



Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules

EFFECTIVE DATE: October, 2013. 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 describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. .

This notice also describes your rights to access and control your protected health information, as well as certain obligations we have regarding the use and disclosure of your protected health information. "Protected health information" PHI is medical information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services. It also includes information related to the payment for these services.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are also required to abide by the terms of this Notice as currently in effect.

This notice also covers our third party "business associates" who perform various activities for us to provide you care/services. Before we disclose any of your PHI to one of our business associates, we will enter into a written contract with them that contains terms to protect the privacy of your PHI.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

This notice sets forth different reasons for which we may use and disclose your PHI. The Notice does not list every possible use and disclosure; however, all of our uses and disclosures of your PHI will fall into one of the following general categories:

- **FOR TREATMENT**
We may disclose your PHI to healthcare providers who treat you.
- **FOR PAYMENT**
We will use your PHI for "payment" purposes. For example, (if applicable), we may use and disclose your PHI to the Plan Administrator so that we may provide reimbursement for healthcare services you received. We may also use or disclose your PHI to obtain premiums for insurance coverage, to determine whether you are eligible for health benefits or coverage, or to make determinations whether treatment is medically necessary for you.
- **FOR HEALTHCARE OPERATIONS**
We may use and disclose your PHI for purposes of healthcare operations. These uses and disclosures are necessary to manage the Facility and to make sure that all of its participants receive quality healthcare. Your PHI may be used to assess the quality of service our staff has provided to you.
- **TREATMENT ALTERNATIVES AND HEALTH-RELATED BENEFITS**
We may use and disclose your PHI to inform you of or recommend possible treatment alternatives or health-related benefits or services that may be available to you.
- **INDIVIDUALS INVOLVED IN YOUR HEALTHCARE OR PAYMENT FOR YOUR HEALTHCARE**
We may disclose your PHI to a family member or friend who is involved in your medical treatment or care. We may also disclose this information to a person who is responsible for your medical bills or otherwise involved in paying for your healthcare. The Facility will generally try to

obtain your written authorization before it releases your PHI to your spouse or your parent (if you are over age 18). However, if you are not present or are incapacitated, the Facility may still release your PHI if a disclosure is in your best interest and directly relevant to the inquiring person's involvement in your healthcare. In addition, we may use and disclose PHI so that your family can be notified as to your condition, location, or death, or so that care or rescue efforts can be coordinated.

- **AS REQUIRED BY LAW**
We will use and disclose your PHI when required to do so by federal, state or local law, to the extent that such use and disclosure is limited to the relevant requirements of such law.
- **JUDICIAL AND ADMINISTRATIVE PROCEEDINGS**
We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by another person involved in the dispute, but only if we believe that the party seeking the PHI has made reasonable efforts to tell you about the request or to obtain an order protecting the information requested.
- **PUBLIC HEALTH ACTIVITIES**
We may disclose your PHI for purposes of public health activities. These activities generally include activities such as: preventing or controlling disease, injury, or disability; reporting the conduct of public health surveillance, investigations, and interventions; reporting adverse events relating to product defects, problems, or biological deviations; and notifying people to enable product recalls, repairs, and replacement.
- **ABUSE, NEGLECT, OR DOMESTIC VIOLENCE**
We may disclose PHI to notify an appropriate government authority if we reasonably believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **HEALTH OVERSIGHT ACTIVITIES**
We may disclose your PHI to a health oversight agency for activities that are necessary for the government to monitor the healthcare system, government benefit programs, compliance with program standards, and compliance with civil rights laws. These activities might include: civil, administrative or criminal investigations, proceedings, and prosecutions and audits of the plan by governmental agencies.
- **LAW ENFORCEMENT**
We may disclose your PHI, within limitations, if asked to do so by a law enforcement official for a law enforcement purpose, if it is: (1) to identify or locate a suspect, fugitive, material witness or missing person; (2) about the victim of a crime if the individual agrees to the disclosure, or due to incapacity or emergency, we are unable to obtain the individual's agreement; (3) about a death we suspect may have resulted from criminal conduct; and (4) about criminal conduct we believe in good faith to have occurred on our premises.
- **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS**
We may disclose your PHI to a coroner or medical examiner as necessary to identify a deceased person or determine a cause of death. We may also disclose your PHI, as necessary, in order for the funeral directors to carry out their duties.
- **ORGAN, EYE AND TISSUE DONATION**
We may disclose your PHI to an organ procurement organization or other entity involved in the procurement, banking or transplantation of

organs, eyes or tissue to facilitate the donation and transplantation process.

- **RESEARCH**

We may use and disclose your PHI for certain limited research purposes. Generally, the research project must be approved through a special committee that reviews the research proposal and ensures that the PHI is necessary for research purposes.

- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose your PHI when we believe in good faith it is necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to a person able to help prevent the threat.

- **GOVERNMENTAL FUNCTIONS**

We may disclose the PHI of individuals who are members of the Armed Forces, as required by appropriate military command authorities. PHI may be disclosed for purposes of determining an individual's eligibility for or entitlement to benefits under appropriate military laws. We may also disclose the PHI of foreign military personnel to the appropriate foreign military authority. We may disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law. We may disclose your PHI to authorized federal officials, so they may adequately provide protection to the President of the United States, other authorized persons, or foreign heads of state. PHI may also be disclosed to conduct special investigations.

- **INMATES**

We may disclose your PHI, as long as you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official. The disclosure must be necessary: (1) for the institution or law enforcement official to provide you with healthcare; (2) to protect your health and safety or the health and safety of others in connection with the correctional institution; and (3) for the safety and security of the correctional institution.

- **WORKERS' COMPENSATION**

We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

- **PSYCHOTHERAPY NOTES**

Most uses and disclosures of psychotherapy notes require an authorization. We must obtain an authorization from you for any use or disclosure of PHI in the form of psychotherapy notes, unless such a use or disclosure is: (1) to defend against a legal action or other proceeding brought by you; (2) to demonstrate compliance with the HIPAA privacy standards upon investigation by the Secretary of the U.S. Department of Health and Human Services; (3) permitted by law; (4) permitted as described above for Health Oversight Activities with respect to the oversight of the originator of the psychotherapy notes; (5) to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or other duties as authorized by law; or (6) made upon our good faith belief that it is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, and is made to a person able to help prevent or lessen that threat.

- **MARKETING**

Most uses and disclosures of PHI for marketing purposes require an authorization. We must obtain an authorization from you for any use or disclosure of your PHI for marketing, unless the communication is in the

form of: (1) a face-to-face communication; or (2) a promotional gift of nominal value. This authorization will state whether the marketing involves direct or indirect remuneration to us from a third party.

- **SALE OF PHI**

We must obtain an authorization from you for any use or disclosure of your PHI that we exchange for direct or indirect remuneration from, or on behalf of, the recipient of the PHI, unless provided for purposes of: (1) public health activities described above; (2) research described above, provided individual identifiers are removed, and the only remuneration received is a reasonable cost-based fee to cover the cost to prepare and transmit the PHI for that purpose; (3) your treatment or payment of your treatment; (4) disclosures related to the sale, transfer, merger or consolidation of all or part of the Plan to another entity or plan and related due diligence; (5) services rendered by a business associate pursuant to a business associate agreement at our request, provided the only remuneration provided is for the performance of activities specified in the business associate agreement; (6) providing you access to your PHI and the only remuneration received is a reasonable cost-based fee for providing such access; or (7) any other purpose required or permitted by law.

- **BREACH NOTIFICATION REQUIREMENTS**

This Facility has the obligation to notify patients if there is a breach of their PHI. Breaches are now presumed reportable unless, after completing a risk analysis applying four factors, it is determined, that there is 'low probability of PHI compromise.' The physician must consider all four factors as outlined in the Omnibus Ruling.

ALL OTHER USES AND DISCLOSURES OF PHI.

All other uses and disclosures of your PHI not covered by this notice or the laws that apply to us, will be made only with your written authorization. If you have given us your authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose the PHI for the reasons covered by your written authorization, except to the extent that we have taken action in reliance on your authorization. Please note that we are unable to withdraw any disclosures we have already made with your written authorization, and that we are required by law to maintain our records as to the healthcare benefits that we have provided to you.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI which we maintain, as required by law. To exercise any of the following rights, you must make your request in writing by filling out the appropriate form provided by the Plan and submitting it to the Facility Privacy Officer, of this Facility.

- **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for purposes of treatment, payment or healthcare operations. You also have the right to request that we restrict the disclosure of your PHI from those involved in your healthcare or the payment for your healthcare, such as with a family member or friend. For example, you may request that we not use or disclose your PHI relating to a procedure you may have had. We are not generally required to agree with your request for restrictions. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If we agree to your request, either you or we may revoke the restriction; however, if we revoke it, it will only apply to PHI that we obtain after the revocation. The only instance in which we must agree to a restriction is when you request to restrict a disclosure to another health plan for purposes of carrying out payment or healthcare operations (and not for purposes of carrying out treatment), provided your health information pertains solely to a healthcare item or service for which a healthcare provider involved has been paid out of pocket in full.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse or children.

- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house. We may require that your request contain a statement that the disclosure of all or part of the PHI for which you are requesting a restriction could harm you if disclosed. We will accommodate all reasonable requests. However, we may condition granting your request on receiving appropriate information regarding payment, as well as you specifying how or where you would like us to contact you.

- **RIGHT TO INSPECT AND COPY**

You have the right to inspect and copy your PHI that is kept in a designated record set. This may include medical and billing records, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) PHI that is maintained by the plan to which access is prohibited by law. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or preparing the requested documents. We may provide you with a written denial of your request to inspect and copy in certain very limited circumstances: (1) the PHI you are requesting to inspect is specifically prohibited by law; or (2) the information you are requesting was confidentially obtained from a source other than a healthcare provider and if you were granted access you could find out the identity of the source. If you are denied access to your PHI, for reasons other than those listed above, you may request that the denial be reviewed. A licensed healthcare professional chosen by the Facility will review your request, as well as the basis for the denial. The person conducting the review will not be the person who denied your request the first time. The outcome of the review will be the final decision.

- **RIGHT TO AMEND**

You have the right to request that we amend your PHI in a designated record set if it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Facility within a designated record set. You must be prepared to provide a reason to support your request for an amendment. We may deny your request for an amendment if the request does not include a reason to support the request for an amendment. Furthermore, we may deny your request for an amendment if you request that we amend PHI that: (1) was not created by us, unless the person or covered entity that created the PHI is no longer available to make the amendment; (2) is not part of the health information kept by or for the Plan within the designated record set; (3) is not part of the information that you would be permitted to inspect and copy by law; or (4) is accurate and complete.

- **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request a list of the disclosures we have made of your PHI. Your request must state a time period that may not be longer than six years, but that may be shorter, and may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request, before any costs have been incurred. You have a right to receive an accounting of disclosures made by the Facility within the past six years from the date of your request, except for disclosures that have been made: (1) to carry out treatment, payment or healthcare operations; (2) to you; (3) incident to a use or disclosure permitted or required by law; (4) pursuant to an authorization; (5) to those involved in your care or for notification purposes; (6) for national security or intelligence purposes; (7) to correctional institutions or law enforcement officials; (8) as part of a limited data set; and (9) prior to April 14, 2003.

- **RIGHT TO A PAPER COPY OF THIS NOTICE**

You have the right to receive a paper copy of this Notice. You may request that we give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to receive a paper copy.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the new Notice provisions effective for all PHI we currently maintain, as well as any information we receive in the future. Please note, on the first page, in the top left-hand corner of the Notice, you will find the effective date. A Notice with a more recent date supersedes a Notice with an older date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the plan or with the Office for Civil Rights in the United States Department of Health and Human Services. You will not be retaliated against or penalized for filing the complaint. To file a complaint with the Facility, contact our Privacy Officer at 407-333-1059. We request that you give the Facility your Notice prior to filing a complaint to the Office for Civil Rights in order to bring a possible quicker resolution to your complaint.

REQUEST FOR FORMS/SUBMISSION OF FORMS/QUESTIONS

To request a form and/or to submit a form, or if you have any questions about this Notice, please contact the Privacy Officer.

Holistic Options,

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Lake Mary, FL 32746

PH: 407-333-1059

FAX: 407-333-4781

www.holisticoptionsinc.com

Email: Purehealth@holisticoptionsinc.com

ATTN: Privacy Officer