

# Notice of Privacy Practices

Effective Date: 01-September-2017

This notice describes how information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## Your Rights

You have the right to:

- Get an electronic or paper copy of your medical record
- Ask us to amend your medical record
- Request confidential communication so that we contact you in a certain way to protect your privacy
- Ask us to limit what health information about you we use or disclose
- Get a list of those to whom we've disclosed your health information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You may choose to limit the way that we use and disclose your health information under the following circumstances:

- How we tell family and friends about your condition
- Marketing our services and selling your health information with your written permission

## Our Uses and Disclosures

We may use and disclose your health information as we:

- Treat you
- Run our organization
- Bill for services
- Help with public health and safety issues
- Do research
- Follow laws
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

## Explanation of Your Rights

When it comes to your health information you have certain rights. This section explains your rights and some of our responsibilities to help you.

### 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.
- We will provide a copy or a summary of your health information usually within 30 days of your request. We may charge a cost-based fee for the copy.
- You can ask to get a copy of your medical record by emailing [privacymatters@nightingalegetwell.com](mailto:privacymatters@nightingalegetwell.com)

### Ask Us to Amend Your Medical Record

- You can ask us to amend health information 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.
- You can make a request for amendment by emailing [privacymatters@nightingalegetwell.com](mailto:privacymatters@nightingalegetwell.com)

## 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
- You can make a request for confidential communications by emailing [privacymatters@nightingalegetwell.com](mailto:privacymatters@nightingalegetwell.com)

## Special Notice on Email

- We recognize that you may prefer email as a way to communicate with us.
- Please be aware that information sent using email may not be secure. There is a possibility that information about you may be intercepted and read by other people. We will ask your permission before using unsecure email to communicate with you about your health care that involves your health information.
- If you give us your email address, we may email you information about products and services, tips about healthy living or when we become available in a new area.

## Ask Us to Limit What We Use or Disclose

- You can ask us not to disclose certain health information 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 disclose that health information to your health insurer. We will say “yes” unless a law requires us to disclose that health information.
- You can make a request for a restriction by emailing [privacymatters@nightingalegetwell.com](mailto:privacymatters@nightingalegetwell.com)

## Get a List of Those With Whom We've Disclosed Your Health Information

- You can ask for a list of the times we've disclosed your health information for six years before the date you ask, who we disclosed it to, and why.
- We will include all the times disclosed except for those about treatment, payment, and health care operations, and certain others, such as any you asked us to make. We'll provide one list per year for free. We will charge a cost-based fee if you ask for another one within 12 months.
- To request this list email [privacymatters@nightingalegetwell.com](mailto:privacymatters@nightingalegetwell.com)

## 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.

## 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.

## Explanation of Your Choices

For certain health information, you can tell us your choices about what we disclose. If you have a clear preference for how we disclose your health information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

## You Have Both The Right And Choice To Tell Us To:

- Disclose health information to your family, close friends or others involved in your care.
- Disclose health information in a disaster relief situation.

## In These Cases, We Never Disclose Your Health Information Unless You Give Us Written Permission To Do So:

- Marketing purposes as described in the HIPAA regulations
- Sale of your information to others

## Explanation of Our Uses and Disclosures

We typically use or disclose your health information in the following ways:

### To Treat You

- We can use your health information and disclose it with other professionals who are treating you. For example, if we need to refer you to a doctor at another facility.

### To Run Our Organization

- We can use and disclose your health information to run our business, improve your care and contact you when needed.

### To Bill for Your Services

- We can use and disclose your health information to bill and get payment from health plans and other entities.

**How else can we use or disclose your health information?** We are allowed or required to disclose your health information for others reasons such as public health, research and as

allowed by law. For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)



## Our Responsibilities

- We are required by law to maintain the privacy and security of your health information.
- We will let you know if a breach occurs that may be compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and offer to give you a copy of it.
- We will not use or disclose your health information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## Changes To The Terms of This Notices

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, and on our website.

