

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.

Effective date: January 1, 2024

This notice of privacy practices (this "Notice") applies to all of the health information about you that we create, hold, or transmit. This includes information about your past, present, or future physical or mental health conditions or payment for your health care, including the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal provider.

Our Responsibilities: We are required by law to maintain the privacy of your health information; provide individuals with notice of our legal duties and privacy practices with respect to health information; and to notify you following a breach of unsecured protected health information. We are required to abide by all terms of this Notice currently in effect.

Uses and Disclosures: How we may use and disclose health information about you. The following categories describe examples of the ways we use and disclose health information:

- **For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different providers may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you, such as for specialized care.
- **For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer. For example, we may need to give your insurance company information about your procedure so they will pay us or reimburse you for the treatment. We may also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it.
- **For Healthcare Operations:** We can use and disclose your health information to run our practice, improve your care, and contact you when necessary. Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may also use and disclose health information to arrange for legal services, conduct training programs, review the competence and qualifications of healthcare professionals, and perform licensing activities. We may also use your health information to contact you about our



health-related products and services, to recommend treatment options or alternatives that may be of interest to you, to send you patient satisfaction surveys, and to remind you about your appointments. We may make incidental disclosures of limited health information, such as by mailing statements to you with your name on the envelope or by calling your name in the waiting room to call you back for your appointment. .

Business Associates: There are some services provided in our organization through contracts with business associates, such as a billing services provider or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort in order to assist with the provision of this notice.

Research: The use of health information is important to develop new knowledge and improve medical care. We may use or disclose health information for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study with your consent.

Health Information Exchange/Regional Health Information Organization: Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers and/or other healthcare industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include, but not be limited to: improving the accuracy and increasing the availability of your health records, decreasing the time needed to access your information, aggregating and comparing your information for quality improvement purposes, and such other purposes as may be permitted by law.

As Required by Law: We may disclose information when required to do so by law, such as disclosure to the U.S. Department of Health and Human Services if it requires us to disclose health information in connection with determining if we are complying with federal privacy law.

For public health activities. We may disclose your health information to public health authorities that are authorized by law to conduct public health activities, such as activities for the prevention or control disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if we or a public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

To report abuse, neglect or domestic violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your health information to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence.

For health oversight activities. We may disclose your health information to a health oversight agency for activities authorized by law. This includes audits, investigations, inspections and licensure actions.

To respond to organ and tissue donation requests. We may share your health information with organ procurement organizations other entities involved in procuring, banking and transplanting organs, eyes and tissues to assist with donation or transplantation.

To work with a medical examiner or funeral director. We may share health information with a coroner or medical examiner, which may be necessary to identify a deceased person or determine their cause of death. We may also share health information with a funeral director, as permitted by applicable law, to enable the funeral director to carry out their duties.

To avert serious threats to health or safety. We may disclose your health information when permitted by law to prevent a serious and imminent threat to the health or safety of a person or the public.

For specialized government functions. To the extent applicable, we may disclose your health information for specialized government functions, including military and veterans' activities, national security and intelligence activities, and correctional institutions.

For worker's compensation purposes. To the extent applicable, we may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Limited data and de-identified data. We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health and healthcare operations, provided the recipients of the data set agree to keep it confidential. We may also de-identify your health information and use and disclose the de-identified information for purposes permitted by law.

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative Proceedings: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Authorization Required: Before we use or share your health information for a purpose not covered by this Notice or allowed by law, we will obtain your authorization. For example, we must obtain your written authorization for most uses and disclosures of psychotherapy notes, to use or disclose your protected health information for marketing purposes or to sell your protected health information. You may revoke your authorization in writing at any time. When we receive your revocation, we will stop using or disclosing your health information as requested, except to the extent we have already taken action in reliance on your authorization.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Your Health Information Rights: You have the following rights with respect to your health information:

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. In most cases, we will provide you, or any person you designate, with a copy of your record within thirty (30) days of your written request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amend:** If you feel that health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial within sixty (60) days of your request.
 - **An Accounting of Disclosures:** You have the right to request an accounting of disclosures of your health information we have made for six (6) years prior to the date of your request. This is a list of disclosures we make of your health information, other than certain types of disclosures such as for purposes of treatment, payment, or healthcare operations or disclosures you have authorized.
 - **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 healthcare 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 your care, like a family member or friend. For example, you could ask that we not disclose information about a surgery you had. We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or healthcare operations (and not treatment purposes), and 2) your information pertains solely to healthcare services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
 - **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way. For example, you may ask that we contact you work instead of at home. We will grant reasonable requests for confidential communications via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by our providers and related correspondence regarding payment for services. Please realize, we reserve the right to communicate with you by other means if you fail to respond to any

communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means.

- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice, even if you have previously agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. This Notice will also be available on our website at <https://crossroadsmedicalgroup.com/>.
- **Select Someone Else to Act For You.** If you have granted another person your medical power of attorney, or if another person is your legal guardian, that individual may exercise the rights listed above. We will verify that this person has the authority to act on your behalf before they may do so.

Changes to this Notice: We reserve the right to change this Notice, and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in our facilities **[and our website at <https://crossroadsmedicalgroup.com/>]** and include the effective date. In addition, each time you register at our facility for treatment or healthcare services, we will offer you a copy of the current Notice in effect.

Complaints: You may file a complaint with our Privacy Officer if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint. To do so, you may contact us at: 615-672-7122. You also have the right to 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, DC 20201 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints.