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## **NOTICE OF PRIVACY PRACTICES**

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*APRIL 14, 2003*

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.***

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## I. TANNER CLINIC'S PRIVACY PRACTICES

Tanner Clinic desires to protect your privacy and the confidentiality of your medical and health information. This Notice describes the privacy practices of Tanner Clinic. "Tanner Clinic" refers to its, clinics, doctor offices, and any other health care facilities or services owned or operated by Tanner Clinic, as well as Tanner Clinic employees. "Affiliated Providers" are doctors and other health care practitioners who are not employed by Tanner Clinic, but are either authorized to provide services to patients at a facility or have a contractual relationship with Tanner Clinic.

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## II. OUR PRIVACY RESPONSIBILITIES

Tanner Clinic maintains the privacy of medical and health information about you as required by law. The law refers to your medical and health information about you as "Protected Health Information"(PHI). One requirement of the law is to give you this Notice to describe the way we may use and disclose your Protected Health Information.

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## III. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION PERMITTED BY LAW

The law permits us to use your Protected Health Information for treating you, billing for our services provided to you and for health care operations necessary to operate our clinics. Some health records, including confidential communications with mental health professionals, substance abuse treatment records, and genetic test results, may have additional restrictions for use and disclosure under state and federal laws. Your Protected Health Information may be used and disclosed only for the following purposes:

1. *Treatment.* To provide treatment and other services to you. For example, diagnosing and treating your injury or illness, sending you appointment reminders or information about treatment alternatives or other health-related benefits, and services that may be of interest to you.
2. *Payment.* To obtain payment for services provided to you. For example, disclosures to submit claims to and obtain payment from your health insurer or Medicare.
3. *Health Care Operations.* To conduct health care operations. For example, to conduct the business of and evaluate the quality of treatment and services provided by our physicians, nurses, and other health care workers.
4. *Individuals Involved in Your Care or Payment for Your Care.* To a family member, a close personal friend, or any other person identified by you if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.
5. *Health Care Communications.* To identify health-related services and products that may be beneficial to you, and then contact you about the services and products.
6. *Public Health Activities.* To report: (a) health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability; (b) child, adult, or elder abuse and neglect, domestic violence, to public health authorities, government authorities, or other services authorized by law to receive such reports; (c) information about products under the jurisdiction of the U.S. Food and Drug Administration; (d) communicable disease risks to a person who may have been exposed or be at risk of contracting or spreading a disease or condition; and (e) information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
7. *Health Oversight Activities.* To a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs, such as Medicare or Medicaid.

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8. *Judicial and Administrative Proceedings.*

In the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

9. *Threat to Health and Safety.* To reduce or prevent a serious threat to public health and safety.

10. *Law Enforcement Officials; Specialized Government Functions.* To: (a) the police or other law enforcement officials as required by law or in compliance with a court order; (b) military authorities for the personal and health information of armed forces personnel under certain circumstances; or (c) authorized federal officials for personal and health information required for lawful intelligence, counterintelligence, and other national security activities.

11. *Decedents.* To a coroner, medical examiner, or funeral director as authorized by law.

12. *Organ and Tissue Procurement.* To organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

13. *Research.* To an authorized researcher, if our Institutional Review Board or Privacy Board approves release under very strict government guidelines.

14. *Workers' Compensation.* To comply with workers' compensation laws.

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#### IV. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Tanner Clinic cannot use your Protected Health Information for anything other than the reasons mentioned above, without your signed "Authorization." An Authorization is a written document signed by you that permits Tanner Clinic to use your Protected Health Information for a specific purpose. You may revoke your Authorization by delivering a written revocation statement to the Privacy Office identified below. If you revoke your Authorization, Tanner Clinic will no longer use or

disclose your Protected Health Information as permitted by your Authorization. Of course, your revocation of Authorization will not reverse the use or disclosure of your Protected Health Information while your Authorization was in effect, nor will it disallow us from use or disclosure of your information as described in item III above.

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#### V. YOUR INDIVIDUAL RIGHTS

1. *Right to Receive Paper Copy of This Notice.*

Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically. We will post this notice prominently throughout our clinics and on our website [www.tannerclinic.com](http://www.tannerclinic.com).

2. *Right to Access Your Protected Health Information.*

You may request access to our records that we use for decision-making purposes about you that contain your Protected Health Information. You may request access in order to inspect and ask for copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If your request is denied, you will receive a written response and may request that the denial be reviewed. If you desire access to your records, please obtain from any reception desk a PHI Copy Request form and submit the completed form to the receptionist or our Privacy Office. If you request copies of your records, we are allowed to charge a fee for the costs of copying, mailing, or other services associated with your request. Determination of the fee will be made at the time your request is processed. A period of time may be necessary to complete your request.

3. *Right to Request Amendment to Your Records.*

You have the right to request an amendment to your Protected Health Information that we created and used for decision-making purposes. If you desire to amend your records, please obtain from any reception desk a PHI Amendment Request form and submit the completed form to the receptionist or our Privacy Office. We will comply with your request unless

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we believe that the information that would be amended is accurate and complete or other circumstances apply. In such cases, we are not required to grant your request.

**4. *Right to Receive Confidential***

***Communications.*** You may request, and we will accommodate, any reasonable written request for you to receive Protected Health Information by alternative means of communication, or at alternative locations such as by mail to an address other than your home.

**5. *Right to Request Additional Restrictions.***

You may submit a written request for restrictions on our use and disclosure of Protected Health Information: (1) for treatment, payment, and health care operations; (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. We will consider all requests for additional restrictions carefully but are not required to agree to a requested restriction. To request additional restrictions, obtain from any reception desk a PHI Restrictions Request form and submit the completed form to the receptionist or our Privacy Office.

**6. *Right to Receive an Accounting of***

***Disclosures.*** You may request in writing an accounting of certain disclosures of Protected Health Information made by us or by our business associates. Your request must state the period of time desired for the accounting, which must be within the six (6) years prior to the date of your request and exclude dates prior to April 14, 2003. If you desire to receive an accounting of disclosures, obtain from any reception desk an Accounting of Disclosures Request form and submit the completed form to the receptionist or our Privacy Office. We may charge a fee based on the cost of fulfilling your request. You will be notified of the fee at the time of your request and will be given the opportunity to withdraw or modify your request.

**7. *Right to Complain About our Policy***

***Practices.*** Please contact us if you desire further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your Protected Health Information. You may also file written complaints with the Director of the Office of Civil Rights of the U.S. Department of Health and Human Services (Tanner Clinic's Privacy Office can provide you with the Director's address). Be assured that no retaliation or diminution of service will result if you file a complaint with the Director or Tanner Clinic.

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**VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE**

1. ***Effective Date.*** This Notice describes privacy policies of Tanner Clinic that will become effective on April 14, 2003. For services prior to that date, Tanner Clinic will continue to protect your Protected Health Information appropriately.
2. ***Right to Change Terms of This Notice.*** We may change this Notice at any time. If we do, the new Notice may apply to any information (including Protected Health Information) created or received prior to issuing the new Notice. We post current Notices in prominent places throughout Tanner Clinic facilities, and on our Internet site at [www.tannerclinic.com](http://www.tannerclinic.com). You also may obtain a copy of any Notice at any of our reception desks or our Privacy Office.

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**VII. PRIVACY OFFICE**

Tanner Clinic  
2121 North 1700 West  
Layton, Utah 84041  
(801) 525-8185  
E-mail: [privacy@tannerclinic.com](mailto:privacy@tannerclinic.com)