

## 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. We are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how COMPASSION Health Network may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" or "protected health information" (PHI) in this notice include any information we maintain that reasonably can be used to identify you and that relates to your health condition, the provision of health care to you, or the payment for such health care.

### HOW WE MAY USE OR DISCLOSE INFORMATION

- Payment of premiums, to determine your coverage, and to process claims for health care services you receive.
- Treatment. We may use or disclose your PHI to aid in your treatment or the coordination of your care.
- Health Care Operations. We may use or disclose your PHI health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, We may talk to your Physician to suggest a wellness program that could help improve your health.
- Health Related Benefits, Services and Marketing. We may disclose your PHI to inform you of health-related benefits, services, marketing communications. You have the right to not authorize such communication.
- Plan Sponsors. If your coverage is through an employer sponsored group health Plan, We may share your health information and enrollment and disenrollment information with the Plan sponsor.
- Reminders. We may use your health information to send you reminders such as appointment reminders with providers who provide medical care to you.
- We may disclose PHI when required to do so by law.
- We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an Emergency.
- We may disclose your PHI for Public Health Activities such as reporting or preventing disease outbreaks.
- For Reporting Victims of Abuse, Neglect or Domestic Violence.

- For Health Oversight Activities to a health oversight agency for activities authorized by law, such as licensure, governmental audits and abuse investigations.
- For Judicial or Administrative Proceedings such as search warrant or subpoena.
- For Law Enforcement Purposes and for Specialized Government Functions such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- For Specialized Government Functions such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- To Avoid a Serious Threat to Health or Safety to you, another person, or the public.
- We may release your PHI for workers compensation
- For Research Purposes such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- Our practice may release your PHI to a medical examiner or Coroner to identify a deceased person or to identify the cause of the death.
- For Organ Procurement Purposes. We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- To Correctional Institutions or Law Enforcement Officials if you are an inmate of a correctional institution or under the custody of a law enforcement official for the institution to provide you with health care, to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- Compassion Health Network may disclose your PHI if you are a member of US or foreign military forces and if required by the appropriate authorities.

## WHAT ARE YOUR RIGHTS

The following are your rights with respect to your health information:

- You have the right to ask to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. Compassion Health Network will accommodate any reasonable request.
  - You have the right to see and obtain a copy of your PHI. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information. We may deny your request to inspect and copy your health information. We may charge a reasonable fee for any copies. If we deny your request, you have the right to have the denial reviewed.
- You have the right to request that a provider not send health information to our clinic in certain circumstances if the health information concerns a health care item or service for which you have paid the provider out of pocket in full.
- You have the right to ask to receive confidential communications of information in a different manner or at a different place
- You have the right to ask to amend information about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested Amendment. Mail your request to the address listed below. If Compassion Health Network denies your request, you may have a statement of your disagreement added to your health information.
- You have the right to receive an accounting of certain disclosures of your information made created by us. Client have a right to receive an accounting of certain disclosures of their PHI made by us for a period of up to six years. For example, we are not required to provide you with an accounting of disclosures made to you, for treatment purposes, made with your authorization and for certain other purposes. To obtain an accounting of disclosures, you must submit your request in writing. You are entitled to one accounting within any 12-month period. If you request a second accounting in a 12-month period, we may charge a reasonable fee
- You have the right to a paper copy of this notice. You may also obtain a copy of this notice at our website, [www.Compassion-Health.com](http://www.Compassion-Health.com)
- If you believe your privacy rights have been violated you may file a complaint. We will not take any action against you for filing a complaint. You can file a complaint at the following address:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W. Room 509F HHH Building  
Washington, DC 20201