

**iCare Health Services
Notice of Privacy Practices**

Effective 2019


THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

*If you have any questions about this notice, please contact us at
www.icarehealthservicesontheho.com.*

- ✚ **WHO WILL FOLLOW THIS NOTICE:** This notice describes the information privacy practices followed by our employees, staff and other personnel.
- ✚ **YOU HEALTH INFORMATION:** This notice applies to the information and records we have about your health, health status, and the health care and services you receive from iCare Health Services. Your health information may include information created and received by iCare Health Services, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatment, procedures, prescriptions, related billing activity and similar types of health-related information. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your right and our obligation regarding the use and disclosure of the information.
- ✚ **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**
We may use and disclose health information for the following purposes:
 - **For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to Clinicians, nurses, technicians, staff and other personnel who are involved in taking care of you and your health. For example, Clinician may be treating you for a health issue may need to know if you have other health problem that could complicate your treatment. The Clinician may use your medical history to decide what treatment is best for you. The Clinician may also tell another Clinician about your condition so that the providing Clinician can help determine the most appropriate care for you. Different personnel in our organization may share information about you and disclose information to people who do not work for iCare Health Services in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.
 - **For treatment:** We may use and disclose health information about you so that the treatment and services you receive at iCare Health Services may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you


received here so your health plan we pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

- **For Health Care Operation:** We may use and disclose health information about you in order to run iCare Health Services and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatment is effective. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other Clinician provide or improve care, reduce cost, coordinate and manage Heath care services, train staff and comply with the law.

 **SPECIAL SITUATIONS:** We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Required by law:** We will disclose health information about you hen required to do so by federal, State or local law.
- **Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release information about you. We may also release information about foreign military personnel to appropriate foreign military authority.
- **Workers Compensation:** We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight:** We may disclose health information to a health oversight agency for audits, investigation, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government, programs, in compliance will civil right laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirement, we may also disclose health information about you in response to subpoena.
- **Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrants, summons or similar process, subject to all applicable legal requirement.
- **Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Family and Friends:** We may disclose health information about you to your family members or friends if we obtain written agreement to do so or if e give you n opportunity to object to such a disclosure and you do not raise an objection. We

may also disclose health information to your family or friends if we can infer from the circumstance, based on our professional judgement that you would not object. For example, we assume you agree to our disclosure of your personal health information to your spouse when you bring spouse with you into the exam room or the hospital during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgement, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provides updates on your progress and prognosis. We may also use our professional judgement and experience to make reasonable inference that it is in your best interest to allow another person to act on your behalf to pick up for example, filled, prescription, medical supplies, or X-rays.

 **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:** You have the following rights regarding health information we maintain about you.

- **Right to Inspect and Copy:** You have the right to inspect and copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to our privacy officer in order to inspect and/ or copy records of your health information. If you request a copy of the information, we may charge a fee of the cost of copying, printing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred. A modified request may include requesting a summary of your medical record.




If you request to view copy of your health information, we will not charge you for inspecting your health information. If you wish to inspect your health information, please submit your request in writing to Privacy Officer. You have the right to request a copy of your health information in electronic form.

We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances. If you are denied copies or access to, health information that we keep about you, you may ask that our denial be reviewed. If the law gives you the right to have the denial renewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied the request and we will comply with the outcome of the review.

- **Right to Amend:** If you believe health information, we have about you is incorrect or incomplete, you may ask for us to amend the information. You have the right to request an amendment as long as the information is kept by iCare Health Services.

To request an amendment, complete and submit a medical record amendment/correction form to Privacy Officer. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the

request. In addition, we may deny or partially deny your request if you ask to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
 - Is not part of the health information that we keep.
 - You would not be permitted to inspect and copy.
 - Is accurate and complete
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment that you had.
 - **We are not required to agree to your request:** If we do agree, we will comply with your request unless the information is needed to provide an emergency treatment, or we are required by law to use or disclose the information.
 - **We are required to agree to your request:** If you pay for treatment, services and supplies “out of pocket” and you request the information not be communicated to your health care plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.
 - **Right to Request for confidential communication:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. You have the right to specify how or where you wish to be contacted.
 - **Right to a Paper Copy of this Notice:** You have the right to paper copy of this notice.
-  **CHANGES TO THIS NOTICE:** We reserve the right to change the notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our location/s with effective date in the top righthand corner. You are entitled to a copy of the notice currently in place.
-  **BREACH OF HEALTH INFORMATION:** We will inform you if there is a breach of your unsecured health information.
-  **COMPLAINTS:** If you believe your privacy has been violated, you may file a complaint with our privacy office and with the Secretary of the Department of Health and Human Services in Washington DC. *You will not be penalized for filing a complaint.*