

NOTICE OF PRIVACY PRACTICES

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

USES AND RELEASES OF PROTECTED HEALTH INFORMATION (PHI)

HealthEssentials, LLC (“HESS”) believes in protecting the privacy of your health information. We may use or disclose your Protected Health Information (PHI) only for very specific reasons. PHI is any information related to health that identifies an individual. This information can be electronic or in any other format. Different types of uses and disclosures are listed and explained below. Note: An example is not given for every use or disclosure reason.

When disclosing or using PHI, we will use the least amount of information necessary. If we need to use or release information in a way that is not generally described in this notice, we will contact you for your written permission before the proposed use or disclosure.

TYPES OF USES OR RELEASES OF INFORMATION

Treatment

We may use and disclose PHI about you to assist in providing treatment or services. Treatment means the provision, coordination, or management of health care and related services by one or more providers, including the following activities:

- Coordinating health care or related services by a provider with a third party
- Consultation between providers relating to a patient
- The referral of a patient from one provider to another

Payment

We may use and disclose your PHI so that your treatment and services may be billed and payment collected from an insurance company or a third party. For example, we may submit information about you to your health plan or a claims payor, so your provider can be reimbursed for services to you.

Health Care Operations

We may use or disclose PHI to carry out health care operations. Examples of health care operations include such things as:

- Activities to analyze trends relating to improving health or reducing health care costs (called population-based activities);
- Case management and coordination of health care;
- Quality assurance activities (including audits by third parties);



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- Contacting you or your provider with information about other forms of care.

We may use and disclose your PHI for these or other activities that fall under this definition, such as preventive treatment programs or fraud detection and investigation.

Health Oversight Activities

We may disclose PHI to a health oversight agency for compliance activities authorized by law. These activities are necessary for the government to oversee the health care system, compliance of benefits programs, and compliance with civil rights laws. Disclosures may occur through audits, investigations, licensure or disciplinary actions or civil, administrative or criminal proceedings. We will only disclose the minimum amount of information required by law.

Information Relating to the Treatment of Minors

Information relating to the treatment of minors will be kept private according to federal and state laws. We follow all applicable laws that apply to the confidentiality of treatment for minors.

Health-Related Benefits or Services

On occasion, we may use and disclose PHI for preventive treatment reasons. Our preventive programs meet nationally recognized quality and preventive health standards.

Lawsuits and Disputes

We may disclose PHI in response to a subpoena or court order. We may also disclose PHI in response to legal cases that directly involve us or the group health plan through which you receive our services. All other disclosures for lawsuits or investigations will be made only with your written permission.

Appointment Reminders

We may use and disclose PHI to remind you of upcoming appointments.

Treatment Alternatives

We may use and disclose PHI to let you know about other types of care that may be of interest to you. All such communications are handled in a manner that protects your privacy.

Release of Information to Family Members

In an emergency, or if you are not able to provide permission, we may disclose limited information about your general condition or location to someone who is directly involved in your care or the payment of your care, or who can make decisions on your behalf.

Release of Information to the Armed Forces

If you are or were previously a member of the armed forces, we will disclose your PHI to the armed forces as required by law. We will only disclose the minimum amount of information needed to carry out the purpose of the use or disclosure.

Release of Information to Workers Compensation or Similar Programs

We will not disclose PHI to workers compensation programs or other similar types of programs without your signed permission.

As Required or Permitted by Law for Public Safety

We will disclose PHI when required or permitted to do so by law for public safety. Disclosures may be made to protect you from a serious threat to your health or safety or to protect the health or safety of another person. Disclosures may also be made when requested by federal officials for national security or intelligence activities or for the protection of public officials. We will only disclose the minimum amount of information needed and will follow specific legal guidelines.

Government Security Clearances

We may disclose PHI when required by law for government security clearances. We will only disclose the minimum amount of information needed for the clearance.

Public Health Risks

We may disclose PHI as authorized or required by law for public health activities. This includes reporting child abuse or neglect, adult abuse, unfavorable events, or product defect reporting. We will only disclose the minimum amount of information required by applicable law.

Inmates

If you are an inmate or are in the custody of law enforcement, we may disclose your PHI without your permission. We will only do this for your health care, for the health and safety of you or others, or the safety of, or further law enforcement on the property of the correctional facility.

OTHER USES OF PHI**With Authorization**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with an authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

Psychiatric Notes

Authorizations for Psychiatric Notes, Genetic Information, Marketing, and Sales. In general, and subject to specific conditions, we will not use or disclose psychiatric notes without your



authorization; We will not also do any of the following without your authorization: 1) use or disclose PHI that is genetic information for underwriting purposes; 2) sell your PHI, i.e. receive direct or indirect payment in exchange for your PHI; 3) use your PHI for marketing purposes; and 4) use or disclose your PHI for fundraising purposes.

Personal Representatives

We may disclose your PHI to individuals authorized by you, or an individual designated as your personal representative, provided that we have received your authorization or some other Notice or documentation demonstrating the legal right of that individual to receive such information. Under HIPAA we do not have to disclose PHI to a personal representative if we have a reasonable belief that:

1. You have been or may be subjected to domestic violence, abuse, or neglect by such person; or
2. Treating such person as your personal representative could endanger you; and
3. In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

RIGHTS RELATED TO PHI

You have certain rights under federal privacy laws relating to your PHI. To exercise these rights, you must submit your request in writing to our Privacy Official. The Privacy Official can be contacted at:

Privacy Officer

**3401 West Sunflower Ave., Suite 225
Santa Ana, Ca. 92704**

For further information, you can also reach our **Privacy Official at: (714) 619-8777.**

Right to Request Restrictions on Uses and Disclosures

You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular claim with your spouse. To request a restriction, you must make your request, in writing, to the Privacy Official above. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid the health care provider "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Receive Confidential Communications

You have a right to request that you receive confidential information relating to your PHI at an alternative location or by an alternative means if sending this information to your address in our file could put you in danger. All such requests must be made in writing by contacting the Privacy Official listed above. All reasonable requests will be granted. If you have a situation that requires that notices of your PHI be sent in a different form or to a different address, you may contact the Privacy Official.

Right to Inspect and Copy Protected Health Information

You have a right to review and ask for a copy of your PHI that is part of our designated record set. This right does not apply to psychotherapy notes, information gathered to prepare for civil, criminal or administrative actions or proceedings, or where law does not permit the release. There are also circumstances where we may deny your request. For example, there are situations in which a licensed health care professional may determine that disclosing the information could have an adverse effect on you or another person.

Right to Amend Protected Health Information

You have the right to request that we change the information that we have in our records if you believe that the information is incorrect or incomplete. We may deny this request if we determine that the records are complete and accurate, or that we did not create the information you are requesting to change. We may also deny the request if the information is not part of our official records or access is otherwise restricted by law.

Right to Receive Notice of Breach

You have a right to be notified upon a breach of your unsecured PHI.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" of PHI made in the six (6) years prior to the date on which the accounting is requested, except for disclosures: To carry out treatment, payment and health care operations; to individuals of PHI about them; Incident to a use or disclosure otherwise permitted; Pursuant to an authorization; to persons involved in the individual's care or other notification purposes; For national security or intelligence purposes; To correctional institutions or law enforcement officials; As part of a limited data set. In case of electronic medical records, you have the right to request an "accounting of disclosures" of PHI in the three (3) years prior to the date on which the accounting is requested and this accounting would include disclosures for treatment, payment and health care operations.

Right to Obtain a Paper Copy of this Notice

You have a right to receive a paper copy of this notice even if you have received a copy of this notice electronically. To request a paper copy of this notice, contact our Privacy Official.

Our Responsibilities under this Notice

The law requires us to maintain the privacy of your PHI. The law also requires us to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We are required



to follow the terms of the privacy notice that is currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Should the terms of this notice change in any way that would also change your rights, we will send you a notice of this change within 60 days.

Question and Comments

Your opinion about our services is very important to us. We want to make sure that you fully understand your privacy rights. If you want more information about Protected Health Information you can go to the Department of Health and Human Services HIPAA Privacy web site, www.hhs.gov/ocr/privacy/. If you have questions about this notice or your rights, contact our Privacy Official listed above.

Complaints

You may file a complaint with us if you feel that your privacy rights have been violated. All complaints must be submitted in writing. To file a HIPAA-related complaint, contact the Privacy Official listed above. You may also complain to the US Secretary of Health and Human Services. You will not be subject to any retaliation or negative reaction from us because you filed a complaint.

Please sign below. Please note that by signing this form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.

Patient Name

Patient Signature

Date: _____