



A Cash-Based, Third-Party Free Cardiology Practice

Greeneville / Johnson City, TN

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[www.trinityheartandvasculargroup.com](http://www.trinityheartandvasculargroup.com)

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.

Effective Date: July 1, 2022

**THIS NOTICE APPLIES TO:**

All physicians, advanced practice providers (APPs) and staff of Trinity Heart and Vascular Group, PLLC, all of whom will abide by the following notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting this information. We create a record of the care and services you receive at Trinity Heart and Vascular Group, PLLC. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to this record and will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and obligations we have regarding the use and disclosure of medical information. The law requires us to:

- *Make sure that medical information that identifies you is kept private.*
- *Provide this Notice of our legal duties and privacy practices with respect to medical information about you; and*
- *Follow the terms of the Notice that is currently in effect.*

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

**For treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other doctors or allied healthcare providers outside of Trinity Heart and Vascular Group, PLLC who are involved in your care.

**Use of your Social Security Number:** We do not routinely collect your full social security number. For chart identification purposes, we will ask for the last 4 digits of your SS number. If we need to request medical records on your

behalf, the party releasing your records may request your full social security number to identify your medical record with them so as to comply with your authorized records release request. Your full social security number will not be kept in any of our practice databases or electronic health records. It may be kept in copies of record release requests.

**For payment:** We may use and disclose medical information about you in collecting payment for services; our cash-only policy will make this type of disclosure very unlikely.

**Appointment reminders:** We may use and disclose medical information to contact you as a reminder of an upcoming appointment or to call your name from the front desk.

**Business Associates:** Some services are provided through agreements and arrangements with other companies, including but not limited to visiting nurses, therapy companies, and durable medical equipment companies. We may disclose your medical information to these Associates so that they can provide necessary services. We require these Associates to agree that they will protect your privacy in the same manner that we do.

**Individuals involved in your care:** We may release medical information about you to a friend or family member *who is involved in your medical care. These individuals will be listed on your signed acknowledgement form.*

**Research:** There may be an occasional time when Trinity Heart and Vascular Group, PLLC will be involved in clinical research and your medical information could be used in that regard. There would be a special authorization process that you would agree to prior to this use.

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

## SPECIAL SITUATIONS:

**Organ and tissue donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank.

**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.

**Worker's compensation:** We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public health risks:** 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 child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls or 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 patient 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.

**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:** In connection with a lawsuit or 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 request to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law enforcement:** We may release medical information if asked to do so by a law enforcement official, in response to a court order, subpoena, warrant, summons, or similar law enforcement process.

**Coroners, medical examiners, and funeral directors:** We may release medical information to these practitioners to help identify a deceased person or to determine the cause of death, or to help carry out their duties.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

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

**Right to inspect and copy:** You have the right to inspect and obtain a copy of medical information. You must submit your request in writing to our privacy officer or head nurse. If you request a copy of the information, we may charge a fee (see below) for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and obtain a copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

- *Tenn. Code Ann. § 63-2-102 / \$20.00 for medical records 5 pages or less in length - \$0.50 per page for each page copied after the first 5 pages - Actual cost of mailing.*

**Right to amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to add or refute the information. Your request must be made in writing and submitted to the privacy officer or head nurse and include a reason that supports your request. We may deny the request at our discretion.

**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 to organizations or persons outside Trinity Heart and Vascular Group, PLLC. The list will not include disclosures we made to you, disclosures made for purposes of treatment, payment, or our operations, or those authorized by you. To request this list, you must submit your request in writing to our office manager. Your request must state a time period, which may not be longer than six years from date of request. There will be a charge for this list per practice policy.

**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. We are not required to agree to your request. You must make this request in writing to our privacy officer or head nurse. 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. (Our intake consent form allows you to designate with whom you would like us to share your health information.)

**Right to request confidential communications:** You have the right to ask that we send information to you to an alternate address or by alternate means. We must agree to your request so long as we can easily provide it in the format you requested.

**Right to get this notice by email:** You have the right to get a copy of this Notice by email. Even if you have agreed to receive this Notice by email, you may still request a paper copy.

You may obtain a copy of this Notice at our website,

[www.trinityheartandvasculargroup.com](http://www.trinityheartandvasculargroup.com),

or by writing to:

Daniel O’Roark, DO, FACC/Privacy Officer  
Trinity Heart and Vascular Group, PLLC  
1231 Tusculum Blvd.  
Greeneville, TN 37745

**CHANGES TO THIS NOTICE:**

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.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our privacy officer or head nurse or with the Secretary of the Department of Health and Human Services. A complaint should be formally filed in writing and submitted to the above address.

**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. You must 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.