

NOTICE OF PRIVACY PRACTICES

Effective Date June 1, 2017

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice of Privacy Practices, please contact 1-877-BMH-TIPS and choose Option 3 during regular business hours. If necessary, your question may be directed to the Privacy and Security Officer, or their designee, at the hospital, clinic, doctor's office, or other health care entity to which your question refers. You may also contact the Corporate Privacy and Security Department at Baptist Memorial Health Care Corporation, 350 N. Humphreys Blvd., Memphis, TN 38120.

WHO WILL FOLLOW THIS NOTICE: This notice describes our privacy practices and that of:

- The physician members of the hospital's medical staff and credentialed, non-physician health care professionals who may provide care in the hospital
- All departments and units of the hospital
- Any volunteers who perform volunteer work in the hospital, clinic, doctor's office, or other health care entity
- All employees, staff and other personnel at the hospital, clinic, doctor's office, or other health care entity

BMH is an abbreviation for Baptist Memorial Hospital

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| <ul style="list-style-type: none">➤ BMH-Booneville➤ BMH-Calhoun➤ Baptist Nursing Home – Calhoun, Inc.➤ BMH-Collierville➤ BMH-Desoto➤ BMH-Golden Triangle➤ BMH-Huntingdon➤ BMH-Memphis➤ BMH-North Mississippi➤ BMH-Tipton➤ BMH-Union City➤ BMH-Union County➤ BMH-for Women➤ Spence and Becky Wilson Baptist Children's Hospital➤ Baptist Memorial Restorative Care Hospital➤ NEA Baptist Memorial Hospital➤ Baptist Minor Medical Centers, Inc.➤ Kemmons Wilson Family Center for Good Grief➤ Baptist Home Medical Equipment➤ Medical Alternatives➤ All Offices/Foundations affiliated with Baptist Medical Group | <ul style="list-style-type: none">➤ BMG – Outpatient Care Center➤ Memphis Lung Physicians Foundation➤ Family Physicians Group Foundation➤ Gastrointestinal (GI) Specialists Foundation➤ Stern Cardiovascular Foundation➤ Baptist Cancer Center Physicians Foundation➤ NEA Baptist Clinic Charitable Foundation➤ NEA Baptist Clinic Foundation Fowler Family Center for Cancer Care➤ Baptist Clinical Research Institute➤ Universal Parenting Place➤ Walnut Grove Plaza Pharmacy➤ Golden Triangle Outpatient Pharmacy➤ Brain and Spine Network: Baptist + Semmes-Murphey, LLC➤ Baptist Memorial Health Care Corporation➤ Mississippi Baptist Medical Center➤ Baptist Medical Center Attala➤ Baptist Medical Center Leake➤ Baptist Medical Center Yazoo➤ All Offices/ Clinics affiliated with Medical Foundation of Central Mississippi (Baptist Clinics)➤ Baptist Adult Day Centers |
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- All these entities, sites and locations follow the terms of this Notice of Privacy Practices. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this Notice of Privacy Practices.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this health care entity to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated by this entity, whether made by entity personnel or your personal doctor. Unless your personal doctor is a member of a physician group listed at the beginning of this Notice of Privacy Practices, your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's own office or clinic.

This Notice of Privacy Practices will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to keep private medical information that identifies you; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the Notice of Privacy Practices currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For better understanding, we have provided some examples in each category. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

General Uses and Disclosures That May Be Made Without Authorization or Without an Opportunity to Object. Under the Privacy Rules, we are permitted to use and disclose your health information for the following purposes, without obtaining your permission or authorization:

- **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 doctors, nurses, technicians, medical students, students in other health care fields, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the health care entity also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may disclose medical information about you to people outside the entity who may be involved in your medical care after you leave the entity, such as family members assisting you or other health care providers, such as nursing homes, home health care agencies, or medical equipment providers. We also may use your medical information to contact you to check that you are progressing in your recovery. In addition, if you receive treatment from an entity that participates in a Health Information Exchange, we will share your health information with the Health Information Exchange. Other healthcare providers who are not affiliated with the above listed entities may access your health information through these health information exchanges as part of your treatment. Contact the Corporate Privacy and Security Officer at Baptist Memorial Health Care Corporation, 350 N. Humphreys Blvd., Memphis, TN 38120 for questions or concerns.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at this entity may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may share your information with other health care providers who treat you, such as an ambulance service or a physician who serves as a consultant during your treatment.
 - **Note on the Right to Request a Restriction.** You have the right to request that we do not file a visit with your insurance company. However, there are certain limits on that right: 1) You must pay out-of-pocket for the full cost of the visit. If we cannot unbundle the visit from other services, you will need to pay in full for the entire bundle of services, 2) You will have to pay each provider who would otherwise have the right to bill insurance for the services they provided to you, 3) If the final amount of charges cannot be calculated during the time of your visit, you will be asked to pay an estimated amount at the time of the visit and any difference between the final and estimated amount when the final amount is known. If you fail to pay the difference between the final and estimated amount, then we have the right to file the claim with your insurance company. To restrict a disclosure of protected health information to a health plan for item(s) or service(s) paid out-of-pocket, you must make that request at the time of the visit to the hospital, clinic, doctor's office, or other health care entity providing the services listed on page one of this Notice of Privacy Practices.
- **For Health Care Operations.** We may use and disclose medical information about you for this entity's operations and the collective operations of the entities covered by this Notice of Privacy Practices. These uses and disclosures are necessary to run the entity and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, students in other health care fields, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also use and disclose your medical information when providing customer service, responding to complaints and appeals, providing case management, care coordination, employee health services, conducting medical review of claims and other quality assessment and improvement activities, conducting internal training programs for supervisory purposes, teaching health professionals, and activities associated with licensing and issuance of credentials for our staff.
- **Group Health Plan Disclosures.** We may disclose your PHI to a sponsor of a group health plan, such as an employer or other entity that is providing a health care program to you. We can disclose your PHI to that entity if they have contracted with us to administer your health care program on their behalf.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law, including with the Department of Health and Human Services.
- **Health Information Exchange.** Many facilities participate in one or more health information exchanges. A health information exchange facilitates sharing of information among health care organizations such as hospitals, clinics, health plans and state or federal- mandated reporting organizations. This facility may also participate in a health information exchange that allows for the sharing of information between hospitals, doctors, and health plans.
- **Photographs.** We may photograph patients, including newborn babies, for security and identification purposes. In certain circumstances, we may take photographs to document wounds, changes in wound healing, or for other treatment related purposes.
- **Patient Satisfaction Surveys.** We may use a limited amount of information about you to conduct patient satisfaction surveys by telephone and written communications, including email. If you do not want to receive a patient satisfaction survey, you need to let us know by calling 1-877-BMH-TIPS and choosing Option 3.
- **Patient Reunions.** Baptist currently sponsors reunions each year for various patient groups, such as Transplant and Neonatal Intensive Care Unit graduates, to celebrate their successes. If you are a graduate of these programs, or similar programs, we may use your information to contact you and invite you to the reunions.

- **Health Awareness Materials.** We may use your demographic information to send general health information to you to create awareness in the community of important health topics.
- **Health Fairs/Screenings.** We may use your information to contact you with the results of any screenings that are not available on the day of the health fair/screening. We may keep a copy of your screenings to verify that you received screenings at a health fair.
- **Personal Representatives.** If you have an advance directive, such as a Durable Power of Attorney for Health Care, or if a court has appointed a guardian for you, we will share information regarding your treatment with your personal representative unless we believe that the sharing of information would jeopardize your health or safety.
- **Appointment Reminders.** We may use and disclose your information to contact you as a reminder that you have an appointment for medical care. This practice includes contacting you by mail, telephone, email, text message, or through the MyChart patient portal.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. This includes reviewing your medical information to see if you meet the criteria to be eligible to participate in clinical trials.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fund Raising Activities.** We may use your demographic information and other limited information, including dates of service and department of service, to contact you in an effort to raise money for any of the entities covered by this Notice of Privacy Practices and their operations. We may disclose information to a foundation related to the entity so that the foundation may contact you in raising money for the entity. If you do not want the foundation to contact you for fund raising efforts, you must notify Baptist Memorial Health Care Foundation by calling 1-800-895-4483.
- **Email.** If you provide us with an email address, we may use that email address to contact you for any general communications, such as appointment reminders, patient reunion invitations, patient satisfaction surveys, health awareness materials, etc.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for records-based research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process, using an Institutional Review Board (IRB). This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we disclose medical information contained in medical records to a researcher, the project will have been approved through this research approval process and the researcher will have submitted a plan to protect the confidentiality of patient information. We may also contact you about eligibility to participate in a clinical trial.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Business Associates.** We may disclose your protected health information to third party "business associates" that perform various activities (e.g. billing, insurance, release of information services) for or on our behalf. Our business associates may use, disclose, create, receive, transmit or maintain protected health information during the course of providing services to us. Business Associates are also required to protect your protected health information under HIPAA.

SPECIAL SITUATIONS

We are allowed or required by law to share your information in other ways. We have to meet certain conditions set forth in the law before we can share your information for these purposes.

- **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, as necessary to facilitate organ or tissue donation and transplantation.
- **Access by Parents.** Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.
- **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.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Medical Surveillance of the Workplace.** If you are an employee who is being evaluated at the request of your employer for medical surveillance of the workplace or in relation to a work-related illness or injury, we may share information obtained from such evaluation with your employer.
- **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 births and deaths; to report suspected child or adult abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of 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 and other laws and regulations or to participate in registries such as cancer registries. We may also disclose medical information to lawyers or consultants who are providing services to a health care entity listed on this Notice of Privacy Practices or a related entity regarding a legal or regulatory matter.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a 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 response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we receive written assurances that the party seeking your medical information has made efforts to tell you about the request or to obtain an order protecting the information requested. We may use your medical information to defend a legal action against a health care entity listed on this Notice of Privacy Practices or a related legal entity.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official as follows: In response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the location of the health care entity; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Uses and Disclosures Which Require the Opportunity to Agree or Object. Under the Privacy Rules, we are permitted to use and disclose your health information without your authorization when you are informed in advance of the use and disclosure and have the opportunity to agree, object, or limit the use or disclosure. Unless you advise us of your objection to these uses, we will assume that the use of your personal health information, as described in this section of the Notice of Privacy Practices, is acceptable to you.

- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital so your family and friends can visit you in the hospital and generally know how you are doing. This information includes your name, location in the hospital, and your general condition (e.g., good, satisfactory, critical, etc.). The directory information may be released to people who ask for you by name; unless you specifically request that we do not include you in the hospital directory. Additionally, your religious affiliation, if you provide it to us at registration, may be given to a minister of your faith even if they do not ask for you by name. This allows you to receive visits from a clergy of your faith. If you do not provide us with your religious affiliation during registration, your name will not be given to any visiting clergy. If you do not want us to list this information in our directory and provide it to clergy or others, you must tell us that you object.
- **Notification.** We may use or disclose protected health information to notify, identify, or locate a family member, personal representative or another person responsible for your care, to inform them of your health status or condition, or death (unless doing so is inconsistent with any prior expressed preference that is known to us). We may disclose your protected health information to a public or private entity authorized by law to assist in disaster relief efforts. In the event of a disaster, we may disclose medical information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with family and others.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved with your medical care or payment for services, unless you inform us that you object to such disclosure. (However, you may not use such an objection to avoid payment for services by a responsible party.) We may use or disclose information about you to locate and notify your family, personal representative or other person responsible for your care that you are in the hospital, clinic, or doctor's office and your general condition.
- **Immunizations.** We may provide proof of immunization to a school that is required by state or other law to have such proof with agreement to the disclosure by a parent or guardian of, or person acting in loco parentis for an unemancipated minor.

Uses and Disclosures Which Require Written Patient Authorization. The following types of uses and disclosures require written authorization from the patient:

- **Psychotherapy notes.** Most uses and disclosures of your psychotherapy notes will require your written authorization, except for uses or disclosures for carrying out treatment, payment, or health care operations, as required by law, health oversight activities, or to avert a serious threat to health or safety.

- **Marketing.** We must obtain your authorization prior to using or disclosing your protected health information to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, excluding face to face communications and promotional gifts of nominal value. However, we may send you communications that relate to your treatment, case management or care coordination.
- **Sale of Protected Health Information.** Any disclosure of your personal information which constitutes a sale under regulatory definitions because we would receive something of financial value in exchange for providing your personal information.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this Notice of Privacy Practices or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

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 used to make decisions about your care. Usually, this generally includes medical and billing records. To inspect or request a copy of medical information used to make decisions about you, you must submit your request in writing to the Health Information Management Department at the hospital, clinic, doctor's office, or other health care entity from whom you (or another person or entity designated by you) are seeking a copy of your medical information. We will provide a copy or summary of your health information, usually within ten (10) days of your request for clinics or physician offices and thirty (30) days for hospitals, or other health care entities. If you request a copy of the information, we may charge a reasonable, cost-based fee. If the hospital, clinic, doctor's office, or other health care entity from whom you are requesting a copy of your records maintains records electronically, you (or another person or entity designated by you) will have the option to receive an electronic copy of your records. Alternatively, you may request an abstract of your record via the Baptist electronic patient portal, MyChart.
 - **Note on Limitation of the Right to Access.** 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. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital, clinic, doctor's office, or other health care entity whose records you are seeking to amend. To request an amendment, your request must be made in writing and submitted to the hospital, clinic, doctor's office, or other health care entity whose records you are seeking to amend. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: 1) was not created by us, 2) unless the person or entity that created the information is no longer available to make the amendment; 3) is not part of the medical information kept by this health care provider; 4) is not part of the information which you would be permitted to inspect and copy; or 5) is accurate and complete. We will send you our decision, in writing, within sixty (60) days from receipt of your request.
- **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 for reasons other than treatment, payment or health care operations. For example, an accounting of disclosures would include disclosures that we are required by law to make, such as reporting communicable diseases to the county health department.

To request this accounting of disclosures, you must submit your request in writing to the Corporate Privacy & Security Officer, Baptist Memorial Health Care Corporation, 350 N. Humphreys Blvd., Memphis, TN 38120. Your request must state a time period, which may not be longer than six (6) years prior to the date of your request. The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.
- **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. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or if disclosure is required by law. To request restrictions, you must make your request in writing to Corporate Privacy and Security Officer, Baptist Memorial Health Care Corporation, 350 N. Humphreys Blvd., Memphis, TN 38120. 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. We will notify you if we do not agree to a requested restriction.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work. However, you must provide us with an address to which we can send all written correspondence, including your bill. At the time of registration, you will be requested to provide one mailing address and one phone number which are acceptable to you for receiving communications from us. You may request a change to your confidential communications address and phone number by submitting a written request to the hospital, clinic, doctor's office, or other health care entity. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice at: www.baptistonline.org.

OUR DUTIES

We are required by law to maintain the privacy of Protected Health Information, provide you with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured Protected Health Information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make revisions and/or change the terms of this Notice of Privacy Practices, the changes will apply to all information we have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices on-site at our hospital, clinic, doctor's office, or other health care entities as well as on our website at www.baptistonline.org. We will also provide you with an updated copy of the Notice of Privacy Practices upon request. The Notice of Privacy Practices will contain the effective date on the top of the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Baptist or with the Secretary of the Department of Health and Human Services.

To file a privacy complaint with Baptist, contact 1-877-BMH-TIPS and choose Option 4, or submit your complaint in writing to the Corporate Privacy and Security Officer, Baptist Memorial Health Care Corporation, 350 N. Humphreys Blvd., Memphis, TN 38120.

To file a complaint with the Secretary of the Department of Health and Human Services submit your complaint in writing to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be penalized for filing a complaint.