

Notice 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.**

Effective Date of Notice: April 25, 2024

This Notice of Privacy Practices ("Notice") applies to all Protected Health Information ("PHI") about you (the patient) held or transmitted by Lifeview Healthcare, LLC (hereafter referred to as "we" or "our"). PHI is any individually identifiable information about your past, present, or future physical or mental health condition or payment for health care or about the provision of care to you. PHI may include information about your condition or treatment, diagnostic tests and images, and related health information.

Your Rights

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you would like to exercise any of the rights described in this section, please contact us using the contact information provided at the end of this Notice.

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 PHI we have about you or direct us to send a copy of PHI stored in an electronic health record to another person designated by you in writing.
- We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct PHI about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that PHI for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that PHI.

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 PHI for six years prior to 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.

Get a copy of this privacy Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

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 PHI.
- 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 contact information provided at the end of this notice.
- 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

How do we typically use or share your PHI?

We typically use or share your PHI in the following ways.

Treatment

We can use your PHI and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Health care operations

We can use and share your PHI to run our practice, improve your care, and contact you when necessary.

Example: We use PHI about you to manage your treatment and services.

Payment

We can use and share your PHI to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your PHI?

We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share PHI about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research in limited circumstances

Comply with the law

We will share PHI about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share PHI about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share PHI about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share PHI about you in response to a court or administrative order, or in response to a subpoena.

Business associates

We may disclose your PHI to our service providers, known as “business associates,” in order for them to provide services to us or on our behalf. Our business associates are required by written agreement to safeguard your PHI and to protect your privacy as required by law.

Individuals involved in your care or payment for your care

As long as you do not object, we can share your PHI with your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. For example, when a family member or a friend comes with you into an exam room, we understand this to be your acknowledgment that you want this individual to be involved in your care.

Communicate with you

We can use your PHI in order to communicate with you in person, by phone, by leaving a message in your voicemail, by e-mail, or by text. Unencrypted emails and text can be intercepted. We will only send secure emails or texts to you unless you have agreed to receive unencrypted messages. Permissible communications also include payment and insurance-related items, care correspondence, patient satisfaction surveys and patient statements about your health care.

Health Information Exchanges

We may participate in one or more Health Information Exchanges (“HIEs”) and may electronically share your PHI for treatment, payment, health care operations and other permitted purposes with other participants in the HIE. HIEs allow your health care providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Uses and disclosures of PHI requiring your authorization

In any situation not identified in this Notice, we will ask for your authorization before using or disclosing information about you, in accordance with applicable law. For example, your authorization is required to use or disclose PHI for the following purposes:

- Marketing purposes
- Sale of PHI
- Most sharing of psychotherapy notes

You may revoke your authorization, at any time, in writing, except to the extent that we have acted in reliance on the authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We are required to provide individuals with notice of our legal duties and privacy practices with respect to PHI.
- We are required to notify affected individuals following a breach of unsecured PHI.
- We are required to abide by the terms of this Notice currently in effect.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site.

Contact Information

If you have questions about this Notice or how we use or disclose PHI, please contact Jennifer Chico-Vides, Patient Safety Officer, Phone 1-888-615-4433, Fax 1-866-611-2542, jchico@lifeview.health