

# Prime Care Health Solutions, LLC.

## Privacy Notice

### ***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.

### **Your Rights**

You have the following rights in regards to your Protected Health Information (PHI): Obtain a copy of PHI. You have the right to obtain an electronic or paper copy of your PHI from us. To obtain a copy of your PHI, you must send a written request. You may also request that a copy of your PHI be sent to other individuals or entities that you authorize. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable & cost-based fee.

Correct your paper or electronic medical record. If you believe your PHI is not correct, you may request that we update it. In order to do so, you must send a written request. Your request must include a reason for the correction. If your request is denied, we will provide you a written explanation as to why within 60 days.

Request confidential communication. You may request that we communicate with you about your PHI in certain ways (i.e. you may like us to contact you at a different address, post office box, or via e-mail). However, if you request that we send your PHI via e-mail, it may not be secure, meaning there is a risk your PHI may be intercepted by unauthorized third parties. To request confidential communication, you must send a written request. Your request must include how or where you would like us to send your PHI. If we are unable to contact you using the method or location you have requested; we will contact you using the information we have.

Ask us to limit the information we share. You may request restrictions on our disclosure of your PHI. In order to do so, you must send a written request. By law, we are not required to agree to the restrictions, and we may deny your request if it would affect your care. If you pay for a service or health care item out of pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information.

Get a list of those with whom we've shared your information. Except for certain disclosures, you may request a list (accounting) of the disclosures of your PHI we have made, within the past six years. To request this list, you must send a written request that specifies the time period that you are requesting. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other 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.

Receive a copy of this privacy notice. You may request a paper copy of our current notice of privacy practices, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. 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 ensure that person has this authority and can act for you before we take any action.

File a complaint if you believe your privacy rights have been violated. If you think your privacy rights have been violated, you may file a complaint with us. Or 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be retaliated against for filing a complaint.

## **Your Choices**

For certain 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, please let us know. 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, and 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 these cases we never share your information unless you give us written permission: marketing purposes, sale of your information, most sharing of psychotherapy notes. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

The following categories describe different ways that we disclose your PHI. Please note that certain types of PHI, such as HIV, genetic, substance abuse records, and mental health records will abide by special protections as dictated by state or federal law. Except where prohibited by federal and state laws, we may disclose your PHI for treatment, payment, running our business, and billing for your services without authorization as follows:

Treatment. We may use your PHI and share it with other professionals who are treating you. For example, we may disclose PHI to physicians, nurses, pharmacists, technicians, and other personnel involved in your healthcare. We may also disclose your PHI with other organizations, such as hospitals, pharmacies, and other agencies involved in your care in order to ensure everyone involved in your care has the required information they need to meet your health care needs.

Run our organization. We may use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use your PHI to monitor the staff and pharmacists providing treatment to you. We may use your PHI in efforts to improve the efficiency and quality of our business and services. We may use your PHI to create de-identified cases, which no longer identifies you.

Bill for your services. We may use and share your health information to bill and get payment from health plans or other entities for the health care services we provide to you. The information on the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

In addition to the previously listed categories, we may also disclose your PHI without your authorization for the following reasons:

Help with public health and safety issues. We may share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and/or preventing or reducing a serious threat to anyone's health or safety. We may disclose PHI relative to adverse events with respect to food, drugs, supplements, and products, or post marketing surveillance information.

Do research. We can use or share your information for health research.

Comply with the law. We will share information about you 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 may share health information about you with organ

procurement organizations.

Work with a medical examiner, coroner, or funeral director. We may share health information with a coroner, medical examiner, or funeral director when an individual passes away so they can carry out their duties.

Address workers' compensation, law enforcement, and other government requests. We may use or share health information about you:

- 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 may share health information about you in response to a court or administrative order, or in response to a subpoena.

Business Associates: Third party providers that we contract with can use your PHI on behalf of Prime Care Health Solutions for performing services such as: billing, copy, or consulting. These service providers may need to access PHI to perform services for us. They are required by contract and law to protect your PHI and only disclose it as necessary. They only receive the minimum amount of PHI in order to properly perform their duties.

To Communicate with Individuals Involved in your Care or payment for your care. We may disclose PHI to your personal representative or to a family member, close friend, or other relative who you identify. This PHI would be directly relevant to that person's involvement in your care or payment for your care.

Health Oversight Activities: Federal healthcare programs and other authorized agencies may require us to disclose your PHI for activities authorized by law for the following purposes: audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

Notification: We may disclose your PHI to notify a family member, personal representative, or another individual responsible for your care regarding your location and general condition.

Correctional Institution: If you are an inmate or become admitted to a correctional institution, we may share PHI necessary for your health and the health of others with the institution or one of its agents.

#### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request. I certify that I have read, fully understand, and accept all terms of the foregoing statements. Terms & Conditions of Service \* Our programs and services including the counseling or coaching session can run up to 1 hour maximum & does not include diagnosis of depression or any condition. Any time spent over 1 hour will be subjected to additional charges.

The healthcare professional (acting on behalf of Prime Care Health Solutions) that interacts with the patient is not responsible for your changes in actions/thoughts/or behavior. However, the healthcare professional is responsible for reporting any suicidal attempts or discussion with appropriate personnel & will act in the best interest of the patient.

Payments are due in the full amount and non-refundable before any service will be performed. The patient will be sent a link to schedule an appointment after payments are made & the test results are received. Moreover, the appointment cannot be rescheduled at any time. If the patient decides to cancel the appointment, payments are non-refundable and the whole service package will be forfeited.

If you would like more information about your privacy rights, please contact Prime Care Health Solutions by email at [privacy@primecarehs.com](mailto:privacy@primecarehs.com).

To the extent you are required to send a written request to Prime Care Health Solutions to exercise any right described in this Notice, you must submit your request to Prime Care Health Solutions at:

Prime Care Health Solutions, LLC.

13601 Preston Road, Suite 520 West, Prime Care Health Solutions

Dallas, TX 75240

Attn: Privacy Officer

Fax: 817-617-0267

Email: [privacy@primecarehs.com](mailto:privacy@primecarehs.com)

*\*Do Not Sign Until You Have Read And Agree with The Privacy Policy.*

I have read and agree to the terms of Prime Care Health Solutions privacy policy.

**Signature (Full Name)**

**Date: MM/DD/YYYY**