

## Your Other Rights

### Requests

Remember! Requests must always be in writing. Be clear in your questions. Be sure to write your name and social security number on your letter. Keep a copy for your records. Send your letter to:

Division of Mental Retardation Services,  
Privacy Officer  
Andrew Jackson Building, 15th floor  
500 Deaderick Street  
Nashville, Tennessee 37243

If you have questions or need help making your request, call the DMRS office at 1-800-535-9725 and ask for the Privacy Officer.

### Questions or Complaints

DMRS listens and treats everyone fairly. No one is treated in a different way because of race, birthplace, language, sex, age or disability. You will not be punished if you complain or need help.

Do you have questions? Do you think that your privacy rights have been violated? If you have a question or a complaint, you can contact one of the following offices:

Division of Mental Retardation Services,  
Privacy Officer  
Andrew Jackson Building, 15th Floor  
500 Deaderick Street  
Nashville, Tennessee 37243  
1-800-535-9725 (Phone)  
1-615-532-9940 (Fax)

U.S. Department of Health and Human Services  
Office of Civil Rights  
Atlanta Federal Center  
61 Forsyth Street, SW, Suite 3B70  
Atlanta, Georgia 30323-8909  
1-404-562-7886 (Phone)  
1-404-331-2867 (TDD)  
1-404-532-7881 (Fax)



Tennessee Department of Finance and Administration.  
Authorization No. 344010, 25,000 copies, September 2007. This  
public document was promulgated at a cost of \$.08 per copy.

Division of Mental Retardation Services  
Andrew Jackson Building, 15th Floor  
500 Deaderick Street  
Nashville, Tennessee 37243

# PRIVACY PRACTICES

Division of  
Mental Retardation Services

## - NOTICE -

This notice describes how  
medical information about  
you may be used and  
disclosed, and how you can  
get access to that information

*Please read carefully!*

TENNESSEE  
**DMRS**  
*All About People*  
www.state.tn.us/dmrs

## Your Health Facts Are Private

Protected Health Information (PHI) is information used to identify you and to record your health history. It includes facts about the services you receive from the Division of Mental Retardation Services (DMRS) and our providers.

We know you value the privacy of this information and federal law says we must keep facts about your health private. Everyone who works with us and for us must follow this law, which has been enforced since April 14, 2003. It also says we must give you this notice.

There are rules that we must follow to keep facts about your health private. These rules can change and if there are changes, we will tell you.

## The Kind of Health Facts We Have About You

When you applied for services with DMRS, you gave us certain facts about yourself, such as your name and where you live. We also have facts like:

- Your health services and supports
- Eligibility information supporting your request for services
- The Individual Support Plan which describes your services and supports
- Medical notes or records from your doctor, drugstore, hospital or therapist
- Lists of illnesses you have had or presently have
- Lists of medicines you have taken or presently take

We must share your health facts to provide services and supports to you. We share this information with providers.

When you applied for services, you did not give your permission for us to share your health facts with everyone all the time. This means that sometimes we will need your written permission to share the information.

## How We Use Your Health Facts

When we need your permission, we must ask for it on a form. We call this an *Authorization for the Release of Protected Health Information* form. You can take back your permission on that form at any time. If you want to cancel your permission, you must tell us in writing.

If you have given us permission to share your health information and we have done it, we can not take it back.

## We Follow the Law in Sharing Your Health Facts

We share facts about your health so you can receive the services you need. The privacy rules let us share your information for your care in order to pay for your services and to run our program. Other reasons we share your information are:

- To make sure you get the services you need
- To monitor your service to be sure that you get quality services
- To get payment to your service provider
- To provide information to the Bureau of TennCare
- To help if anyone's health or safety is in danger
- To report cases of abuse or neglect

## With Whom Can We Share Your Facts?

- You
- Persons involved in your care that you have given permission to receive the information (family, guardians, conservators or others who assist with your care)
- Health care providers (doctors, therapists and hospitals)
- A court when the law says we must, or when we are ordered to do so. If you file a service appeal, we share facts about you in that process.
- Law enforcement or for certain legal reasons
- Government agencies, like TennCare, which are involved in providing your supports
- Coroners, medical examiners, funeral directors and organ donor associations

## Your Rights in Sharing Your Confidential Health Record

Once again, when you give us permission to share your information, you can cancel that permission, but you must tell us in writing. Remember, we can not take back facts we have already shared.

You can see and get copies of your records. You must ask in writing to do so. You may have to pay the cost of copying or mailing your copies. We may deny your request in certain circumstances, and if we do, we will tell you the reason.

- Ask us in writing for a new copy of our privacy practices notice at any time.
- Ask us in writing not to put your health facts in certain records.
- Ask us in writing to change health facts that are wrong. If we can not make the changes we will send you a letter giving the reason.
- Ask us in writing to keep our communication with you regarding your health care facts/record confidential.
- Ask us in writing to contact you in a different way or place. If writing or talking to you in one place puts you in danger, TELL US.
- Ask us in writing for a list of whom we have shared your health facts. The list will include everyone since April 14, 2003.
- Ask us in writing to restrict or limit the health facts we share.

When you have given us permission to share your information, the privacy rules say that we do not have to give you a list of who received that information when it is used for the following reasons:

- To help you obtain health care and services
- To help with payment for your care
- To run our program
- To give to law enforcement