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**OF NASHVILLE**, **LLP**

*Adult Urology*

**PRIVACY POLICIES**

It is the policy of our practice that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physicians and staff have the necessary medical information, including PHI, to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide information to our practice and its physicians and staff for the purpose of treatment, payment and healthcare operations (TPO). To that end, our practice and its physicians and staff will –

* Adhere to the standards set forth in the Notice of Privacy Practices.
* Collect, use and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. Our practice and its physicians and staff will not use or disclose PHI for uses outside of practice’s TPO, such as marketing, employment, life insurance applications, etc., without an authorization form the patient.
* Use and disclose PHI to remind patients of their appointments unless they instruct us not to.
* Recognize that PHI collected about patients must be accurate, timely, complete, and available when needed. Our practice and its physicians and staff will
	+ Implement reasonable measures to protect the integrity of all PHI maintained about patients.
* Recognize that patients have a right to privacy. Our practice and its physicians and staff respect the patient’s individual dignity at all times. Our practice and its physicians and staff will respect the patient’s privacy to the extent consistent with providing the highest quality medical care possible and with efficient administration of the facility.
* Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, our practice and its physicians and staff will:
	+ Treat all PHI data as confidential in accordance with professional ethics, accreditation standards and legal requirement.
	+ Not disclose PHI data unless the patient (or his/her authorized representative) has properly consented to or authorized the release or the release is otherwise authorized by law.
* Recognize that, although our practice “owns” the medical record, the patient has right to inspect and obtain a copy of his/her PHI. In addition, patients have a right to request an amendment to his/her medical record if he/she believe his/her information is inaccurate or incomplete. Our practice and its physicians and staff will –
	+ Permit patients access to their medical records when their written requests are approved by our practice. If we deny their request, then we must inform the patients that they may request a review of our denial. In such cases, we will have an on-site healthcare professional review the patients’ appeals.
	+ Provide patient as opportunity to request the correction of inaccurate or incomplete PHI in their medical records in accordance with the law and professional standards.
* All physicians and staff of our practice will maintain a list of all disclosures of PHI for purposes other than TPO for each patient and those made pursuant to an authorization. We will provide this list to patients upon request, so long as their requests are in writing.
* All physicians and staff of our practice will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and have been approved by our practice.
* All physicians and staff of our practice must adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice’s personnel rules and regulations.
* Our practice may change this privacy policy in the future. Any changes will be effective upon release of the revised privacy policy and will be made available to patients upon request.

January 24, 2019

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**OF NASHVILLE**, **LLP**

*Adult Urology*

**Associated Urologists of Nashville, LLP**

**EMPLOYEE CONFIDENTIALITY AGREEMENT**

I have been asked by Associated Urologists of Nashville, LLP, to read the current “Confidentiality Policy” dated \_\_\_\_\_\_\_\_\_\_\_\_ and affirm my commitment made at this time of my employment/assignment to protect the confidentiality of health information. I understand that Associated Urologists of Nashville, LLP reminds its employees of their confidentiality obligations on a periodic basis to help ensure compliance.

I understand that protected health information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree that, unless directed by my supervisor or my job assignment with proper authorization from patient, I will not at any time during or after my employment/assignment with Associated Urologists of Nashville, LLP disclose any patient information to any person whatsoever (including my family or friends) or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession or under my control, or use patient information, other than as necessary in the course of my employment/assignment. By signing this form, I acknowledge that I will take all steps necessary to keep all health information confidential that I obtain or become aware of in connection with my duties and responsibilities. This includes information about any medical condition, medical testing, medical treatment or surgery, prescription medications, dental treatment or vision treatment or any other procedure related to the health of an individual. In addition, I agree not to use or disclose this information to any person except those persons directly necessary to the performance of my duties and responsibilities. I understand I am furthermore prohibited from using personal electronic devices to communicate about patients and/or their families at any time. For example, no information should be shared or reference made regarding patients via text messaging, email, blogging or other online social media programs such as Facebook, Twitter or MySpace. If I am not sure about whether or not any information is confidential, I agree to ask my supervisor or manager.

When patient information must be discussed with other healthcare practitioners in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient’s care.

I understand that failure to keep health information confidential may result in monetary liability, civil penalties (fines) and/or criminal penalties provided for by law, and shall subject me to discipline up to and including dismissal, for violation of Company policies. I have read the above information and agree to keep health information confidential.

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Signature of Employee/Volunteer/Student Date

Date Approved: