



Alivation Health
NOTICE OF PRIVACY PRACTICES EFFECTIVE DATE: June 8, 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.

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (“PHI”) to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related healthcare services.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

Basis for planning your care and treatment;

- Means of communication among the many health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party payer can verify that services billed were provided;
- Tool in educating health professionals;
- Source of information for public health officials charged with improving the health of the nation;
- Source of data for facility planning and marketing; and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.



Our Responsibilities

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms of this Notice of Privacy Practices;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will provide a revised Notice of Privacy Practices at your next appointment.


Uses and Disclosures of Protected Health Information That Do Not Require Your

Authorization: Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for providing healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use and disclose your protected health information for your treatment, including the provision, coordination or management of your health care and related services. For example, information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. We may also use your protected health information to determine which treatment option, such as a drug or surgery, best addresses your healthcare needs.

Payment: We will use your protected health information, as needed, to obtain payment for your healthcare services. For example, a bill may be sent to you, a health plan/insurance company, or other third-party payer. The information accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.





Healthcare Operations: We may use or disclose your protected health information to carry out our daily activities as they relate to the provision of health care. Healthcare operations include but are not limited to due diligence and the transfer of records pursuant to the sale or transfer of assets, or merger of one covered entity with an entity which is or will be a covered entity upon completion of the transaction, quality assessment activities, training medical students, and licensing. For example, we may disclose your information to medical students who see patients at the healthcare facility, call you by name in the waiting room, and contact you to remind you of your next appointment. We must also make disclosures to you upon your request and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law. We may also share your health information with third party “business associates” that perform activities such as billing.

Emergency Notification: In an emergency, we may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

Marketing: We may use your protected health information to provide appointment reminders. For example, we may use dates from your medical record to determine the date and time of your next appointment and send you a reminder notice. Also, we may look at your record and determine that another treatment or new service may be of benefit to you.

Fundraising: We may contact you for fundraising purposes. However, you have the right to opt out of receiving such fundraising communications.

Public Health Activities: We may disclose your health information to a public health authority that is permitted to collect or receive the information. We may be required to report information to help prevent or control disease, injury, or disability. We may also disclose information, if directed by the public health authority, to a foreign government agency that collaborates with the public health authority. This includes reporting child abuse or neglect, FDA regulated product or activity, and exposure to communicable diseases.

Abuse and Neglect: If we believe you have been a victim of abuse or neglect, we may disclose your protected health information to an authorized governmental entity or agency. The disclosure will be made pursuant to the requirements of federal and state laws. We may also disclose your information to a public health entity that is authorized to receive reports of child abuse or neglect.

Healthcare Oversight Activities: We may disclose your protected health information to appropriate authorities for activities including but not limited to monitoring, inspecting, and disciplining or licensing those who work in the healthcare system or for government benefit programs.



Judicial and Administrative Proceedings: We may disclose your protected health information that is expressly authorized by an administrative proceeding, in response to an order of a court or administrative tribunal, and under certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement Purposes: We may disclose your protected health information for law enforcement purposes, as required by law, or in response to a valid subpoena.

Disclosure About Decedents: We may disclose protected health information about decedents to coroners and medical examiners for the purpose of identifying a deceased individual, determining a cause of death, or carrying out other duties permitted by law. Additionally, we may disclose decedent's information to funeral directors as authorized by law. We may also disclose protected health information to family members of a decedent who were involved in the person's care prior to his or her death, unless doing so is inconsistent with any prior expressed preference of the decedent which is known to us.

Cadaveric Organ, Eye, and Tissue Donations: We may disclose your protected health information to persons involved in the process of obtaining, storing, or transplanting organs, eyes, or tissue of cadavers for donation purposes.

Threat to Health or Safety: We may disclose your protected health information to specified authorities if we believe in good faith that a disclosure of your protected health information is necessary to prevent or minimize a serious threat to you or the public's health or safety.

Military, National Security and Law Enforcement Custody: Under certain conditions, if you are involved with the military, national security, or intelligence activities, we may release your protected health information to the proper authorities so that they may carry out their duties. Also, if you are in a correctional institution or other law enforcement custodial situation, we may disclose your protected health information to a correctional institution or law enforcement official.

Workers' Compensation: We may disclose your protected health information to the extent authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or other similar programs established by law.

Charges Against Provider: In the event you should commence legal proceedings against us, we may disclose your protected health information as necessary to defend against such action.



Uses and Disclosures of Protected Health Information That Require Your Authorization:

Most uses and disclosures of psychotherapy notes, uses and disclosures of your PHI for marketing purposes, and disclosures that constitute a sale of your PHI require your express written authorization. Any uses and disclosures of your PHI not described in this Notice of Privacy Practices will be made only with your authorization. If you choose to sign such authorization to disclose information, you may, in writing, revoke that authorization at any time to stop any future uses and disclosures, except to the extent that your physician or the practice has acted in reliance on the use or disclosure indicated in the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

We may also use or disclose your protected health information in the following situations after you are informed in advance of the use or disclosure and can agree to, prohibit, or restrict the use or disclosure.

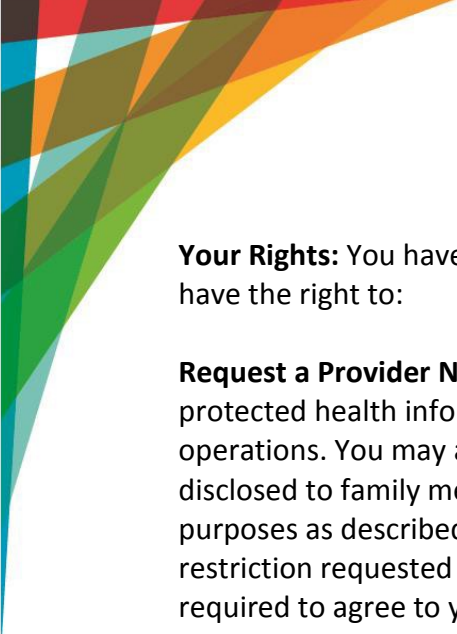
Others Involved In Your Health Care: Unless you object in advance, we will disclose protected health information to a family member, other relative, close personal friend, or personal representative whom you have identified that directly relates to that person's involvement in your health care or payment related to your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Health Plans: You have the right to request a restriction on disclosure of your PHI to a health plan if the disclosure is related to payment or healthcare operations and pertains to a healthcare item or service for which you have paid out of pocket in full.

Disaster Relief: We may disclose your protected health information to disaster relief organizations that seek your information to coordinate your care or notify family and friends of your location or condition in the event of a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Marketing Communications: We must first obtain your written authorization prior to sending you marketing communications for purposes of treatment and healthcare operations about health-related products or services for which we receive compensation from or on behalf of the third party whose product or service is being described in exchange for making the communication.





Your Rights: You have several rights about your protected health information. Specifically, you have the right to:

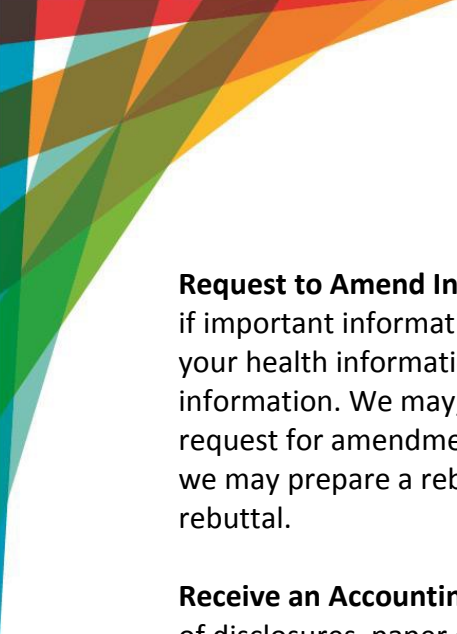
Request a Provider Not to Disclose: You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to health care for which you have paid in full out of pocket.

Receive Confidential Communication: You have the right to request confidential communication from us by alternative means or at an alternative location.

Inspect and Copy Your Information (fees may apply): Within the limits of the law, you have the right to inspect and copy your protected health information, whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

We have thirty (30) days to respond to your written request for your protected health information. If your health records are maintained electronically, we must provide you access to the electronic records in the electronic form and format you requested if they are readily reproducible in that format. Otherwise, we must provide the records to you in another mutually agreeable electronic format. Hard copies of your electronic records will only be provided if you reject all readily reproducible e-formats.





Request to Amend Information: If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to us to amend your health information by correcting the existing information or adding the missing information. We may, under certain circumstances, deny your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Receive an Accounting of Certain Disclosures: You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

Receive a Paper Copy of This Notice: You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively (i.e. electronically). We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment.

Receive Notification of Breach of Unsecured PHI: You have a right to and will receive notifications of breaches of your unsecured PHI.

For More Information or to Report a Problem: If you have questions about this Notice of Privacy Practices, are concerned that we have violated your privacy rights, or if you disagree with a decision we have made about access to your health records, you may contact the Privacy Officer listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The individual listed below can provide you with the appropriate address upon request. Under no circumstances will we retaliate against you for filing a complaint.

