

## Notice of Privacy Practices

Effective date: 04/01/2022

Revised date: 02/16/2026

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE DESCRIBES YOUR RIGHTS WITH RESPECT TO YOUR INFORMATION AND NOTIFIES YOU HOW TO FILE A COMPLAINT. PLEASE REVIEW IT CAREFULLY.**

If you have questions about this notice, please contact the ETSU HIPAA Compliance Office at (423) 439-8533 or toll-free at (800) 833-1186 or via email at [hipaa@etsu.edu](mailto:hipaa@etsu.edu).

**Who will follow this notice:** This notice applies to all departments, units, health care professionals, and others who may be involved directly or indirectly in your care at facilities operated by East Tennessee State University.

**Our responsibilities:** We understand that your health information is personal, and we are committed to protecting its privacy. We are required by law to:

- Maintain the privacy and security of your health information.
- Give you this notice of our legal duties and privacy practices regarding your health information.
- Notify you following a breach that compromises the privacy or security of your health information.
- Follow the terms of our Notice of Privacy Practices that are currently in effect.

**Changes to this notice:** We reserve the right to change this notice, and the revised or changed notice will be effective for health information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice at each ETSU facility. You may request a copy of the new notice be provided to you at any time.

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

**Right to request restrictions:** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or health care operations to persons involved in your care or payment. We are not required to agree to a request for restrictions, other than a request that we not disclose information to a health plan for payment or health care operations where the request relates only to a health care item or service for which we have been paid in full.

**Right to receive confidential communications:** You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you can ask that we contact you only by mail or only at work. Your request must be in writing and specify how or where you wish to be contacted and to what address we may send bills for payment for services provided to you. We will accommodate reasonable requests.

**Right to inspect and copy:** You have the right to request to inspect and obtain a copy of the health information that may be used to make decisions about your care or payment. You may also request that a copy of your health information be sent to a third party of your choice. Under certain circumstances, we

may deny your request. To inspect and obtain a copy of your health information, ask a member of our team. There may be reasonable fees for the costs of copying, mailing, or other supplies associated with your request.

**Right to amend:** If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information as long as it is maintained by ETSU. To request an amendment, your request must be made in writing and clearly identify the health information to be amended. Your request must also provide a reason that supports your request. Ask a member of our team how to submit a request. Under certain circumstances, we may deny your request. You will be informed of the decision regarding any request for amendment of your health information within 60 days, and, if we deny your request for amendment, we will provide you with information regarding your right to respond to that decision.

**Right to an accounting of disclosures:** You have the right to request a list of certain disclosures we make of your health insurance. To request a list of disclosures, you must submit your request in writing to the health care provider or facility. Your request must state a time period for which the accounting of disclosures is sought, which cannot be longer than six years prior to the date on which your request for accounting is made. We will include all disclosures except for treatment, payment, health care operations, and certain other disclosures.

**Right to a copy of this notice:** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time. You are entitled to receive a paper or electronic copy.

**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 reasonable efforts to ensure the person has this authority and can act for you before we take any action.

**How your health information may be used and disclosed without your authorization for the purposes of treatment, payment, and health care operations:**

- **Treatment:** We may use health information to treat you with health care services. For example, we may tell other health care providers that participate in your treatment about the care we provided. We generally will not disclose Substance Use Disorder records for treatment purposes without your consent, except in a medical emergency.
- **Payment:** We may use and disclose health information so that we or others may bill or receive payment from you, an insurance company, or a third party for the treatment and services provided to you. For example, we may disclose your health information to your health insurance company to obtain prior authorization for imaging or medication. We generally will not disclose Substance Use Disorder records for payment purposes without your consent.
- **Health care operations:** We may use and disclose health information for health care operations and administrative purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care, as well as for our operation and management purposes. For example, we may share health information with student trainees for learning purposes. We may also use and share your health information to remind you of an upcoming appointment. We generally will not disclose Substance Use Disorder records for health care operations purposes without your consent.

- **Health information exchange:** ETSU participates in one or more electronic health information exchanges. Through these health information exchanges, your information will be electronically available to other health care providers as well as other entities. These entities can access your ETSU health information for your treatment or other permitted purposes. If you have questions about ETSU's involvement in electronic health information exchanges, please ask a member of our team. We generally will not disclose Substance Use Disorder records through the health information exchange without your consent, except in a medical emergency.

**How your health information may be used and disclosed without your authorization for other permitted or required purposes:**

- **Facility directory:** Unless you ask us not to, we will use and disclose your name, location, and general condition in our facility directory.
- **Individuals involved in your care or payment for your care:** Unless you ask us not to, or we reasonably infer, based on professional judgment, that you do not object to the disclosure, we may disclose relevant health information to a family member, friend, or other person involved in your health care or who helps pay for your care. We may also disclose health information to a personal representative, who is a person who has legal authority to make health care decisions on your behalf. We generally will not disclose Substance Use Disorder records to a family member, friend, or other person involved in your medical care or payment without your consent.
- **Disaster relief:** In the event of a disaster, we may disclose relevant health information (except Substance Use Disorder records) to organizations assisting in a disaster relief effort so that your family can be notified of your condition and location.
- **Upon death:** In the event of your death, we may disclose relevant health information (except Substance Use Disorder records) to a family member, friend, or other person who was involved in your health care prior to your death. We may also share information (except Substance Use Disorder records) with a coroner/medical examiner as authorized by law to identify you or determine your cause of death, and to funeral directors to carry out their duties. Additionally, we may share your health information (except Substance Use Disorder records) with an organ donation bank or to facilitate organ or tissue donation and transplantation.
- **When required by applicable law:** We may use and disclose your health information when required by law (additional restrictions may apply to disclosures of Substance Use Disorder records).
- **Public health activities and purposes:** We may use and disclose your health information (except Substance Use Disorder records) for public health activities such as to prevent or control disease, injury or disability; to report births and deaths; to conduct public health surveillance, public health investigations, and public health interventions; to notify a person who may have been exposed or who may be at risk of spreading a disease; or reporting information to the Food and Drug Administration (FDA) if you experience an adverse reaction from any drugs, supplies, or equipment.
- **Workers' compensation:** We may use and disclose your health information (except Substance Use Disorder records) to workers' compensation or similar programs for work-related injuries or illness to the extent necessary to comply with the laws related to these programs.

- **Abuse, neglect or domestic violence:** We may use and disclose your health information to report suspected abuse, neglect, or domestic violence to an entity or agency authorized to receive such reports, consistent with applicable law.
- **Health oversight activities:** We may use and disclose your health information (except Substance Use Disorder records) to health oversight agencies for activities authorized by law.
- **Legal proceedings:** We may use and disclose your health information in response to a court or administrative order, subpoena, or other lawful process (except that a specialized type of court order generally is required before we will disclose Substance Use Disorder records).
- **Law enforcement:** We may use and disclose your health information (except Substance Use Disorder records) for law enforcement purposes including for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- **Research:** ETSU conducts research to improve the quality of life of people in our region and beyond. We may use and disclose your health information for research purposes as permitted by applicable law. ETSU has processes in place to protect patient safety, welfare, and confidentiality. In some instances, we may use your health information for research without your authorization, provided we get approval from a special review board.
- **Threat to health or safety:** We may use and disclose your health information (except Substance Use Disorder records) to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Military and national security:** We may disclose your health information (except Substance Use Disorder records) to the military if you are a member of the armed forces and we are authorized or required to do so by law. We may also disclose your health information (except Substance Use Disorder records) to authorized federal officials for intelligence, counterintelligence, or other national security activities, as well as to authorized federal officials so they may conduct special investigations or provide protection to the U.S. president or other authorized persons.
- **Correctional facilities:** We may use and disclose your health information (except Substance Use Disorder records) if you are an inmate to a correctional institution or other law enforcement official.
- **Business associates:** We may disclose health information to our business associates who perform functions on our behalf or provide us with services, if the information is necessary for such functions or services.

**How your health information may be used and disclosed with your authorization:**

Uses and disclosures of health information that are not discussed by this notice or otherwise permitted or required by law will only be made with your written permission. Your written authorization will typically be required for most uses and disclosures of psychotherapy notes, most uses and disclosures for marketing, and most arrangements involving the sale of health information. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. Your request to revoke your authorization must be sent to the facility you authorized to use or share your health information.

**Confidentiality of Substance Use Disorder records:** Certain ETSU facilities specialize in providing substance use disorder treatment. Federal law and regulations provide additional privacy protection to information about substance use disorder treatment generated by these programs (“Program”). Generally,

we may not identify that you receive services at a Program or disclose any information from a Program identifying you as receiving substance use disorder treatment unless:

1. You consent in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

The Program must obtain your consent for most uses and disclosures of your Substance Use Disorder records, including those for treatment, payment, or health care operations. For example, the Program must obtain your consent to disclose your Substance Use Disorder records to your primary care provider and to your insurance company. The Program will ask that you provide a single consent for all future uses or disclosures of your Substance Use Disorder records for treatment, payment, and health care operations purposes. The Program may only make uses and disclosures of your Substance Use Disorder records that are not listed in this notice with your written consent. You may revoke your consent in writing at any time, except to the extent that the Program or a recipient of your Substance Use Disorder records has already acted in reliance on your consent. Your request to revoke your consent must be sent to the ETSU HIPAA Compliance Office via postal mail at PO Box 70285, Johnson City, TN 37614 or via email at [hipaa@etsu.edu](mailto:hipaa@etsu.edu).

Violation of the federal law and regulations governing the confidentiality of substance use disorder treatment records is a crime. Suspected violations may be reported to: U.S. Attorney for the Eastern District of Tennessee, 800 Market Street, Suite 211, Knoxville, TN 37902 or, for opioid treatment programs, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857, (240) 276-1660.

Federal law and regulations governing the Substance Use Disorder records do not protect:

- Any information about a crime committed by a patient either at the treatment program or against any person who works for the program.
- Any information about suspected child abuse or neglect from being reported under state law to appropriate authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations governing the privacy of substance use disorder treatment records.)

**Further restrictions on Substance Use Disorder records:** Substance Use Disorder records, or testimony relaying the content of such records, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in the federal law governing confidentiality of substance use disorder records at 42 C.F.R. part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Substance Use Disorder records that are disclosed to another Program governed by 42 C.F.R. Part 2 or to a HIPAA Covered Entity or Business Associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by the recipient (including ETSU), without your written consent, to the extent HIPAA permits such a disclosure.

**Use of unsecure electronic communications:** If you choose to communicate with ETSU or any of your ETSU providers via unsecure electronic communication, such as regular email, we may respond to you in the same manner in which the communication was received and to the same email address from which you sent your original communication. Please remember, there are risks of using the internet to communicate about your health information. These risks may include interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks.

**Fundraising activities:** We may contact you to provide information about ETSU-sponsored activities, including fundraising programs and events to support research, education, or patient care at ETSU. For this purpose, we may use your contact information, such as your name, address, phone number, and the department from which you received treatment or services at ETSU. If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an “opt-out”. For ETSU facilities covered by 42 CFR Part 2, you will be provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

#### **Nondiscrimination Notice**

ETSU complies with federal civil rights laws and does not discriminate on the basis of race, color or ethnicity; sex, sexual orientation, gender, gender identity, or gender expression; national origin, marital or parental status, religion, age, disability, veteran's status, and/or genetic information.

If you believe that ETSU has failed to provide required services or discriminated on the basis of race, color or ethnicity; sex, sexual orientation, gender, gender identity, or gender expression; national origin, marital or parental status, religion, age, disability, veteran's status, and/or genetic information, you can file a grievance by calling (423) 439-8545 or via email at [compliance@etsu.edu](mailto:compliance@etsu.edu).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
toll-free (800) 368-1019 or TDD toll-free (800) 537-7697  
Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

#### **No Retaliation**

You will not be penalized or retaliated against for filing a complaint.

#### **Language Assistance Services**

ETSU provides language assistance services to individuals with limited English proficiency, and other auxiliary aids and services to individuals with disabilities, free of charge for patients. To request language assistance services or auxiliary aids or services, please speak to a member of our team.

## American Sign Language

ATTENTION: If you speak American Sign Language, language assistance and services are available to you free of charge. You may ask a team member for assistance.

## Español (Spanish)

ATENCION: Si habla español, los servicios de asistencia idiomática están disponible para usted de forma gratuita. Puede pedir ayuda a uno de nuestros empleados.

## العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية ، والمساعدة اللغوية والخدمات متوافرة لك مجاناً يمكننا اطلب من أحد أعضاء الفريق المساعدة.

## 繁體中文 (Chinese)

注意：如果您说中文，语言帮助和服务免费提供给您。你可以向团队成员寻求帮助。

## Tiếng Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ và hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Bạn có thể yêu cầu một thành viên trong nhóm để được hỗ trợ.

## 한국어 (Korean)

주의: 한국어 지원 및 서비스를 사용하는 경우 무료로 이용하실 수 있습니다. 당신은 할 수 있다 팀원에게 도움을 요청하십시오.

## Français (French)

ATTENTION: Si vous parlez français, assistance et services linguistiques sont à votre disposition gratuitement. Vous pouvez demander de l'aide à un membre de l'équipe.

## ລາວ (Lao)

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າລາວ, ການຊ່ວຍເຫຼືອທາງພາສາແລະການບໍລິການມີໃຫ້ທ່ານໂຄດລົ່ມບໍ່ເສຍຄ່າ. ເຈົ້າອາດຈະ ຂໍໃຫ້ສະມາຊີກທີມງານສໍານັບການຊ່ວຍເຫຼືອ.

## አማርኛ (Amharic)

ክናይሩት: አማርኛ የሚኖሩ ከሆነ የአማርኛ እርዳታ እና አገልግሎቶች  
በላይ ይገኛል:: ትቃላይ ለእርዳታ የበድና አገል ይጠየቂ.

## Deutsch (German)

**ACHTUNG:** Wenn Sie Deutsch sprechen, Sprachhilfe und Dienstleistungen stehen Ihnen kostenlos zur Verfügung. Du darfst bitten Sie ein Teammitglied um Hilfe.

### **ગુજરાતી (Gujarati)**

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાય અને સેવાઓ તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે. તમે કરી શકો છો ટીમના સભ્યને મદદ માટે પૂછો.

### **日本語 (Japanese)**

注意：日本語を話す場合は、言語支援とサービス  
無料でご利用いただけます。 とてもいいです  
チームメンバーに支援を求めます。

### **Tagalog (Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, tulong sa wika at mga serbisyo ay magagamit sa iyo nang walang bayad. Maaari mong humingi ng tulong sa isang miyembro ng pangkat.

### **हिंदी (Hindi)**

ध્યાન દેં: યदિ આપ હિંદી બોલતે હોય, તો ભાષા સહાયતા ઔર સેવાએ આપકે લિએ નિઃશુલ્ક ઉપલબ્ધ હોય।  
આપ કર સકતે હોય સહાયતા કે લિએ ટીમ કે સદસ્ય સે પૂછો।

### **Русский (Russian)**

**ВНИМАНИЕ:** Если вы говорите по-русски, языковая помощь и услуги доступны для вас бесплатно. Вы можете обратиться за помощью к члену команды.

### **فارسی (Persian)**

خدمات و زبان کمک، کنید می صحبت فارسی اگر: توجه  
است ممکن شما. گیرند می قرار شما اختیار در رایگان صورت به  
بخواهید کمک تیم اعضای از بکی از