

# NOTICE OF PRIVACY PRACTICES

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EFFECTIVE DATE – **January 1, 2022**

**This notice** describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW THIS INFORMATION CAREFULLY. This notice applies to Matter Health of Tennessee, PLLC, and its affiliates and the doctors and other healthcare providers practicing at this practice.

**It is our legal duty** to protect the privacy and security of your information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We are providing this notice so that we can explain our privacy practices. We must follow the duties and privacy practices described in this notice or the current notice in effect. For more information about our privacy practices, to place a complaint or report a concern or conflict, call the number listed below:

**Matter Health of Tennessee, PLLC**  
**Privacy Officer**  
**1131 4<sup>th</sup> Avenue South, Suite 210**  
**Nashville, TN 37210**  
**833-372-1045**  
**Privacy@MatterHealthcare.com**

Every effort will be made to handle your concern anonymously.

You also may also send a written complaint to the United States Department of Health and Human Services if you feel we have not properly handled your complaint. You can use the contact listed above to provide you with the appropriate address or visit <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>. Under no circumstance will you be retaliated against for filing a complaint. We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change in our policies, we will change this notice and post the new notice. You can also request a copy of our notice at any time.

**In TN**, we will never share any genetic treatment medical records without your written permission.

**We may use** health information about you for your treatment purposes, to obtain payment, or for healthcare operations and other administrative purposes. We may use your information in treatment situations if we need to send or share your medical record information with professionals who are treating you. For example, a doctor treating you for an injury asks another doctor about your overall health condition. We can use and share your health information to bill and receive payment from health plans or other entities. We will give your

information to your health insurance plan such as Medicare, Medicaid or other health insurance plans so it will pay for your services. Your information will be used when processing your medical records for completeness and to compare patient data as part of our efforts to continually improve our treatment methods. We may disclose your information to business associates with whom we contract to provide service on your behalf that require the use of your health information. We can use and share your health information to run our practice, improve your care and contact you when necessary. We may contact you or disclose certain parts of your health information to our associates or related foundations for fundraising purposes. You have the right to opt out of receiving such fundraising communications. We may share certain information with a person(s) you identify as a family member, relative, friend or other person that is directly involved in your care or payment for your care, or to your "Lay Caregiver" or appointed Personal Representative if you tell us who these individuals are. If it becomes necessary, we will notify these individuals about your location, general condition or death. In addition, we may need to disclose medical information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location. If you have a clear preference for how we share your information, talk to us. Tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example if you are unconscious, we may also share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**We will never** share your information unless you give us written permission in these cases: for marketing purposes or the sale of your information.

**Under certain circumstances**, we may be required to disclose your health information without your specific authorization. Examples of these disclosures are: requirements by state and federal laws to report cases of abuse, neglect, or other reasons requiring law enforcement; for public health activities; to health oversight agencies; for judicial and administrative proceedings; for death and funeral arrangements; for organ donation; for special government functions including military and veteran requests and to prevent serious threats to health or public safety such as preventing disease, helping with product recalls, and reporting adverse reactions to medications. We may also contact you after your current visit for future appointment reminders or to provide you with information regarding treatment alternatives or other health-related services that may be of benefit to you. We will obtain your written authorization for any other disclosures beyond the reasons listed above. Remember, if you do authorize us to release your information, you always have the right to revoke that authorization later. We will be happy to honor that request unless we may have already acted.

**As a patient**, you have rights regarding how your information can be used and disclosed. These rights include access to your health information. In most cases, you have the right to look at or receive a copy of your health information. This may take up to 30 days to prepare, and there may be a preparation fee associated with making any copies. You can ask for an accounting of disclosures. This is a list of instances in which we have disclosed your information for reasons other than treatment, payment and operations that you have not specifically authorized but

that we are required to do by law (see section on how your information may be used and disclosed). We can provide you one list per year without charge; all additional requests in the same year will be subject to a nominal charge. If you believe that the information we have about you is incorrect or if important information is missing, you have the right to request that we amend or correct your paper or electronic medical records. There may be some reasons that we cannot honor your request for which you submit a statement of disagreement. You can also request that your health information be communicated to you at an alternate location or address that is different from the one we received when you were registered. If you pay for your service in full up front, you can ask that we not disclose information about your treatment to your health plan. Finally, you can request in writing that we not use or disclose your information for any reasons described in this notice except to persons involved in your care, or when required by law or in emergency situations. We are not legally required to accept such a request, but we will try to honor any reasonable requests.

**Lastly, a note** about Health Information Exchanges (HIE):

**Health Information Exchange:** We may use or share your health information as part of our participation in a Health Information Exchange or Network. These are organizations with other healthcare providers, insurers, and/or health care industry participants and their subcontractors. We may share your health information with a Health Information Exchange or Network and its participants to accomplish goals that may include but not limited to: Providing you with treatment; billing for services provided to you; running their or our organization; complying with the law; and such purposes as may be permitted by law and the agreements and rules governing the Health Information Exchange or Network. Currently, this practice participates in the following Health Information Exchange(s):

1. Commonwell Health Alliance
  - a. Administrator: Paul L. Wilder
  - b. Participants: Electronic Medical record providers, health care practitioners, to include single-physician offices and multi-hospital systems.

## **Nondiscrimination and Accessibility Requirements and Statement**

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Matter Health of Tennessee, PLLC and its affiliates complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Matter Health of Tennessee, PLLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Matter Health Tennessee, PLLC and its affiliates:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Matter Health Privacy Officer.

If you believe that Matter Health of Tennessee, PLLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Matter Health of Tennessee, PLLC  
Privacy Officer  
1131 4<sup>th</sup> Avenue South, Suite 210  
Nashville, TN 37210  
(833) 372-1045  
[Privacy@MatterHealthCare.com](mailto:Privacy@MatterHealthCare.com)

You can file a grievance in person, by mail or email. If you need help filing a grievance, The Matter Health Privacy Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Section 1557 of the Affordable Care Act (ACA), Nondiscrimination and limited English proficiency (LEP) Taglines

<p><b>Spanish</b></p> <p><b>ATENCIÓN:</b> si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.</p> <p>Matter Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.</p>	<p><b>Arabic</b></p> <p>ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان.</p> <p>ماتير هيلث تحترم القوانين الفيدرالية المدنية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.</p>	<p><b>Chinese</b></p> <p>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電</p> <p>Matter Health 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統年齡、殘障或性別而歧視任何人。</p>	<p><b>Vietnamese</b></p> <p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.</p> <p>Matter Health tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.</p>	<p><b>Korean</b></p> <p>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.</p> <p>Matter Health 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.</p>
<p><b>French</b></p> <p><b>ATTENTION :</b> Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.</p> <p>Matter Health respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.</p>	<p><b>Laotian</b></p> <p>ປື້ມຄຳບັນຍາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໃດຍບໍ່ຄ່າຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ.</p> <p>Matter Health ປະຕິບັດກົດໝາຍດ້ານອຸປະສິດທິພາບກົດໝາຍລັດຖະທຳມະນູນ ການທຳນຽມໃຫ້ໄດ້ ຄວບຄຸມການໂຕ້ແຍ້ງ ໃຫ້ພົບການດ້ານເຊື່ອຖື, ຊີວິດ, ຊາດ ກຳເນີດ, ອາຍຸ, ຄວາມສາມາດ, ຫຼື ຄວາມ.</p>	<p><b>Amharic</b></p> <p>ጥንቃቄ: የሚናገሩት ቋንቋ ለግሮኛ ከሆነ የትርጉም ለርዳታ ድርጅቶች፣ በአዲስ አበባ ተዘጋጅተዋል።</p> <p>Matter Health የፌዴራል ሊቫል ማብቶን ማብቶ የሚያስገባ ሊሆን ለምሳሌ፣ በዕድሜ ልዩነት፣ በዘር ሃረግ፣ በስድሜ፣ በአካል ጉዳት ወይም በጾታ ግንኙነት ለውህደት ሊያደምድም።</p>	<p><b>German</b></p> <p><b>ACHTUNG:</b> Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.</p> <p>Matter Health erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.</p>	<p><b>Gujarati</b></p> <p>સુચના: જો તમે ગુજરાતી બોલતા હો, તો બિ-શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફ્રીન કરો</p> <p>Matter Health બિ-શુલ્ક સમવાયી ભાગીદાર અધિકાર કાયદા સાથે સુસંગત છે અને જાતિ, રંગ, રાષ્ટ્રીય મૂળ, ઉંમર, અશક્તતા અથવા લિંગના આધારે ભેદભાવ રાખવામાં આવતો નથી.</p>
<p><b>Japanese</b></p> <p>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。</p> <p>Matter Health は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。</p>	<p><b>Tagalog</b></p> <p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.</p> <p>Sumusunod ang Matter Health sa mga nasaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapan sanan o kasarian.</p>	<p><b>Hindi</b></p> <p>ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।</p> <p>Matter Health लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।</p>	<p><b>Russian</b></p> <p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.</p> <p>Matter Health соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.</p>	<p><b>Persian</b></p> <p>توجه: اگر فارسی صحبت می کنید، خدمات کمک زبان به صورت رایگان در اختیار شما قرار می گیرد.</p> <p>Matter Health از قوانین قابل اجرا حقوق مدنی فدرال پیروی می کند و بر اساس نژاد، رنگ، منشأ ملی، سن، نژاد یا جنسیت تبعیض قائل نمی شود.</p>