

NOTICE OF PRIVACY PRACTICES HARTMANN HEALTH MEDICAL, LLC

NOTICE OF PRIVACY PRACTICES for PROTECTED HEALTH INFORMATION. THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THE POLICY CAREFULLY.

This notice describes the privacy practices at Hartmann Health Medical, LLC.

Our Pledge Regarding Health Information: We understand that information about you, your health, and your health care is personal. We are committed to protecting the security of that information and your protected health information PHI, and to preventing its disclosure without your authorization. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this health care practice, whether made by your healthcare provider (Nurse Practitioner, Physician Assistant, or Physician; henceforth defined as “Practitioner(s)”) or by others working in this office. This notice tells you about the ways in which we may use and disclose your PHI. We also describe your rights to the PHI that we keep about you and explain our obligations regarding the use and disclosure of your PHI. We will:

- Make sure that health information that identifies you is kept private
- Provide you with this notice of our legal duties and privacy practices with respect to your PHI
- Follow the terms of the notice that is currently in effect
- Notify you if there is a security breach of protected health information PHI except when the PHI is encrypted and is disposed of securely

How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose health information. Within each category, we have provided a list of examples.

For Treatment: We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to Practitioner(s), nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work in our practice; at the hospital if you are hospitalized; or at another Practitioner(s) office, lab, pharmacy, or other health care provider where we may have referred you for x-rays, laboratory tests, prescriptions, or other treatment purposes. For example, a Practitioner(s) treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the Practitioner(s) may need to tell the dietitian at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Appointment Reminders: We may use and disclose protected health information to contact you to remind you that you have an appointment or that you missed an appointment and should contact us to

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reschedule. Please let us know your preferred method of contact for appointment reminders (e.g. home phone, cell phone, email).

Organ and Tissue Donation: If you are an organ donor, we may release health information to an organ donation bank or to organizations that handle organ procurement or organ, eye, or tissue transplantation, as necessary to facilitate organ or tissue donation and transplantation.

As Required by Law: We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosure, should it occur, would be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces or separated or discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans' Affairs, if applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose health information about you for public health activities. These activities generally include the following:

- The prevention or control of disease, injury, or disability
- The reporting of births and deaths
- The reporting of child abuse or neglect
- The reporting of reactions to medications or problems with products
- The notification of people about recalls of products they may be using
- The notification of a person or organization required to receive information on Food and Drug Administration–regulated products
- The notification of a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- The notification of the appropriate government authority, if we believe a patient has been the victim of abuse, neglect, or domestic violence

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. Examples of oversight activities are audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the

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dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information upon request by a law enforcement official:

- In reporting certain injuries, as required by law: gunshot wounds, burns, dog bites, and injuries to perpetrators of crime
- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person (name and address, date of birth or place of birth, social security number, blood type or Rh factor, type of injury, date and time of treatment and/or death, if applicable, and a description of distinguishing physical characteristics)
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility
- In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description, or location of a person who committed a crime

Coroners, Health Examiners, and Funeral Directors: We may release health information to a coroner or health examiner. This release may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary 1 for the institution to provide you with health care; 2 to protect your health and safety or the health and safety of others; or 3 for the safety and security of the correctional institution.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy health information such as medical and billing records that may be used to make decisions about your care.

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We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request a review of the denial. This review will be conducted by another licensed health care professional chosen by our practice. The person conducting the review will not be the person who denied your request. Our practice will comply with the outcome of the review.

- **Right to Request Information in a Form of Your Choosing:** You have the right to request the provision of protected health information PHI via an electronic form. We will grant or deny the request within 30 days, and we may at times request a 30-day extension period. If any of the protected health information PHI is stored off-site, we will respond to your request within 60 days. We may charge you a reasonable, cost-based fee for preparing the information that you request.
- **Right to Request that We Send Information to Other Designated Parties:** You have the right to request that we send copies of your protected health information PHI to other designated parties, provided that you submit a written signed request, designating the name, identity, and correct address of the designated recipient.
- **Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, you may ask that we amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, submit a written Request for Correction/Amendment of Protected Health Information form to the Practice Manager. Include the change/amendment that you want and your reasons on the form.

We may deny your request for an amendment if it is not in writing or does not include a reason for the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for our practice
- Is not part of the information that you would be permitted to inspect and copy
- Is accurate and complete

Any amendment we make to your health information will be disclosed to those to whom we disclose information as previously specified.

To request this list of disclosures, submit your request in writing to the Practice Manager. Your request must state a time period that may not be longer than 6 years and may not include dates prior to the opening of the practice. For lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in writing within 30 days of your request. If we are unable to provide you with this information within 30 days, we will notify you of that fact and inform you of the date by which we can supply the list. This date will not be more than 60 days from the date you made the request.

- **Right to an Accounting of Disclosures:** You have the right to request a list of the disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

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- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information that we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we withhold your information from a specified nurse or that we not disclose to your spouse information about a surgery you had. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively affect the care we provide you. If we do agree, we will comply with your request, unless the information is needed to provide emergency treatment for you. To request a restriction, make your request in writing to the Practice Manager on the Authorization PHI form. Specify the information that you want to limit and to whom you want the limits to apply.
- **Right to Be Notified Should there Be a Breach:** You have the right to receive notice from us regarding a breach in disclosure of protected health information PHI.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as for any information we receive in the future. We will post a copy of the current Notice on our Website.

Complaints

Submit all complaints in writing to the Practice Manager.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information PHI about you for the reasons covered by your written authorization. We cannot revoke any disclosures that we have already made with your permission. We are required to retain our records of the care that we provided to you.

Acknowledgment of Receipt of This Notice

We will request that you sign a separate form acknowledging that you have received a copy of this notice. If you choose not to sign or are unable to sign, a staff member will sign his or her name and date. This acknowledgment will be filed with your records.