

# NOTICE OF PRIVACY PRACTICES

**Healogics**

**Effective date of this Notice: July 24, 2018**

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

HEALOGICS' affiliated covered entities are committed to protecting the privacy and safeguarding the security of your protected health information. When you receive services from HEALOGICS we record information that identifies you and that relates to your medical condition, services that are provided to you, and information required for payment purposes. This information is called Protected Health Information ("PHI"). We are required to maintain the privacy and security of your PHI, to advise you of our legal duties and privacy practices regarding PHI, and to notify you if a breach of your PHI occurs.

## **How We May Use or Disclose Your PHI**

We may use or disclose your PHI verbally, on paper, or electronically as allowed by state and federal law. Examples of how we may use and disclose your PHI include:

- 1. Treatment.** We may use and disclose your PHI to provide you medical care and services. For instance, we may disclose your PHI to your other treating physicians to coordinate your health care and related services.
- 2. Payment.** We may use and disclose your PHI as necessary for activities relating to payment for health care services rendered to you. For instance, we may disclose your PHI to your health insurance company to obtain payment. We may also disclose your PHI for verification of benefits.
- 3. Health Care Operations.** We may use and disclose your PHI for our health care operations. These uses and disclosures allow us to continually improve the quality of your care. For example, we may use and disclose your PHI to review our treatment and services and evaluate the performance of our staff.
- 4. As Required by Law.** We will disclose your information when we are required to do so by federal, state, or local law.
- 5. Public Health Activities.** We may disclose your PHI for public health activities such as preventing or controlling disease, reporting adverse events, product defects, or Food and Drug Administration reporting.

**6. To Report Abuse.** We may disclose your PHI if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will make this report only in accordance with laws that require or allow such reporting or with your permission.

**7. Health Oversight Activities.** We may disclose your PHI to health oversight agencies for activities. This includes uses or disclosures in civil, administrative, or criminal investigations; licensure or disciplinary actions; inspections; and other activities necessary for appropriate oversight of government programs.

**8. Judicial and Administrative Proceedings.** We may disclose PHI in response to an order of a court or administrative agency. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process once we have received adequate assurances efforts have been made to tell you about the request and you had the opportunity to object to the request.

**9. Law Enforcement.** We may disclose your PHI for law enforcement purposes. This includes providing information for identification and location purposes or in connection with suspected criminal activity.

**10. Coroners, Medical Examiners, and Cadaveric Donations.** We may disclose your PHI in an effort to determine cause of death, to funeral directors to assist them in carrying out their duties, and to organ procurement organizations (for organ, eye, or tissue donation).

**11. Research Purposes.** We may use or disclose your PHI in connection with medical research projects if allowed under federal and state laws and regulations. We may disclose PHI for use in a limited data set for purposes of research, public health, or health care operations, but only if a data use agreement has been signed.

**12. Specialized Government Functions.** We may disclose your PHI for a number of specialized purposes including national security and intelligence purposes; for military and veteran activities; for protective services for the President and others; and to a correctional institution or law enforcement officials to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.

**13. Workers' Compensation.** We may disclose your PHI to your employer for purposes of workers' compensation and work site safety laws.

**14. Disaster Relief.** We may disclose your PHI to organizations engaged in emergency and disaster relief efforts.

**15. Fundraising.** We may contact you as part of a fundraising effort. You will have the opportunity to opt out of receiving future fundraising communications if you receive written fundraising communications from us.

**16. To Avert a Serious Threat.** We may disclose your PHI if we believe that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

**17. Family and Friends.** We may disclose your PHI to a member of your family or to someone else who is involved in your medical care or payment for care. We may notify family or friends if you are in the hospital and tell them of your general condition. This may include telling a family member about the status of a claim or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object. We may also disclose PHI to your personal representatives who have authority to act on your behalf (for example, to parents of minors or to someone with a power of attorney).

**18. Information to Patient.** We may use your PHI to provide you with additional information. This may include sending appointment reminders to the phone, address, or e-mail that you have furnished to us or the hospital where you are being treated. This may also include giving you information about treatment options, alternative settings for care, or other health-related services.

**19. To Business Associates and Subcontractors.** We may hire third parties that may need your PHI to perform certain services on our behalf. Under HIPAA and the HITECH Act, these third parties must protect any PHI they receive from us, or create and/or maintain on our behalf, in the same way that we must guard your PHI.

## **Your Rights**

**1. Authorization.** We will ask for your written authorization if we plan to use or disclose your PHI for reasons not permitted by law. If you authorize us to use or disclose your PHI, you have the right to revoke the authorization at any time. If you want to revoke an authorization, you must send a written notice to the Privacy Officer listed at the end of this notice. If you revoke an authorization, the revocation will not cover the information already used or disclosed in reliance to the authorization.

**2. Request Restrictions.** You have the right to ask us to restrict how we use or disclose your PHI. You must provide a request, in writing, to the Privacy officer listed in this Notice. We are required to comply with a request for restriction where the disclosure is to a health plan for purposes of carrying out payment when you have paid out of pocket in full. We will consider all other requests, but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. A restriction cannot prevent uses and disclosures that are required by the Secretary of DHHS to determine or investigate HEALOGICS' compliance with the Privacy Rules, or that are otherwise required by law.

**3. Confidential Communication.** You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send letters that contain your PHI to

a different address rather than to your home or you may ask us to speak to you personally on the telephone rather than sending your PHI by mail. These requests must be made in writing and we will agree to reasonable requests.

**4. Inspect and Receive a Copy of PHI.** You have a right to inspect the PHI about you that we have in a designated record set and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medication lists, lab results, and encounter information. Where your PHI is contained in an Electronic Health Record, you have the right to obtain a copy of such information in an electronic format and you may request that Healogics transmit such copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the Privacy Officer listed in this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do we will give you the reason in writing. We will also explain how you may appeal the decision.

**5. Amend PHI.** You have the right to ask us to amend PHI about you in a designated record set which you believe is incorrect or incomplete. You must make this request in writing and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 60 days. We may deny your request under certain circumstances.

**6. Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information made within the previous 6 years from the date of your request. The first request will be provided to you at no cost, however, we may charge you for any additional requests made within the same 12-month period.

**7. Complaints.** You have a right to complain about our privacy practices if you think your privacy rights has been violated. You may file your complaint with the Privacy Officer listed at the end of this Notice. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

### **Our Right to Change This Notice**

We reserve the right to change our privacy practices as described in this Notice at any time. We reserve the right to apply these changes to any PHI which we already have, as well as to PHI we receive in the future. We will update this Notice before we make any changes to our privacy practices as described. We will make the new Notice available upon request.

## **Contact Us**

If you have any questions about this Notice, our privacy policies, or if you have questions about how to exercise your rights, please contact:

**Kassandra Stone Shubow, Privacy Officer**

Healogics, Inc.

5220 Belfort Rd. Suite 130

Jacksonville, Florida 32256

compliance@Healogics.com

904.446.3400 (Main Line)

904.446.3046 (Fax)

Anonymous Ethics & Compliance Helpline: 888.999.9460