



## 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. PLEASE REVIEW IT CAREFULLY & KEEP ON FILE FOR REFERENCE.**

### LEGAL OBLIGATIONS

Tennessee Rural Health Improvement Association (TRH) is required by law to maintain the privacy of all medical information within its organization; provide this notice of privacy practices to all members; inform members of our legal obligations; and advise members of additional rights concerning their medical information. TRH must follow the privacy practices contained in this notice from its **effective date of October 1, 2005**, and continue to do so until this notice is changed or replaced.

TRH reserves the right to change its privacy practices and the terms of this notice at any time, provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all medical information that is maintained including medical information created or received before the changes were made. All members will be notified of any changes by receiving a new notice of privacy practices.

You may request a copy of this notice of privacy practices at any time by contacting TRH, Privacy Office, P.O. Box 313, Columbia, TN 38402-0313.

### ORGANIZATIONS COVERED BY THIS NOTICE

This notice applies to the privacy practices of Tennessee Rural Health Improvement Association (TRH) and its subsidiaries, RH Group Services, Inc. and TRH Health Insurance Company. Medical information of our members may be shared between TRH and its subsidiaries as needed for treatment, payment or health care operations.

### USES AND DISCLOSURES OF MEDICAL INFORMATION

Your medical information may be used and disclosed for treatment, payment and health care operations. For example:

**TREATMENT:** Your medical information may be disclosed to a doctor or hospital that requests it to provide treatment to you.

**PAYMENT:** Your medical information may be used or disclosed to pay claims for services which are covered under your health care coverage.

**HEALTH CARE OPERATIONS:** Your medical information may be used and disclosed to determine premiums, conduct quality assessment and improvement activities, to engage in care coordination or case management, to pursue Right of Recovery and Reimbursement/Subrogation, accreditation, conducting and arranging legal services, and for other administrative purposes.

**AUTHORIZATIONS:** You may provide written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

**PERSONAL REPRESENTATIVE:** Your medical information may be disclosed to a family member, friend or other person to the extent necessary to assist with your health care or with payment for your health care but only if you agree we may do so, as described in the Individual Rights section of this notice.

**UNDERWRITING:** Your medical information may be received for underwriting, premium rating or other activities relating to the creation, renewal, or replacement of health care coverage or benefits. If TRH does not issue that health care coverage, your medical information will not be used or further disclosed for any purpose, except as required by law.

**RESEARCH:** Your medical information may be used or disclosed for research purposes in limited circumstances.

**MARKETING:** Your medical information may be used to contact you with information about health-related benefits, services or treatment alternatives that may be of interest to you. Your medical information may be disclosed to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt-out of receiving further information by telling us.

**AS REQUIRED BY LAW:** Your medical information may be used or disclosed as required by state or federal law.

**COURT OR ADMINISTRATIVE ORDER:** Medical information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

**VICTIM OF ABUSE:** Medical information may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. Medical information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others. Medical information may be disclosed when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**MILITARY AUTHORITIES:** Medical information of Armed Forces personnel may be disclosed to Military authorities under certain circumstances. Medical information may be disclosed to federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

### INDIVIDUAL RIGHTS

You have the right to receive or review copies of your medical information, with limited exceptions. You may request a format other than photocopies, which will be used unless the company cannot practicably do so. **Any request to obtain access to your medical information must be made in writing. You may obtain a form to request access by using the contact information at the end of this notice or you may send us a letter requesting access to the address located at the end of this notice. If you request copies, there will be a charge of \$.25 per page and \$10 for staff time to review, copy and prepare your medical information, and postage if you want the copies mailed to you. If you request an alternative format, the charge will be cost-based for providing your medical information in that format. For a more detailed explanation of the fee structure, please contact our office using the information at the end of this notice. TRH requires advance payment before copying your medical information.**

You have the right to receive an accounting of the disclosures of your medical information made by our company or by a business associate of our company. **This accounting will list each disclosure that was made of your medical information for any reason other than treatment, payment, health care operations and certain other activities since April 14, 2003.** This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the medical information disclosed, the reason for the disclosure, and certain other information. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based charge for responding to these additional requests. For a more detailed explanation of the fee structure, please contact our office using the information at the end of this notice.

You have the right to designate a family member, friend or other person as your personal representative. Your medical information may be disclosed to your personal representative to the extent necessary to help with your health care or with payment for your health care. You may obtain a form to designate a personal representative by using the contact information at the end of this notice.

You have the right to request restrictions on the company's use or disclosure of your medical information. The company is not required to agree to these additional requests. **Any agreement to restrictions on the use and disclosure of your medical information must be in writing and signed by a person authorized to make such an agreement on behalf of the company. The company will not be bound unless the agreement is so memorialized in writing.**

You have the right to request confidential communications about your medical information by alternative means or alternative locations. You must inform the company that confidential communication by alternative means or to alternative location is required to avoid endangering you. **You must make your request in writing and you must state that the information could endanger you if it is not communicated by the alternative means or to the alternative location requested.** The company must accommodate the request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premium and pay claims under your health plan.

You have the right to request that the company amend your medical information. **Your request must be in writing and it must explain why the information should be amended.** The company may deny your request if the medical information you seek to amend was not created by our company or for certain other reasons. If your request is denied, the company will provide a written explanation of the denial. You may respond with a statement of disagreement to be appended to the information you wanted amended. If the company accepts your request to amend the information, the company will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

If you receive this notice on the TRH web site or by any other electronic means, you may request a written copy of this notice by using the contact information at the end of this notice.

### QUESTIONS AND CONCERNS

If you want more information concerning the companies' privacy practices or you have questions or concerns, please contact our Privacy Office.

If you are concerned that: (1) the company has violated your privacy rights; (2) you disagree with a decision made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information; (3) to request that the company communicate with you by alternative means or at alternative locations, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request.

The company supports your right to protect the privacy of your medical information. There will be no retaliation in any way if you choose to file a complaint with Tennessee Rural Health or with the U.S. Department of Health and Human Services.

**The Privacy Office  
Tennessee Rural Health  
147 Bear Creek Pike, Columbia, TN 38401  
931-388-7872  
E-mail: [privacyoffice@trh.com](mailto:privacyoffice@trh.com)**

**Tennessee Rural Health is a membership-based, not-for-profit organization which promotes the health of the rural people of Tennessee. Members can learn of the programs and services offered by Tennessee Rural Health Improvement Association at their local Farm Bureau office.**

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