



## NOTICE OF PRIVACY PRACTICES

### OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

Sound Inpatient Physicians, Inc. and/or its affiliates ("Sound") are dedicated to protecting your medical information. A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed written notice of our privacy practices. Your Protected Health Information ("PHI") is information that identifies you, and that relates to your past, present, or future health or condition, the provision of health care to you, or payment for that health care. We are required by law to maintain the privacy of your PHI and to give you this Notice of our privacy practices, which explains your rights as our patient and how, when, and why we may use or disclose your PHI.

We are required by law to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to all PHI in our possession. If we change our privacy practices or the terms of this Notice, we will post a copy in our office in a prominent location, have copies of the revised Notice available at our offices, and provide you with a copy upon your request. The new Notice will also be posted on our website, [www.soundphysicians.com](http://www.soundphysicians.com).

### HOW WE MAY USE AND DISCLOSE YOUR PHI

**Treatment, Payment, and Health Care Operations.** As described below, we will use or disclose your PHI for treatment, payment, or health care operations. The examples below do not list every possible use or disclosure in a category.

#### Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, x-ray, or other health care services. We may also use and disclose your PHI when referring you to another health care provider. For example, if you are referred to a specialist physician, we may disclose PHI to the physician regarding whether you are allergic to any medications. We may also disclose your PHI for the treatment activities of another health care provider. For example, we may send a report about your care to an outside physician so that the other physician can treat you following your discharge from the hospitalist program.

*\*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.*



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## Payment

We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may send your insurance company a bill for services or release certain medical information to your health insurance company so that it can determine whether your treatment is covered under the terms of your health insurance policy. We also may use and disclose PHI for billing, claims management, and collection activities. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI relating to their enrollees to determine the insurance benefits to be paid for their enrollees' care.

## Health Care Operations

We may use and disclose PHI in performing certain business activities, known as health care operations. Some examples of these operations include our business, accounting, and management activities. These health care operations may also include quality assurance, utilization review, and internal auditing, such as the review and evaluation of the skills, qualifications, and performance of health care providers. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider, company, or health plan.

**Business Associates.** We may contract with individuals and entities (business associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, business associates may receive, create, maintain, use, or disclose your PHI. We require business associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a business associate for claims administration purposes.

## Communications

We may use or disclose medical information in order to contact you to follow up after you are discharged from a hospital program, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or, subject to certain limitations, to inform you about health-related benefits or services that may be of interest to you.

We may also use or disclose your PHI in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

We may disclose PHI to your relatives, close friends, or any other person identified by you if the PHI is directly related to that person's involvement in your case or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition, or death, and to organizations that are involved in the tasks during disaster situations.



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**Uses and Disclosures Authorized by the HIPAA Privacy Rule.** We may use and disclose PHI about you in the following circumstances, provided we comply with certain legal conditions set forth in the HIPAA Privacy Rule.

Required By Law. We may use or disclose PHI as required by federal, state, or local law, provided the disclosure complies with the law and is limited to the requirements of that law.

Public Health Activities. We may disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including:

- Prevent or control disease, injury, or disability, or report disease, injury, birth, or death;
- Report child abuse or neglect;
- Report information regarding the quality, safety, or effectiveness of products or activities regulated by the federal Food and Drug Administration;
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- Report to employers, under limited circumstances, information related primarily to workplace injuries or illness or workplace medical surveillance.

Abuse, Neglect, Or Domestic Violence. We may disclose PHI to proper government authorities if we reasonably believe that you (or others) have been or may be a victim of domestic violence, abuse, or neglect.

Health Oversight. We may disclose PHI to a health oversight agency for oversight activities, including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system and government health care programs, and to ensure compliance with certain laws.

Legal Proceedings. We may disclose PHI as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests, or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose PHI to law enforcement officials under certain specific conditions where the disclosure is:

- About a suspected crime victim if the person agrees or, under limited circumstances, we are unable to obtain the person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- In response to authorized legal process or required by law;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed on our premises; or
- In response to a medical emergency not occurring on our premises, if necessary to report a crime.

Coroners, Medical Examiners, or Funeral Directors. We may disclose PHI regarding decedents to a coroner, medical examiner, or funeral director so that they may carry out their jobs. We also may disclose such information to a funeral director in reasonable anticipation of death.



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Organ Donation. We may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate organ, eye, or tissue donation and transplantation.

Threat to Health or Safety. In limited circumstances, we may disclose PHI when we have a good-faith belief that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or the public.

Specialized Government Functions. We may disclose PHI for certain specialized government functions, such as military and veteran activities, national security and intelligence activities, protective services for the president and others, medical suitability determinations, and for certain correctional institutions or in other law enforcement custodial purposes.

Compliance Review. We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services upon the Secretary's request to review our compliance with the HIPAA Privacy Rule.

Workers' Compensation. We may disclose PHI to comply with laws governing workers' compensation or similar programs.

Research. For research purposes, under certain limited circumstances, for research projects that have been evaluated and approved through an approval process that takes into account your need for privacy. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

Emergencies. We may use or disclose your PHI in an emergency treatment situation in compliance with applicable laws and regulations.

Substance Use Disorder ("SUD") Part 2 Treatment Information. In addition to the privacy protections of the HIPAA Rules and the rights provided as described in this Notice, the confidentiality of SUD records is protected by 42 CFR Part 2 ("Part 2")

Unless provided otherwise in Part 2, we will obtain your written consent to use and disclose your Part 2 records. You may revoke your consent in writing, except to the extent that we or our Business Associates have already acted in reliance on your consent, and subject to limitations described below. When you revoke your consent, we will stop any future use or sharing of your Part 2 Records, but we will be unable to stop any information that has already been released, which may be subject to redisclosure by the recipient and no longer protected.



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The following are examples when we may use and/or disclose your Part 2 records with your written consent.

- Designated Person or Entities. We may use and disclose your Part 2 Records in accordance with your consent to any person or category of persons identified or generally designated in the consent. If you provide written consent naming your spouse or health care provider, we will share your information with them.
- Consent for Treatment, Payment, or Health Care Operations. We may use and disclose your Part 2 records with your consent for treatment, payment, or health care operations. The written consent may be a single consent for all future uses and disclosures for treatment, payment, and health care operations purposes, until such time as the consent is revoked by you. If your Part 2 Records are shared under a consent for treatment, payment, and/or health care operations with a Part 2 program or a HIPAA-regulated entity, your records may be further disclosed by the recipient to the extent permitted by HIPAA, or, to the extent permitted by your consent.
- Proceedings Against You. Records or testimony relaying the content of such records may not be used or disclosed in any civil, administrative, criminal, or legislative proceedings unless you specifically consent to such disclosure or pursuant to a court order after you have been provided with an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
- SUD Counseling Notes. Except in limited circumstances, we may use or disclose your substance use counseling notes only with your written consent. This consent must be separate from your consent for any other use or disclosure. Summary information about your mental health treatment does not constitute psychotherapy notes.
- Marketing Purposes. Your written authorization will be obtained for uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI, unless the use and disclosure are permitted without your authorization.

The following categories describe ways in which the law allows use and disclosure of your Part 2 records without your written consent.

- Medical Emergencies. Your Part 2 Records may be used and disclosed in a medical emergency where your consent cannot be obtained.
- Research. Under certain circumstances, we may use and disclose your Part 2 Records for research purposes to the extent permitted by HIPAA, FDA regulations, and HHS regulations related to human subject research where a waiver of consent has been granted.
- Fundraising. We may use and disclose your Part 2 records for fundraising purposes, consistent with the provisions elsewhere in this Notice. We may only use or disclose Part 2 records for fundraising if you are first provided with a clear and conspicuous opportunity to opt out of receiving fundraising communications.



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- Audits and Program Evaluation. We may disclose your Part 2 records to public health authorities, provided the records disclosed are de-identified in accordance with HIPAA.
- Crime on the Premises, Threats and Abuse. We may disclose your Part 2 Records to law enforcement to report a crime you committed, or threaten to commit, at our facilities or against our personnel, including suspected child abuse or neglect.

Limited Data Set/Minimum Necessary. The amount of health information used or disclosed in accordance with the above provisions will be limited, to the extent practicable, to a limited data set, or if needed by Sound, to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. Sound commits to complying with any guidance issued in the future that relates to the minimum necessary use or disclosure of PHI.



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**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

The HIPAA Privacy Rule gives you several rights in regard to your PHI. These rights include:

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations, or that we disclose to those who may be involved in your care or payment for your care. In the instances where you have paid for health care items or services out-of-pocket in full, we are required, upon request, to restrict disclosures of PHI to your health plan. In all other instances, while we consider a patient's request for restriction, we are not required to agree to it. If we agree to your request, we will comply, except as required by law or for emergency treatment. To request restrictions, you must make your request in writing on our Request for Additional Restrictions on Communication Form to our Privacy Officer at the address listed on the last page of this Notice.

**Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing by submitting our Request for Alternative Communication Form, specifying how you would like to be contacted (for example, by regular mail to your post office box rather than your home), to our Privacy Officer. We will accommodate all reasonable requests.

**Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI contained in records we maintain that may be used to make decisions about your care. These records usually include your medical and billing records that we may maintain, but do not include psychotherapy notes, information gathered or prepared for civil, criminal, or administrative proceedings, or PHI that is subject to a law that prohibits access. To inspect and copy your PHI, you must make your request on our Request for Access form to Sound's Privacy Officer at the address listed below. If you request a copy of your PHI, we may charge you a reasonable fee for copying, postage, labor, and supplies used to fulfill your request. If and only to the extent that Sound uses or maintains your PHI in an Electronic Health Record ("EHR"), as of the date required by the Health Information Technology for Clinical and Economic Health Act ("HITECH ACT"), Sound will provide you with a copy of your PHI in electronic format and, upon your request, will transmit such copy directly to an entity or individual of your designation, provided that such designation is made clear, conspicuous and specific. We may charge you a fee for providing your PHI in electronic form equal to our labor costs incurred in responding to your request. We may deny your request to inspect and copy PHI only under limited circumstances, and in some cases, a denial of access may be reviewable.

**Right to Amend:** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as such information is kept by or for us. You must submit your request to amend in writing on our Request for Amendment of Patient Information Form to our Privacy Officer and give us a reason for your request. We may deny your request in certain cases. If your request is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

**Right to Receive an Accounting of Disclosures:** You have the right to request a list of certain disclosures of PHI made by us during a specified period of up to six years prior to the request, **except** disclosures: **(i)** for treatment, payment or health care operations, unless, as of the date required by the HITECH Act and only to the extent that Sound uses or maintains an EHR for you, such disclosures are made through your EHR (in which case the list of disclosures will be limited to those made in the three



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years prior to the date of your request, subject to certain restrictions); **(ii)** made to you; **(iii)** to persons involved in your care or for the purpose of notifying your family or friends of your whereabouts; **(iv)** for national security or intelligence purposes; **(v)** made pursuant to your written authorization; **(vi)** incidental to another permissible use or disclosure; **(vii)** for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or **(viii)** made before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer. The first accounting that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer.

**The Right to Be Notified of a Breach of Unsecured PHI:** We are required by law to maintain the privacy of your PHI and to notify you if a breach of your unsecured PHI occurs.

## COMPLAINTS & QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the United States Department of Health and Human Services or us. To file a complaint with our office, please contact our Privacy Officer. We will not take action against you or retaliate against you in any way for filing a complaint. If you have any questions or need additional information about this Notice, please contact our Privacy Officer.

### PRIVACY OFFICER

You may contact our Privacy Officer at the following address and phone number:

#### SOUND PHYSICIANS

Attn: Chief Compliance & Privacy Officer  
1222 Demonbreun Street, Suite 1601,  
Nashville, TN 37203  
Phone: 1-855-768-6363  
Email: [compliance@soundphysicians.com](mailto:compliance@soundphysicians.com)

To file a complaint with the Secretary of Health and Human Services:  
U.S. Department of Health and Human Services  
200 Independence AVE, S.E., Washington, DC 20201  
Phone: [\(800\) 537-7697](tel:(800)537-7697)

File an online complaint: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

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