

## **NOTICE OF PRIVACY PRACTICES-PROTECTED HEALTH INFORMATION**

### **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.**

The terms of this Notice of Privacy Practices-Protected Health Information (“Notice”) apply to Protected Health Information associated with the TeamHealth Employee Benefit Plan (the “Plan”). This Notice describes how the TeamHealth Benefits Center staff may use and disclose Protected Health Information to carry out plan administration, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide our Plan participants with notice of our legal duties and privacy practices concerning Protected Health Information. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as set forth below, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, we will mail copies of revised notices to all Plan participants. Current copies of our notice may be obtained by contacting the TeamHealth Benefits Center at (877)-516-7492 or by e-mailing [benefits@teamhealth.com](mailto:benefits@teamhealth.com).

### **DEFINITIONS**

As used in this Notice, Protected Health Information (“PHI”) means individually identifiable health information, as defined by HIPAA, that is created or received by the TeamHealth Benefits Center and that relates to the past, present, or future payment for the provision of health care to a Plan participant; and that identifies the Plan participant or for which there is a reasonable basis to believe the information can be used to identify the Plan participant. PHI includes information of persons living or deceased.

### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The following categories describe ways that we may use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

**Your Authorization-** Except as outlined below, we will not use or disclose your PHI unless you have signed authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that

the authorization was obtained as a condition of obtaining insurance coverage, and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

**Treatment-** We may use and disclose your PHI in connection with your treatment. For example, we may disclose your PHI to physicians who are treating you.

**Payment-** We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to assess claims.

**Health Care Operations-** We may use or disclose your PHI for our health care operations. For example, we will provide enrollment information to TeamHealth management for budget purposes.

**Family and Friends Involved in Your Care-** If you are available and do not object, or if you are incapacitated and we determine that a limited disclosure is in your best interest, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. We may also disclose your location, condition or death in efforts to locate or notify family members or friends involved in your care.

**Business Associates-** Certain aspects and components of our services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our duly appointed insurance agents and brokers. At times it may be necessary for us to provide certain PHI to one or more of these outside persons or organizations.

**Other Products and Services-** We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about benefit coverage that could enhance or substitute for existing coverage, and about products and services that may add value to such plans.

**Other Uses and Disclosures-** We, or our plan third party administrators, may make certain other uses and disclosures of your PHI without your authorization, including the following:

- We may use or disclose your PHI for any purpose required by law. For example, the TeamHealth Benefits Center may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as
  - to prevent, control, or report disease, injury, or disability as permitted by law;
  - to report vital events such as birth or death as permitted or required by law;
  - to conduct public health surveillance, investigations, and interventions as permitted or required by law;
  - to collect or report adverse events and product defects, track FDA-regulated products, enable product recalls, repairs or replacements to the FDA, and to conduct post-marketing surveillance;
  - to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease, as authorized by law; or

- to report to an employer information about an individual who is a member of the workforce as legally permitted or required.
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- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena).
- We may disclose your PHI to the proper authorities for law enforcement purposes such as:
  - for reporting of certain types of wounds or other physical injuries;
  - pursuant to court order, court-ordered warrant, subpoena, summons, or similar process;
  - for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
  - under certain limited circumstances, when you are the victim of a crime;
  - to a law enforcement official if we suspect that your health condition was the result of criminal conduct; or
  - in an emergency to report a crime.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may disclose your PHI for cadaveric organ, eye, or tissue donation purposes.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose your PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities, protective services for the President and others, and to correctional institutions and law enforcement custodians in certain situations.
- We may disclose your PHI to worker's compensation agencies for your worker's compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

## **RIGHTS THAT YOU HAVE**

We have described below rights you have with respect to your PHI. To exercise any of the rights below, please contact the TeamHealth Benefits Center at the telephone number or address listed below.

**Access to Your PHI-** In most cases, you have the right to copy and/or inspect your PHI that we maintain. All requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative. If you request a copy of your PHI, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us in complying with your request. If we deny your request to look at or copy your PHI, we will explain why we denied your request. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

**Amendments to Your PHI-** You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction requested. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare, and provide you a copy of, a rebuttal to your statement.

**Accounting for Disclosure of Your PHI-** You have the right to receive an accounting of certain disclosures made by us of your PHI for purposes *other than* treatment, payment, or health care operations as described in this Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing and specify the time period sought for the accounting and be signed by you or your representative. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Restrictions on Use and Disclosure of Your PHI-** You have the right to request restrictions on uses and disclosures of your PHI for treatment, payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. Your request must be made in writing and state the specific restriction requested and to whom you want the restriction to apply. For example, you may request that we not disclose PHI to your spouse. We are not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to-restriction.

**Request for Confidential Communication-** You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. Your request must be made in writing and state the specific manner or location for us to use to communicate with you. We are required to accommodate reasonable requests if you inform us, in your written request, that the disclosure of all or part of your PHI could place you in danger. We may condition this accommodation by asking you for an alternative address or other method of contact.

**Right to a Copy of the Notice-** You have the right to a paper copy of this Notice upon request by contacting the TeamHealth Benefits Center at the telephone number or address below.

**Complaints-** You have the right to complain to us and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated or if you disagree with our privacy practices or a decision we have made about a request you have made. You may complain to us by contacting the TeamHealth Benefits Center at the telephone number or address listed below.

We encourage you to express any concerns you may have regarding the privacy of your PHI. You will not be retaliated against in any way for filing a complaint.

#### **FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact the TeamHealth Benefits Center by writing to: 1900 Winston Road, Suite 300, Knoxville, TN 37919, by calling 877-516-7492, or by e-mailing [benefits@teamhealth.com](mailto:benefits@teamhealth.com).

#### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.