



## ALLIANCE HEALTHCARE SERVICES

2220 Union Ave.  
Memphis, TN 38104

### NOTICE OF PRIVACY PRACTICES

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

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#### PROTECTING YOUR HEALTH INFORMATION

We at Alliance Healthcare Services (AHS) are committed to your privacy. This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your PHI. You have the right to approve or refuse the release of specific information outside of AHS except when the release is required or authorized by law or regulation. AHS must follow the privacy practices contained in this notice from its effective date of May 11, 2015.

PHI is individually identifiable health information. This includes demographics such as age, address, phone numbers, and email addresses. It relates to your past, present, or future physical or mental condition or related healthcare services. We are required by law to make sure your PHI is kept private; give you this privacy notice; and follow the terms of the current privacy notice.

Alliance Healthcare Services reserves the right to change the privacy practices and the terms of this notice at any time, as permitted by law. Any changes made in these privacy practices will be effective for all PHI that is maintained including information created or received before the changes were made. The Notice will be posted where you can view it at each AHS location. Upon request, we will provide you any revised Notice.

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#### YOUR INDIVIDUAL RIGHTS

**Copy:** You may request a paper or electronic copy of your medical records. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Corrections:** You may ask us to correct health information about you that you think is incorrect or incomplete. We reserve the right to deny this request, but we will notify you within 60 days. If your request is denied, you may include a written statement in the record of the reason you disagree.

**Confidential Communication:** You may request us to contact you in a specific way (e.g., home or cell phone) or to send mail to a different address. You can notify us in writing of this request. We will honor all reasonable requests.

**Restrictions:** You can ask us not to use or disclose certain health information. We are not required to honor your request if it would affect your care. If you fully pay out-of-pocket, you can ask us not to disclose information with your insurer.

**Accounting:** You may request an account of any disclosures we have made over the past six years, including with whom we disclosed. We will include all disclosures except for those about treatment, payment, and healthcare operations. Your request must be in writing and there may be a reasonable, cost-based fee.

**Incidental Disclosure:** AHS understands your health information is important to you. We will make all reasonable efforts to avoid incidental disclosures. If a breach of this information were to ever occur, we will notify you promptly.

**Representative:** If you have a legal guardian or have given someone power of attorney, that person can exercise your rights and make choices about your health information. Our duty is to ensure the person has the appropriate authority before we can take any action.

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#### ORGANIZATIONS COVERED BY THIS NOTICE

This notice applies to the privacy practices of AHS. Your protected health information may be used or disclosed by and within AHS as well as the third-party business associates (contractors) as needed for your treatment, payment of benefits, or other healthcare plan operations.

## USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will use your protected health information and disclose it to others as necessary for treatment, payment, and healthcare operations. The following are examples of uses and disclosures:

**Treatment:** It may be necessary to send blood samples to a lab for analysis to help us evaluate your medical condition. We may provide information to your health plan in order to arrange for a referral. We may contact you to remind you of appointments. We may contact you to tell you about treatment services that we offer that might benefit you.

**Payment:** Information about diagnosis and services provided to you is included in the bills we submit to health plans. We may contact your insurer or other payer to determine whether it will pay for your services or whether you have a co-pay.

**Healthcare Operations:** Your PHI may be used or disclosed to conduct quality assessment and improvement activities, including reviewing your records to determine if we are meeting national standards.

**Research:** Your PHI may be disclosed for research purposes when authorized by law. In addition, AHS may use or share your information to do research to improve services. In all cases, AHS will remove any identifying information that does not pertain to a limited data set. If the research project requests more information, you would need to sign an authorization.

**Authorization:** You may provide written authorization to use your PHI or to disclose it to anyone for any purpose. You may revoke your authorization in writing at any time; however, that revocation will not affect any use or disclosure permitted while your authorization was in effect.

**Personal Representative:** Your PHI will be disclosed to individuals who have the authority by law to act on your behalf. In addition, unless you object, your PHI may be disclosed by us to a family member or friend to help with your healthcare or payment. You will be required to sign an authorization for each individual.

**Victim of Abuse:** Your PHI may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect, domestic violence, or the possible victim of abuse, neglect, domestic violence, or the possible victim of other crimes.

**Worker's Compensation:** AHS may disclose your PHI to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Court or Administrative Order:** Your PHI may be disclosed in response to a court order or administrative order. Your PHI may be disclosed to law enforcement officials concerning a suspect, fugitive, or crime victim. Your PHI may be disclosed to law enforcement officials or correctional institutions regarding an inmate or other person in lawful custody, in certain circumstances.

**Other Disclosures:** There are other circumstances in which we may be required by law to use or disclose protected health information without your permission. These include: military services, government intelligence agencies, coroners or medical examiners, funeral directors, U.S. Food and Drug Administration, U.S. Department of Health and Human Services, public health officials charged with preventing disease, or organ procurement organizations.

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## QUESTIONS AND COMPLAINTS

If you want more information concerning privacy practices, or want to receive a copy of this notice, please contact the Compliance Officer listed below.

If you are concerned that Alliance Healthcare Services has violated your privacy rights, or you disagree with a decision made about access to your health information, you may complain to the Compliance Officer. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

Alliance Healthcare Services supports your right to protect the privacy of your protected health information. There will be no retaliation against you for filing a complaint.

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