed at the end of this Notice. You do not need to tell us the reason for your request. Your request must say how or where you wish to be contacted. You must also tell us what address to send your bills for payment. We will accept all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using any information we have.

Right to Get a Paper Copy of This Notice

You have the right to get a paper copy of this Notice, even if you have agreed to receive it electronically. You may get a copy:

- at any of our facilities
- by contacting the Privacy Office at the number listed at the end of this Notice
- at VanderbiltHealth.com.

Changes to this Notice

We have the right to change this Notice at any time. Any change could apply to medical information we already have about you, as well as information we receive in the future. The effective date of this Notice is on the first page of the Notice. A copy of the current Notice is posted throughout VUMC and at VanderbiltHealth.com.

How to Ask a Question or Report a Complaint

If you have questions about this Notice or want to talk about a problem without filing a formal complaint, please contact the Privacy Office at (615) 936-3594. If you believe your privacy rights have been violated, you may file a complaint with us. Please send it to the VUMC Privacy Official at the address listed at the end of this Notice. You may also file a complaint with VUMC Patient Relations or the Office of Civil Rights at the addresses listed at the end of this Notice.

You will not be treated differently for filing a complaint.

How to Contact Us

VUMC Privacy Office
2146 Belcourt Avenue, 1st Floor
Nashville, TN 37212
(615) 936-3594
privacy.office@vanderbilt.edu

VUMC Medical Information Services
4560 Trousdale Drive, Suite 101
Nashville, TN 37204-4538
(615) 322-2062

VUMC Patient Relations
1817 The Vanderbilt Clinic
Nashville, TN 37232-5612
(615) 322-6154

Office for Civil Rights, Region IV, DHHS
Atlanta Federal Center
61 Forsyth Street SW, Suite 3B70
Atlanta, GA 30323

VUMC Includes the Following Covered Entities:

- Vanderbilt University Hospital
- Psychiatric Hospital at Vanderbilt
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- VUMC clinics and practices
- VUMC Outpatient Pharmacies
- Members of the VUMC Medical Staff while practicing at VUMC
- Vanderbilt Medical Group
- Vanderbilt School of Medicine
- Vanderbilt School of Nursing
- VUMC Administration (functions that involve the use or sharing of protected health information)
- Vanderbilt Home Care Services
- Vanderbilt Integrated Providers (VIP)
- VIP MidSouth, LLC
- Vanderbilt Imaging Services, LLC
- Cool Springs Imaging (Williamson Imaging, LLC)
- One Hundred Oaks Imaging, LLC
- Gateway-Vanderbilt Cancer Treatment Center
- Vanderbilt Health Williamson Medical Center Clinics and Services, LLC

This list may be updated from time to time. For a current list, contact the VUMC Privacy Office.