# CareCentrix, Inc. Notice of Privacy Practices

# Your Information. Your Rights. Our Responsibilities.

This notice describes how your Protected Health Information as defined under HIPAA ("Health Information") may be used and disclosed and how you can get access to your Health Information. **Please review it carefully.** 

# **Your Rights**

When it comes to your Health Information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

## Get an electronic or paper copy of your Health Information

- You can ask for an electronic or paper copy of your Health Information. Ask us how to do this.
- We will provide a copy or a summary of your Health Information as required under HIPAA, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

## Ask us to correct your Health Information

- You can ask us to correct your Health Information that you think is incorrect or incomplete as required under HIPAA. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- 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 say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain Health Information for treatment, payment, or our
  operations. We are not required to agree to your request, and we may say "no" if it would affect
  your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared your Health Information

- You can ask for a list (accounting) of the times we've shared your Health Information as required under HIPAA 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 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.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, and we will provide it to you 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 make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at compliance@carecentrix.com or by calling 1-877-848-8229.
- You can 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 Health Information, you can tell us your choices about what we share.** If you have a clear preference for how we share your Health 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 your Health Information with your family, close friends, or others involved in your care
- Share your Health 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 Health Information if we believe it is in your best interest. We may also share your Health 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

Any sharing of psychotherapy notes

• In the case of fundraising efforts, we can contact you, but you can tell us not to contact you

again

**Our Uses and Disclosures** 

How do we typically use or share your Health Information?

We typically use or share your Health Information in the following ways.

Provide or arrange services for you

We can use your Health Information and share it with others as needed to provide or arrange

services for you.

**Treatment** 

We can use your Health Information for treatment purposes and share it with providers who treat

you.

Run our organization

We can use and share your Health Information to run our organization, improve your services, and

contact you when necessary.

Bill for your services

We can use and share your Health Information to bill and get payment for your services.

How else can we use or share your Health Information?

We are allowed or required to share your Health Information in other ways – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before

we can share your Health Information for these purposes. For more information see:

 $\underline{www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.}$ 

These other ways we can use or share your Health Information include the following:

Help with public health and safety issues

We can 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
- Preventing or reducing a serious threat to anyone's health or safety

## Comply with the law

We will share your 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 Health Information about you with organ procurement organizations.

#### Research

We can use or share your information for health research, although we currently do not conduct any research that would require us to do so.

#### Work with a medical examiner or funeral director

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

# Our Responsibilities

- We are required by law to maintain the privacy and security of your Health Information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your Health Information as required by law.

- 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 Health 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.

## **Contact Us**

You may contact us if you have questions about our privacy and security practices, wish to exercise your rights under this Notice or otherwise speak with our Privacy or Security Officer by calling 1-877-848-8229 or sending an email to compliance@carecentrix.com.

# **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all of your Health Information. The new notice will be available upon request, in our office, and on our web site.

Effective Date: July 12, 2019

This Notice of Privacy Practices applies to CareCentrix, Inc. and its subsidiaries and affiliates.

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