


Comments: No comment


Receipt of Notice of Client Privacy Policy

1. I have read, or have had read to me, and understand the above rights and responsibilities, and agree to follow these in my partnership with Meae Wellness.
2. I acknowledge that I received a copy of this form and a copy will be placed in my Meae Wellness file.

Client / Patient / Guardian	
Do you authorize electronic signature [✓] Patient Name: Jeremy V Bates Patient / Guardian Signature: 	Date Signed: 12/17/2022 Relationship to patient (if signed by a personal representative): NA Are you Primary Care Giver No

Notice of Client Privacy Policy

Effective: 12/17/2022 21:20

Patient Information	
	Patient Name: Jeremy V Bates PID: 2 Date of Birth: 08/01/1980 Sex: Male

This notice describes how information about you may be used and disclosed, as well as how you can get access to this information.

Please review it carefully.

If you have any questions about this notice please contact our offices in person or at the telephone number listed above.

Who Will Follow this Notice

Meae Wellness is a non-profit organization that provides client support services through multiple programs (i.e ImpactHIV, ProTransport, etc.). This notice describes the practices of:

- All departments, units, employees, staff, volunteers, and other personnel of Meae Wellness and its affiliates with access to client information. When we use the term “we,” “us,” and “our” in this notice we are referring to these groups.

All the persons and organizations listed above may share client information with each other for planning, treatment, payment, or operation purposes described in this notice or allowed by law.

Our Pledge and Responsibilities Regarding Your Medical Information

We understand that information about you and your health is personal. We are committed to protecting health information about you.

In the course of providing care, we may collect protected health information (“PHI”) from members and patients and other sources, including other health care providers. PHI includes identifiers such as your name, Social Security number, or other

information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifying information. For simplicity, throughout this notice, we will use the term “medical information” instead of “PHI,” but the two terms will have the same meaning. We will also use the term “client,” instead of “patient,” due to Meae Wellness not offering medical services, but rather health support services.

Your medical information may be used, for example, to provide health support services and customer services, evaluate benefits and claims, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of our staff and programs, and fulfill legal and regulatory requirements. The types of information we collect and keep may include, for example:

- Information from member/clients, for example, through surveys, applications and other forms, and online communications; and
- Information about your relationship with Meae Wellness, such as services received and claims history.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Tell you about your rights and our legal duties with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Information about You

The following categories describe different ways that we use and disclose information. For each category of use or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Disclosure at Your Request

We may disclose information when requested by you. We may ask that you make a request in writing using a Meae Wellness form.

For Treatment / Services

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other healthcare personnel who are involved in taking care of you. Our personnel will use and disclose your medical information in order to provide and coordinate the care and services you need: for example, prescriptions and lab work. If you need care from health care providers who are not part of our network, such as community resources to assist with your health care needs at home, we may disclose your health information to them, but only with prior written authorization.

For Operations

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our programs, and make sure that all of our clients receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of our staff in helping you. We may use medical information to determine eligibility and other costs of providing health care. We may also combine medical information about many members to decide what additional services the Plan should offer, what services are not needed, and whether certain new programs are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or health care.

Treatment Alternatives and Health-Related Products and Services

We may use and disclose medical information: (1) to tell you about treatment alternatives or other health-related benefits and

services that may be of interest to you, including those provided by Meae Wellness or its affiliated organizations; (2) for your treatment; (3) for case management or care coordination, or (4) to direct or recommend alternative treatments, therapies, health care providers, or settings of care. For example, we may tell you about a new drug or procedure or about educational or health management activities.

Marketing / Fundraising Activities

We may use your contact information (i.e. Name, Address, Phone Number, Email) to inform you about fundraising and / or marketing activities of our organization. You may opt out of these at anytime by contacting services or your case manager.

Business Associates

We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your medical information.

Sale of Medical Information

We will not sell medical information about you without your written authorization, and the written authorization must acknowledge if we will receive remuneration for the medical information.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member who is involved in your medical care. If you have not previously authorized this in writing, and you are not present or lack the decision-making capacity to consent to a disclosure to a friend or family member, we will use our professional judgment to determine if it is in your interest to disclose your medical information. For example, we may allow someone to pick up a prescription for you. We may also give information to someone who helps pay for your care.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Also, if you are either unconscious or otherwise unable to communicate, we may attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave Meae Wellness.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious 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 the threat.

Special Situations

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, but only to the extent necessary to comply with state and federal laws.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you or your lawyer) or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official, including:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our facilities or while in our care; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure might be required, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Multidisciplinary Personnel Teams

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Special Categories of Information

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as TennCare, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you

Right to Inspect and Copy

In general, you have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but may not include some mental health information or other information that may be withheld by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Member Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Meae Wellness will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to be Informed of Breach of Medical Information

You have the right to be informed about any breach of unsecured medical information, unless our risk assessment determines that there is a low probability that your medical information has been compromised.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Organization.

To request an amendment, your request must be made in writing and submitted to Member Services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Organization;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions provided by law.

To request this list or accounting of disclosures, you must submit your request in writing to Member Services. Your request must state a time period, which may not be longer than six years and may not include dates before January 01, 2019. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost

involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, unless you request that we restrict your medical information to a health plan as long as (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the medical information pertains solely to a health care item or service for which you have paid us in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Member Services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Member Services. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Member Services.

Changes to This Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make an important change to this notice, we will send it to you. You may also obtain a copy of our current notice at any time by contacting Member Services. The notice will contain the effective date at the top of each page.

Concerns about Our Use of Your Medical Information

If you believe your privacy rights have been violated, you may file a complaint with the Organization or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Organization, contact Member Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we or others have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Patient Information



Patient Name: Jeremy V Bates

PID:2

Date of Birth: 08/01/1980

Sex:Male