

Your Information. Your Rights. Our Responsibilities.

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

Protected Health Information

“Protected Health Information” or “PHI” is information about you, including demographic information, that may identify you and which relates to your past, present, or future physical or mental health or condition and related health care services.

The privacy of your Personal Health Information is important to us. You do not need to do anything unless you have a request or complaint.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record(s)
- Inspect a copy of your paper or electronic medical record(s)
- Request a correction of your paper or electronic medical record(s)
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information with
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint with NCP’s Privacy Officer or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated
 - Privacy Officer:
Patti Kendall, RN, BSN, MBA/HCM
1-888-525-5111
pkendall@nuclearcarepartners.com

Your Choices

You have some choices in the way that we use and share Protected Health Information, as we:

- Tell family and friends about your condition and treatment

- Provide disaster relief
- Include you in an agency directory
- Market our services
- Raise funds

Our Uses and Disclosures

We may use and share your Protected Health Information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your Protected Health Information, you have certain rights. This section explains your rights and our responsibilities with respect to your Protected Health Information.

Right to Inspect and Copy

- You can ask to see or get an electronic or paper copy of your medical record(s) and other Protected Health Information we have about you, if you make a request to us in writing. In your written request, please include your full name, date of birth, social security number, the specific medical record/records or period of treatment you are requesting, and whether you want your requested medical record/records to be in paper or electronic form.
- You can also request that we transmit a copy of your medical record(s) to another person that you identify in your written request. To do so, you must sign your written request and clearly identify the person you are designating to receive your medical record(s) and where to email or mail a copy of the record(s) to.
- We will normally provide a copy of your requested medical record(s) within 30 days of your request.
- We may charge a reasonable, cost-based fee for copying, mailing, or purchasing supplies associated with your request. However, we will not charge you a fee if you need the information for a claim or appeal for benefits under the Social Security Act or any other state or federal needs-based benefit program.

- We may deny your request in part, but we will give you access to the rest of the medical record(s) requested, providing you with a letter explaining why we denied part of your request.
- For further information, please contact our Privacy Officer if you have questions about access to your medical record(s).

Right to Request an Amendment to your Protected Health Information

- You can ask us to amend your Protected Health Information, or PHI if you think that it is incorrect or incomplete. Your request to amend your PHI must be made in writing and submitted to our Privacy Officer. In your request, please include your name, date of birth, social security number, the requested amendment, and the reason to support the requested amendment.
- If we determine that we created the medical record/records at issue and that the PHI is inaccurate, then we will correct it if that is permitted by law. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about requesting an amendment to your PHI.

Right to Request Confidential Communications

- You have a right to receive confidential communications by alternative means or at alternative locations to better protect the confidentiality of your Protected Health Information. However, your request must be reasonable and must be made in writing to our Privacy Officer. In your request, please include your name, social security number, date of birth, and how you would like to be contacted. 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 accommodate all reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. For further information, please contact our Privacy Officer.

Right to Request Restrictions

- You have the right to request that we restrict how we use and disclose your Protected Health Information for treatment, payment, or healthcare operational purposes, or to restrict the PHI that is provided to family, friends and other individuals involved in your healthcare. Although we will consider your request, we are only required to abide by a requested restriction under limited circumstances, and it is generally our policy that we will not agree to any restrictions unless required by law to do so. We may also terminate any agreement to a restriction after we notify you of such a termination.
- If you wish to request a restriction on the use or disclosure of your PHI, you must make a request in writing to our Privacy Officer. In your request, please include your name, social

security number, date of birth, what information you want to limit, the reason for the restriction, and the individuals or businesses you want the limitation to apply.

Right to an Accounting of Disclosures.

- You can ask for a list (accounting) of the times we've shared your Protected Health Information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and other certain permitted and required disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- If you would like to request an accounting of the disclosures of your Protected Health Information, please submit your request in writing to our Privacy Officer. In your request, please include your name, date of birth, social security number, and the period for which the accounting is being requested.

Right to Revoke an Authorization

- You have the right to revoke your authorization to use or disclose your Protected Health Information except to the extent action has already been taken in reliance on your written authorization.

Right to Receive a Paper Copy of this 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 promptly.

Right to Choose a Personal Representative

- 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.

Right to be Notified of a Data Breach

- You have the right to be notified following a breach of unsecured PHI if your PHI is affected.

Complaints

- You can complain if you believe that your privacy rights have been violated by contacting the Privacy Officer at 888-525-5111, or pkendall@nuclearcarepartners.com.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

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

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the cases outlined below, we never share your PHI unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your Protected Health Information?

We typically use or share your Protected Health Information in the following ways, without your written authorization.

Treat you

We can use your PHI and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your PHI to run our business, improve your care, and contact you when necessary.

Example: We use your PHI to manage your treatment plan and coordinate services.

Bill for your services

We can use and share your PHI to bill and get payment from health plans or other entities.

Example: We give your PHI to the Department of Labor and/or your health insurance plan so it will pay for your services.

How else can we use or share your Protected Health Information ?

We are allowed or required to share your PHI in other ways without your written authorization – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share your Protected Health Information for certain situations without your written authorization, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your Protected Health Information for health research.

Comply with the law

We will share your Protected Health Information if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share your Protected Health Information with organ procurement organizations.

Work with a medical examiner or funeral director

We can share your Protected Health Information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share your Protected Health Information:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share your Protected Health Information in response to a court or administrative order, or in response to a subpoena.

Health Information with Special Protection

There are federal and state laws that may protect or restrict certain types of health information from use or disclosure, including information regarding HIV/AIDS, mental health, genetic information, alcohol and drug abuse, sexually transmitted diseases and reproductive health, and child or adult abuse or neglect. We will not disclose any such confidential information unless authorized by you in writing or required to do so by law.

Uses and Disclosures that Require your Written Authorization

We can use or share your Protected Health Information for certain purposes if we obtain your written authorization. Other uses or disclosures of PHI not described in this Notice will be made only with your prior written authorization. Also, even if you have provided us with your written authorization for a certain purpose, you may revoke your authorization in writing at any time, except to the extent that we have relied on your authorization. We can use or share your PHI for the following purposes only if we first obtain written authorization from you:

- Any use or disclosure of PHI for marketing purposes, including for advertising, promotional events, and website content.
- Any sale of PHI to third parties.
- Any use or disclosure of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following any breach of unsecured PHI.
- We are required to abide by the terms of this notice that is currently in effect.
- We will let you know promptly whether a breach occurs that may have compromised the privacy or security of your PHI, after the breach is discovered.

- We will not use or share your PHI other than as described here unless you authorize us to do so 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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

How to Exercise Your Rights

To exercise your rights described in this notice, send your request in writing to our Privacy Officer at the address listed at the end of this notice. We may ask you to fill out a form that we will supply.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice at any time and the changes will apply to all PHI we have about you. A copy of our current Notice is available in our office, on our web site, and upon request.

For Further Information

Contact our Privacy Officer:

Patti Kendall, RN, BSN, MBA/HCM

1-888-525-5111

pkendall@nuclearcarepartners.com