

## **HIPAA Notification of Privacy Practices**

# 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.

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

Engaged Health Group (EHG) may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. EHG has established policies to guard against unnecessary disclosure of your health information.

# THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- <u>For Outreach</u>. EHG may use and disclose your health information to contact you to introduce you to the EHG program and/or Resource Coordinator (RC) or Anchor Nurse (AN).
- <u>For Treatment Alternatives</u>. EHG may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED (check your state laws to ensure consistency with State law requirements).

<u>When Legally Required</u>. EHG will disclose your health information when it is required to do so by any Federal, State, or local law.

When There Are Risks to Public Health. EHG may disclose your health information for public activities and purposes to:

• Prevent or control disease, injury, or disability, report disease, injury, vital events such as birth or death, and conduct public health surveillance, investigations, and interventions.



- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements
  and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug
  Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

<u>To Report Abuse, Neglect, or Domestic Violence.</u> EHG is allowed to notify government authorities if EHG believes a patient is the victim of abuse, neglect, or domestic violence. EHG will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

<u>To Conduct Health Oversight Activities</u>. EHG may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action. EHG, however, may not disclose your health information if you are the subject of an investigation that is not directly related to your receipt of health care or public benefits.

<u>In Connection with Judicial and Administrative Proceedings</u>. EHG may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request, or other lawful processes, but only when EHG makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

<u>For Law Enforcement Purposes</u>. As permitted or required by State law, EHG may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if EHG has a suspicion that your death was the result of criminal conduct including criminal conduct at EHG.
- In an emergency to report a crime.

<u>In the event of a Serious Threat to Health or Safety</u>. EHG may, consistent with applicable law and ethical standards of conduct, disclose your health information if EHG, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public.

<u>For Specified Government Functions</u>. In certain circumstances, the Federal regulations authorize EHG to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates and law enforcement custody.



### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, EHG will not disclose your health information other than with your verbal or written authorization, as applicable. If you or your representative authorizes EHG to use or disclose your health information, you may revoke that authorization at any time.

#### YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

You have the following rights regarding your health information that EHG maintains:

- The right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on EHG's disclosure of your health information to someone who is involved in your care or the payment of your care. EHG must agree to restrict disclosure of your personal health information upon your request, if:
  - a. the disclosure is for payment or healthcare operations purposes;
  - b. is not required by law; and
  - c. the protected health information pertains solely to a healthcare item or service for which you, or someone on your behalf other than the health plan, has paid EHG in full.

If you wish to request restrictions, please contact the Privacy Officer.

- The right to receive confidential communications. You have the right to request that EHG communicate with you in a certain way. For example, you may ask that EHG only conduct communications about your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Officer. EHG will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- The right to amend health care information. You or your representative have the right to request that EHG amend your records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by EHG. A request for an amendment of records must be made in writing to Privacy Officer. EHG may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by EHG, if the records you are requesting are not part of EHG's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of EHG, the records containing your health information are accurate and complete.
- **Get a list of those with whom we've shared information.** You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain



other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Right to a paper copy of this notice**. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer.
- 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 sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>. We will not retaliate against you for filing a complaint.

### **DUTIES OF EHG**

EHG is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. EHG is required to abide by the terms of this Notice of its duties and privacy practices and to notify you following a breach of your unsecured protected health information. EHG is required to abide by the terms of this Notice as may be amended from time to time. EHG reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If EHG changes its Notice, EHG will provide a copy of the revised Notice to you or your appointed representative. You or your representative have the right to express complaints to EHG and the State complaint hotline if you or your representative believe that your privacy rights have been violated. Any complaints to EHG should be made in writing to Privacy Officer. EHG encourages you to express any concerns you may have regarding the privacy of your information.

You will not be retaliated against in any way for filing a complaint.

#### **CONTACT PERSON**

EHG has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. Email: DHarrington@engagedhealthgroup.com or call 410-336-9220.

### **EFFECTIVE DATE**

January 1, 2020