



***Thank you for choosing Sullivan Digestive Center to serve your gastroenterology needs. It is our goal to prepare you for your visit with us to ensure that we deliver to you the best care possible.***

**Clinic Office Hours:**

The office is open Monday through Thursday from 8am until 4 pm and Fridays from 8 am until 2 pm

**Location:**

We are located at 2204 Pavilion Dr. Suite 108, Kingsport, TN behind Indian Path Hospital.

**Appointments and Referrals:**

- Your appointment has been scheduled. Please remember that some insurance companies require a referral or prior authorization from your primary care provider. Unfortunately, we cannot see you without a valid referral, so please check with your insurance company or primary care provider to see if a referral is required.
- We unfortunately are unable to accept walk-ins, however if your PCP feels that you require urgent GI care, we will make every effort to accommodate that request. If you have a question for our nurses regarding your prep or procedure, please call the office and we will have a nurse to call you back as soon as possible. Please obtain all prescriptions and refills at your office visit.

**On the day of your visit, please bring the following information with you:**

- Insurance card or proof of insurance – if you do not bring this with you, you will be considered as self pay and be responsible for all payments.
- A photo identification
- Completed and signed new patient forms
- Medications or a complete medication list.
- Living will or durable power of attorney documents if applicable - Our office can provide information for those patients that have questions regarding advanced directives.

**What to expect:**

- You will be scheduled an appointment with one of our providers prior to having any procedures scheduled.
- A brief history and physical will be performed at this office visit.
- Your provider will discuss with you the risks and benefits of any treatment options or procedures.
- If it is determined you need a procedure, one of our clinical specialists will provide you with written instructions and discuss with you how to prepare for your procedure.



## Common Procedures performed at Sullivan Digestive Center:

- **Colonoscopy**- Colonoscopy is the most accurate and commonly performed procedure used in the prevention and detection of colon cancer. It may also be used to diagnose unexplained changes in bowel habits, rectal bleeding, abdominal pain and other gastrointestinal concerns. The procedure is performed using an instrument called a colonoscope (a flexible, narrow tube, introduced into the rectum and advanced through the colon). If polyps or suspicious tissue are found, biopsies may be taken, or the tissue may be removed and sent to a pathologist. Removal of colon polyps is important in preventing colorectal cancer and should cause no discomfort for you during the procedure.
- **Upper Endoscopy** – Upper endoscopy is performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, difficulty swallowing or heartburn. It is more accurate than X-rays for detecting inflammation, ulcers or tumors of the esophagus, stomach and duodenum. A flexible, lighted tube about the thickness of your little finger is placed through your mouth and into the stomach and duodenum. Biopsies may be taken, or tissue may be removed and sent to a pathologist.
- **Esophageal Dilatation** – A procedure performed during upper endoscopy to dilate or stretch a narrowing or ring in the esophagus.
- **Ablation of Barrett's Esophagus** – Barrett's Esophagus is a condition found in many patients and refers to an abnormal change in the cells in the lower end of the esophagus thought to be caused by damage from chronic acid exposure or reflux. It is considered a pre-malignant condition and is associated with an increased risk of esophageal cancer. Ablation, which is performed during endoscopy, burns the abnormal cells in the lining of the esophagus preventing or slowing down the progression of abnormal cell growth.
- **PEG Tube Placement/change** – Gastrostomy feeding tube placement is where a feeding tube is placed through the abdominal wall, directly into the stomach, bypassing the mouth and esophagus. This procedure is for patients that cannot swallow or use the oral/esophagus route for food intake.

## Scheduling your procedure:

- After your office visit, you will be directed to our checkout window to schedule your procedure where you'll be provided with available dates and times on which to schedule your procedure. Additionally, good faith estimates shall be made available in writing to any patient upon request. These estimates shall provide you with estimates of all costs associated with the procedure that is being ordered. Payment plans are available.

## Lab work:

- It is common for our practitioners to order recent labs on our patients. After you have checked out at the checkout window, you will be directed to the Quest Diagnostics lab draw station here in our facility. The lab is owned by Quest Diagnostics Laboratories, and **you will receive a bill from Quest Diagnostics Laboratories** for any lab drawn. If you are aware that your insurance requires your lab work to go to a specific lab, please make the person drawing your labs aware of this information. **You also have the right to have your labs drawn elsewhere if you choose.** If you have any billing questions related to your lab services you will need to contact Quest Diagnostics. After you have had your labs drawn, you will be free to leave. Results will either be mailed to you or discussed at your next office visit.

## Transportation to your procedure:

- Due to the fact that you will be sedated for your procedure, **you must bring a responsible adult to drive you home after your procedure.**
- Taxis or other forms of public transportation are acceptable **ONLY** if you have a responsible **ADULT** to accompany you while using these modes of transportation.
- **ARRIVING FOR YOUR PROCEDURE WITHOUT A RESPONSIBLE ADULT TO ACCOMPANY YOU HOME WILL RESULT IN CANCELLATION/RESCHEDULING OF YOUR PROCEDURE.**



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### Family or friends:

- **Those accompanying you shall be required to come into our facility upon arrival to sign acknowledgement that they will be driving you home.** After signing the acknowledgement, your driver may wait in our waiting room, in their vehicle, or in the main lobby of the building.
- We request that the accompanying party **does not leave** the facility campus while their family member is having their procedure. While we pride ourselves on our safety record, there is always a chance that an unexpected event could occur which may require further medical treatment. Someone must be available for medical staff to speak with regarding your care.

### On the day of your procedure:

- Please follow all directions on the prep sheets that were given to you at your office visit.
- Please **do not** bring any medications with you unless you are instructed to do so by a nurse. **Sullivan Digestive Center is not responsible for medications that may be lost or stolen.**
- Please **do not** wear any jewelry. **Sullivan Digestive Center is not responsible for any personal items that may be lost or stolen.**
- Please wear comfortable clothing. Avoid wearing any clothing that fits tightly as bloating is expected after most procedures.
- Any items such as dentures, glasses or hearing aids will be placed under your stretcher prior to your procedure.
- With the admitting process, the procedure, and the recovery period, be prepared to stay for 2 – 4 hours. Your procedure time depends on the type of procedure and the amount of sedation you receive. We make every attempt to stay on a schedule, however, at times some patients may require more time and care. Your patience is greatly appreciated, and our staff will see that everyone receives the care and attention they need.

### Prior to your procedure:

- You will be escorted to our Intake department by nursing staff who will obtain vital signs and conduct a brief interview with you to ensure that you have encountered no significant changes in your health since your last visit to our office, confirm that your medical history, medication use and allergies are current; as well as, ask you about personal affects you have with you.
- You will then be taken to the Endoscopy Center Prep Department where you will again be questioned regarding medical conditions, personal effects and medication use, as well as being provided with your own private prep room, which features an adjustable height hydraulic stretcher, personal restroom, in-room TV, and heat lamps for your comfort. Here, you will change into a gown, and we will begin administering IV fluids, any prophylactic antibiotics ordered and breathing treatments if indicated, in preparation for your procedure.
- Your anesthesia provider will speak with you and perform a pre-anesthesia evaluation to determine your anesthesia needs. Your physician will also speak with you, answer any questions you have, perform a pre-procedure assessment, and confirm that nothing has changed with your health since you were last here.

### Anesthesia:

You will also be evaluated prior to your procedure by a qualified Certified Registered Nurse Anesthetists (CRNAs) who will be administering your anesthesia. They will develop an anesthesia plan and determine which type of anesthesia is best for you based upon your past medical and anesthesia history, as well as your current health status.

- To avoid risk of over-sedation or other possible adverse reactions, **it is very important that you disclose all medication use to anesthesia staff so that they may safely provide your sedation.**
- The CRNAs who administer your anesthesia are provided by Tennessee Anesthesiology, LLC. **You will receive a bill from Tennessee Anesthesiology LLC for your anesthesia services.**



### **After your procedure:**

- You will be taken to our recovery room where your vital signs will be monitored, and you will be allowed to recover from the sedation.
- You will be given something to drink and your IV will be removed.
- Qualified Nursing Staff will be going over your discharge instructions, give you any prescriptions written by your physician and answer any further questions you may have.
- **If you have any biopsies performed during your procedure, you can be scheduled for a follow-up office visit with a healthcare provider to answer any questions or concerns that you may have regarding your test results, otherwise we will contact you in 7 to 10 days with your pathology results.**
- A nurse will assist you in getting dressed and you will be transported to your car via wheelchair, at which time, **your driver or responsible party shall be required to again, sign acknowledgement**, that they are assuming responsibility for your safe transport home.
- A nurse will call you after you arrive home to ensure you are resting comfortably and having no problems.

### **Emergency Care:**

- If you experience any problems or concerns, please contact our office during normal business hours. If you have an urgent problem that cannot wait until regular office hours, please call Indian Path Hospital at 423-857-7000 and request to speak with Dr. Michael Sullivan's office. **If at any point, you feel that your need is emergent, please call 911 immediately or go to your nearest emergency department.** Non-emergent calls will not be addressed during non-business hours.

### **Medication Refills/ Prior Approval:**

- Please seek any necessary refills at your office visits. No refills will be called in unless emergent.
- Unfortunately, some medications require prior approval from your insurance carrier. We will attempt to obtain this for you; however, some prior approvals are denied the first time and require a letter of medical necessity be sent. This process may take up to 7 to 10 days depending upon call volume. We will contact you and your pharmacy as soon as approval is obtained.
- As we specialize in the practice of gastroenterology, our practitioners do not treat chronic pain or anxiety. You are to see your primary care providers for any pain or anxiety medications you may require.

### **Can't Keep Your Appointment? :**

- We request 24-hour notice if you are unable to keep your appointment. We understand that scheduling conflicts occur from time to time, however, three or more missed appointments may result in dismissal from our practice. Your understanding and cooperation help us to provide available appointments for patients who urgently need them.

### **Medical Record Request/Form Completion:**

- During your treatment with our facility you may require FMLA forms, disability forms etc. to be completed. If you request a copy of your medical records, there will be a \$20.00 charge. We can mail these records to your home address, or you can pick them up at our office.



*Providing the personal care, you deserve since 1984...Sullivan Digestive Center.*

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| <b>Medical Group</b>                             | Dr. Michael Sullivan started this medical practice in 1984, safely performing over 50,000 colonoscopies since its inception. Board Certified by the American Board of Internal Medicine in the specialty of Gastroenterology, Dr. Sullivan serves as Medical Director of Sullivan Digestive Center and as Supervising Physician to our Nurse Practitioners. Billing invoices from Sullivan and Partners are for the professional medical services rendered by all healthcare providers in our practice with the exception of anesthesia services.  |
| <i>Sullivan &amp; Partners</i>                   |  |
| <b>Blood Drawing</b>                             | For the convenience of our patients, we have a lab draw station in our office, so you do not have to travel to an outside laboratory or the hospital to have lab work performed. If you are aware that your insurance requires your lab work to go to a specific lab, or you prefer to have your lab work performed by a different laboratory, or at your PCP office, please make your nurse aware of this information so that we will know who to contact if your lab results fail to be sent to our office. You will receive a bill from Quest Diagnostics Laboratories for any labs drawn here.   |
| <i>Quest Diagnostics Laboratory Draw Station</i> |  |
| <b>Facility</b>                                  | Sullivan Digestive Center is our Ambulatory Surgery Treatment Center which is licensed by the State of Tennessee Board of Healthcare Facilities; Certified by the Centers for Medicare and Medicaid; and Accredited by the Accreditation Association of Ambulatory Health Care. Just like hospitals, patients having procedures in our facility are billed by Sullivan Digestive Center for use of the facility, nursing staff, surgical equipment and supplies, however, you will find our facility fees are much lower than any hospital facility fees.  |
| <i>Sullivan Digestive Center</i>                 |  |
| <b>Pathology</b>                                 | Our in-house, state-of-the-art laboratory was established to ensure that your pathology specimens are processed accurately, as well as, drastically reduce turnaround time on getting your results. James W. Denham, M.D., Medical Director of Sullivan & Partners Laboratory is Board Certified by the American Board of Pathology in Anatomic and Clinical Pathology, and our Laboratory is licensed by the TN Department of Health. Pathology fees for biopsies performed during your procedure will be billed through Sullivan & Partners <b>unless</b> your insurance requires that your pathology specimen be shipped to a national laboratory for processing. |
| <i>Sullivan &amp; Partners Laboratory</i>        |  |
| <b>Anesthesiology</b>                            | Our contracted anesthesia service provides Certified Registered Nurse Anesthetists to perform pre-anesthesia assessments, administer MAC anesthesia/deep sedation and perform post anesthesia evaluations to patients undergoing procedures in our facility. Billing invoices from Tennessee Anesthesiology, LLC are for all services provided by the anesthesia team.   |
| <i>Tennessee Anesthesiology LLC</i>              |  |

## DISCLOSURE OF OWNERSHIP

Pursuant to Tenn. Code Ann. § 63-6-502 (2017) Physicians' Conflict of Interest Disclosure Act of 1991

| Business Entity  | Business Address                                      | Business Type             | Ownership Interest  |
|--|---|---------------------------|---|
| Endoscopy Center of Kingsport<br>d/b/a Sullivan Digestive Center | 2204 Pavilion Drive, Suite 108<br>Kingsport, TN 37660 | Corporation<br>For Profit | Michael J. Sullivan, M.D. <b>100%</b>   |
| Tennessee Anesthesiology   | 2204 Pavilion Drive, Suite 105<br>Kingsport, TN 37660 | LLC-For Profit            | Michael J. Sullivan, M.D. <b>100%</b>   |
| Sullivan & Partners<br>Sullivan & Partners Laboratory            | 2204 Pavilion Drive, Suite 105<br>Kingsport, TN 37660 | Partnership               | Michael J. Sullivan, M.D. <b>99%</b><br>Endoscopy Center of Kingsport <b>1%</b> |

**Any questions regarding ownership may be directed in writing to: Administration - Sullivan Digestive Center  
2204 Pavilion Drive, Suite 108 - Kingsport, TN 37660**



## PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

### While you're a patient in our facility, you should expect and have the right to...

- ❖ Be treated with courtesy and respect of your dignity, personal values, beliefs, spiritual, psycho-social and cultural needs at all times.
- ❖ Be provided with appropriate privacy in all aspects of your care, including physical, verbal and written interactions and communications.
- ❖ Personal privacy concerning your own medical care program. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly.
- ❖ Have and provide advanced directives; or if legally competent, appoint a legal representative or surrogate, in accordance with State law, to exercise your rights on your behalf in the event you, the patient, becomes physically unresponsive or mentally incapacitated
- ❖ At any time, you or your legally appointed representative or surrogate, may request a copy of Sullivan Digestive Center's Notice of Privacy Practices, which outlines: 1) restrictions to disclosure of your medical record; 2) an accounting of disclosures; and 3) an amendment to, inspection and/or copy of your medical record.
- ❖ Receive care in a safe setting that is free from all forms of abuse, neglect, or harassment.
- ❖ Be given the name and credentials of your attending practitioners, all other practitioners directly participating in your care, and the names and titles of all ancillary staff directly contacted. You also have the right to change your provider if other qualified providers are available.
- ❖ Be provided in writing the names of those with financial interest and/or ownership in this facility
- ❖ Be free from discrimination or reprisal, and access medical care and treatment regardless of age, race, color, ethnicity/national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.
- ❖ You, and/or your legally appointed representative or surrogate, have the right to be informed of your rights and responsibilities as a patient receiving health care in our facility, as well as expectations of patient conduct.
- ❖ You, and/or your legally appointed representative or surrogate, have the right to be informed of Sullivan Digestive Center's policies and practices that relate to your care, treatment and responsibilities
- ❖ You, and/or your legally appointed representative or surrogate, have the right to receive full information, in layman's terms, concerning diagnosis, evaluation, treatment and prognosis, including information about procedures and expected outcomes; alternative treatments and possible complications, before the procedure is performed. When it is not medically advisable to give the information to the patient, the information shall be given on their behalf to the person designated by the patient or to a legally authorized person
- ❖ You, and/or your legally appointed representative or surrogate, have the right to receive information provided in a manner tailored to meet your needs with respect to age, language, ability to understand, vision, speech or hearing impairment, or other cognitive impairments.
- ❖ Participate in decisions involving your health care, make informed decisions about plan of care prior to and during the course of treatment.
- ❖ Refuse a recommended treatment plan, medication, or procedure except when such participation is legally or medically contraindicated.
- ❖ Be informed of the risk and consequences of refusing medical care.
- ❖ Consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. Declining to participate will still entitle you to the most effective care that Sullivan Digestive Center can otherwise provide.
- ❖ Expect that the staff and providers of Sullivan Digestive Center will provide necessary and competent health care services to the best of their ability and capability during their hours of operation.
- ❖ Know that after-hours or emergent care shall be accessible 24-7 via on-call provider and Indian Path Medical Center Emergency Dept.
- ❖ Expect emergency procedures to be implemented without unnecessary delay, however in the event more acute care becomes necessary, an emergency transfer may be recommended. Prior to transfer, the responsible person shall be notified, as well as, the hospital and receiving physician to which the patient's care is to be transferred.
- ❖ Know what patient support services are available including support groups, referrals and financial services.
- ❖ Receive in writing, upon request and prior to treatment, a good faith estimate of all costs associated with your planned procedure, available payment plans and all financial policies. Receive, upon request, a copy of an itemized bill and an explanation of your charges.

### While you're a patient at Sullivan Digestive Center, it's your responsibility to:

- ❖ Provide accurate and complete information regarding your health to the best of your knowledge, including past illnesses, hospitalizations, prescription medications, over-the-counter medications, dietary supplements such as vitamins and herbal medications, allergies or negative reactions experienced with medication in the past, and any other matters related to your health care status.
- ❖ Participate effectively in the decision-making process and accept responsibility for requesting additional information or clarification about your health status, treatment, medications, or plan of care when you don't fully understand.
- ❖ Effectively communicate to providers & support staff concerns or unexpected changes in your condition, so they can be immediately addressed.
- ❖ Keep appointments or telephone the Center in a timely manner when you cannot keep a scheduled appointment.
- ❖ Inform your caregiver(s) if you anticipate any problems in following the prescribed treatment or keeping your appointments.
- ❖ Understand that you're responsible for your outcome if you choose not to follow your physician's recommendations and that there may be health-related consequences for your personal decisions and lifestyle.
- ❖ Identify someone who can take charge of your care if at any time you become unable to speak for yourself. This can be a family member or friend who, in such a case, will become your health care surrogate.
- ❖ Provide a responsible adult to transport, or accompany you in transport, to your home and provide 24 hr post-procedure care if necessary.
- ❖ Identify those individuals who are authorized to receive reports and test results. No information will be given to anyone who has not been authorized to receive information unless it is necessary for continued or emergency care by another provider.
- ❖ Provide a copy of your Advance Directive, if you have one, to your caregiver.
- ❖ Follow instructions, policies and rules of Sullivan Digestive Center to support quality care for patients and a safe environment for everyone.
- ❖ Support mutual consideration and respect by maintaining civil language and conduct in interactions with caregivers and other staff.
- ❖ Accept personal financial responsibility for any charges not covered by your insurance and ask any questions you have regarding your bill.
- ❖ Meet your financial commitment by providing the necessary information for insurance claims, and work with Sullivan Digestive Center to make arrangements for payment when necessary.

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## SULLIVAN DIGESTIVE CENTER

### NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is being provided in accordance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-91 and related regulations (45 CFR Parts 160, 162, and 164) ("HIPPA") and the Health Information Technology for Economic and Clinical Health Act of 2009, Title XIII of the American Recovery and Reinvestment Act of 2009, Public Law 111-005 ("HITECH"), including all applicable rules and regulations issued by the U.S. Department of Health and Human Services ("HHS"). Our office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include reports documenting your symptoms, examination and test results, diagnoses and treatment, and plans for future treatment. It also includes billing documents for those services.

Example of uses of your health information for treatment purposes are:

- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of uses of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company or business associate helping us obtain payment may request information from us regarding your medical care. We will provide information to them about you and your treatment.

Example of uses of your health information for health care operations:

- We may obtain services from business associates such as quality assessment, quality improvement, outcome, evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such business associates as necessary to obtain these services.

#### Your Health Information Rights

The health and billing records we maintain are the physical property of the doctor's office. You have the following rights with respect to your Protected Health Information

- Request a reasonable restriction on certain uses and disclosures of your health information by completing the required form provided by our office - we are not required to grant the request but we will comply with any granted request;
- **Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by mailing a request at our office;**
- Right to inspect and/or obtain a copy of your health record and billing record (fees may apply) - you may exercise this right by delivering the request in writing to our office using the form provided by our office upon request; you may appeal a "denial of access" to your protected health information except in certain circumstances;
- Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other health care provider is not required to make such amendments); you may file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Right to receive an accounting of disclosures of your health information (which is required to be maintained by law) by delivering a written request to our office using the form we provided to you upon your request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Right to confidential communication by requesting that communications of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon your request; and, if you want to exercise any of the above rights, please contact the Privacy Officer at 423-392-6100, 2204 Pavilion Drive, Suite 108, Kingsport, TN 37660 in person or in writing, during normal hours.

### Our Responsibilities

Our office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you access to this Notice of Privacy Practices;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information to you;
- Accommodate your request for an accounting of disclosures.

We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a copy of the Notice by calling with a request or by visiting our office and picking up a copy.

### *To Request Additional Information or Report a Problem*

If you have questions and would like additional information, you may contact the practice's Privacy Officer, at 423-392-6100.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the regional OCR is listed below:

### *Office for Civil Rights*

Attn: Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909, Voice Phone (404)562-7886,  
FAX (404)562-7881, TDD (404)331-2867

### *A List of other Uses and Disclosures Allowed by the Privacy Rule*

#### **Patient Contact:**

We may contact you by phone/mail to provide appointment reminders, test results, information about treatment alternatives, or information about other health-related benefits and services that may be of interest to you. We may contact you as part of a fund raising effort.

#### **Notification - Opportunity to Agree or Object:**

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person participating in your care, about your location and your general condition.

**Communication with Family** - Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in the payment for such care, if you do not object or in the case of an emergency.

We may use and disclose your protected health information to assist in disaster relief efforts.

**Opportunity to Agree or Object Not Required for:** Public Health Activities; Oversight Agencies; Judicial/Administrative Proceedings; Law Enforcement; Coroners, Medical Examiners and Funeral Directors; Organ Procurement Organizations; Research (approved); Threat to Health and Safety; For specialized Government Functions; Correctional Institutions; Workers Compensation

### *Other Uses and Disclosures*

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law, or with your written authorization (which you may revoke except to the extent information or action has already been taken).



**Sullivan Digestive Center  
Patient Grievance Policy**

If you are a patient or a visitor of Sullivan Digestive Center and you have a grievance, you may request to speak directly to a Department Supervisor or the Administrator at the time of your visit.

Or

You may request a Patient Grievance Form to complete and send to:

**Sullivan Digestive Center  
Attn: Administrator  
2204 Pavilion Drive, Suite 108  
Kingsport, TN 37660**

After a grievance has been filed and investigation completed, you will be provided with a written notice of the grievance determination that contains the name of the facility contact person, the steps taken on your behalf to investigate the grievance completion date. All grievances should be completed with resolution and response within two weeks of grievance filing date.