



LTVEC
Little Tennessee Valley Educational Cooperative

**Little Tennessee Valley
Educational Cooperative**

1432 East Lee Hwy
Loudon, TN 37774

Phone: 865-458-8900

Fax: 865-458-8626

Web: www.ltvec.org

Email: littletnvalley@bellsouth.net

Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how your medical information may be used and shared and how you can get access to this information. **Please review it carefully.** Ask us if you have any questions 865-458-8900.

Your Rights

> See pages 2 & 3 for more information on these rights and how to exercise them

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this notice
- Choose someone to act for you or as your representative
- File a complaint if you believe your privacy rights have been violated

Your Choices

> See page 3 for more information on these choices and how to exercise them

You have some choices in the way we use and share information as we:

- Tell family, caregivers, and others interested in your care and about your condition

Our Uses and Disclosures

> See page 4 for more information on these uses and disclosures

We may use and share your information as we:

- Treat you
- Run our organization. (This includes (if applicable to you) obtaining permission from your child's insurance company to provide school IEP services and coordinating & managing those services with school system staff.)
- Bill for your services
- Help with public health and safety issues
- Comply with the law.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.



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Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone or by email) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.



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Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the top of the page.
- You can 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/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or any other persons you identify involved in your care



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Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you or who have referred you to us for services.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill & get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

- We can share health information about you in response to a legal order from a court or administrative order, or in response to a subpoena.



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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

Effective Date of Notice: July 24, 2020

Other Instructions for Notice

Your child's public school system may have approved an Individualized Education Program (IEP) for your child that includes speech, occupational, and/or physical therapy services. If your child receives such IEP-related services, we will use or disclose your child's information and patient file to school system staff, including the school's Special Education Department. We provide this information to: (1) help the school system manage the services we provide to children with IEPs, and (2) inform the school system and Special Education Department staff of your child's evaluation results, therapy, progress in therapy, and progress toward meeting your child's IEP goals.