

**SUMMARY OF NOTICE OF PRIVACY PRACTICES  
SUMNER REGIONAL HEALTH SYSTEMS, INC.**

**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.**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other records containing your personal health information be kept private. This includes information stored or shared in any form—electronically, on paper or orally. HIPAA gives you, the patient, important rights to understand and control how your personal health information is used. HIPAA provides penalties for health care facilities that misuse personal health information. We may use and release your medical records only for treatment, payment and health care operations. We may also create and release de-identified health information by removing all information that could possibly identify you as a patient. We may contact you to provide appointment reminders or information about treatment options or other health-related benefits and services that may be of interest to you.

Any other uses and releases will be made only with your written authorization. You may cancel your authorization in writing, and we are required to honor and agree to that written request, except to the extent that, we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officer:

- The right to request restrictions on certain uses and releases of protected health information. These restrictions may include release of information to family members, other relatives, close personal friends, or any other person identified by you. We are not required to agree to any restriction. If we do agree to a restriction, we must respect the restriction unless you agree in writing to remove it.
- The right to reasonable requests to receive private communications of protected health information from us by different means or at different locations.
- The right to review and request a copy of your protected health information.
- The right to make changes to your protected health information.
- The right to receive a listing of disclosures of your protected health information other than disclosures made for treatment, payment and health care operations.
- The right to obtain a paper copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information.

This notice is effective as of April 14, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make any changes effective for all protected health information that we maintain. If we change our Notice of Privacy Practices, we will post the revised Notice at our facilities and we will post that

Notice on our web site – [www.sumner.org](http://www.sumner.org). We will provide you with a copy of the revised Notice of Privacy Practices upon request.

If you believe your privacy rights have been compromised, you may file a complaint with the SRHS compliance hotline (800) 611-5167 or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint with the Health System, please contact the:

Privacy Officer  
Sumner Regional Health Systems, Inc.  
P.O. Box 1558  
Gallatin, Tennessee 37066-1558  
(615) 451-6108

**We will not penalize or discriminate against you for filing a complaint.**

**Acknowledgment**

The patient hereby acknowledges that he/she has been offered or received a paper copy of our Notice of Privacy Practices.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

If you are signing on behalf of the patient, please indicate your relationship to the patient or capacity to serve as the patient's representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For additional information regarding your rights under "HIPAA" please refer to the SRHS Notice of Privacy Practices, Effective Date: April 14, 2003, Version #1.**

**For Facility Use Only**

\_\_\_\_\_  
**Print Patient Name**

\_\_\_\_\_  
**Account Number**