

HIPAA Notice of Privacy Practices

Effective Date: December 14, 2022

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.

I. Scope of Notice

This Notice of Privacy Practices (“Notice”) applies to all Protected Health Information (“PHI”) about you (the patient) held or transmitted by Hopscotch Primary Care (“we”, “our”, “us”). PHI is individually identifiable health information about your past, present, or future physical or mental health condition or payment for healthcare or about the provision of care to you. PHI may include information about your condition or treatment, diagnostic tests and images, and related health information.

II. Our Responsibilities

At Hopscotch Primary Care, we understand that your PHI is personal, and we are committed to protecting your privacy. We are required by law to:

- Maintain the privacy of your PHI as outlined in this Notice.
- Provide you with notice of our legal duties and privacy practices related to your PHI.
- Notify affected individuals promptly following a breach of unsecured PHI that may have compromised the privacy or security of your PHI.
- Follow the terms of the Notice currently in effect.

III. 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 medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may require that you put your request in writing. Ask us how to do this.
- We will provide a copy or a summary of your health information to you or the person you designate within 30 days of your request. We may charge a reasonable, cost-based fee for labor, supplies and/or postage consistent with applicable laws.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will 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 healthcare 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.
- You may also request to opt out of participation in Health Information Exchanges (HIEs) and Patient Record Sharing.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your 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 healthcare operations, and certain other disclosures (such as any you asked us to make). We will supply one accounting per 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, 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, if someone is your legal guardian, or if someone is authorized by law to make healthcare decisions for you (known as a “personal representative”), that person can exercise your rights listed above.
- 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 using the following information:
 - By English-speaking USA: 833-204-4687
 - Spanish-speaking USA: 800-216-1288
 - Via email at reports@lighthouse-services.com
- 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.

IV. Our Uses and Disclosures of PHI

For certain categories of uses and disclosures of your PHI, we are not required by law to get your prior authorization. Not every use or disclosure within a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically or by other methods. We may use or disclose your PHI in the following ways:

- ***To treat you.*** We can use your PHI and share it with other professionals who are treating you. For example, we can disclose your PHI to a physician to whom we refer you for specialized care.
- ***To run our organization.*** We can use and disclose your PHI to run our practice, improve your care, and contact you when necessary. We may use and disclose your PHI for our healthcare operations, which includes quality assessment and improvement activities, arranging for legal services, conducting training programs, reviewing the competence and qualifications of healthcare professionals, and licensing activities. We may also use your PHI 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 PHI, 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.
- ***To bill for your services.*** We can use and disclose your PHI to bill and get payment from health plans or other entities. For example, we disclose your PHI to your health insurance plan so it will pay for your services.
- ***To our business associates.*** We may disclose your PHI to one or more of our service providers, known as “business associates,” in order for them to provide services to us or on our behalf. Our business associates are required by written agreement to safeguard your PHI and otherwise protect your privacy as required by law.

- **To Health Information Exchanges.** We may disclose your PHI to one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your healthcare providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.
- **To individuals involved in your care or payment for your care.** We may disclose your PHI to your family, friends or any other individual you identify when they are involved in your care or in payment for your care. Moreover, if a person has the authority by law to make healthcare decisions on your behalf (i.e., a patient representative), we may disclose your PHI to that patient representative and treat the patient representative the same way we would treat you with respect to your PHI. We may also disclose your PHI to a public or private entity authorized by law to assist in disaster relief efforts in order to notify, or assist in notifying, a family member or personal representative about your location, general condition or death.
- **For public health activities.** We may disclose your PHI 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 PHI 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 comply with the law.** We will share your PHI if state or federal law requires it, including disclosure to the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **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 PHI to a government authority (such as a social service protective agency) that is authorized by law to receive reports of abuse, neglect or domestic violence.
- **For health oversight activities.** We may disclose your PHI 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 PHI 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 PHI 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 PHI with a funeral director, as permitted by applicable law, to enable the funeral director to carry out their duties.
- **To law enforcement.** We may disclose your PHI for law enforcement purposes as permitted by the Health Insurance Portability and Accountability Act (HIPAA), as required by law, or in response to a subpoena or court order.
- **To avert serious threats to health or safety.** We may disclose your PHI when permitted by law to prevent a serious and imminent threat to the health or safety of a person or the public.
- **To respond to lawsuits and legal actions.** We can disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or by us, to tell you about the request or to obtain an order protecting the information requested.
- **To conduct research.** We can use or disclose your PHI for health research as permitted by applicable law.
- **For specialized government functions.** To the extent applicable, we may disclose your PHI for specialized government functions, including military and veteran's activities, national security and intelligence activities, and correctional institutions.

- ***For worker's compensation purposes.*** To the extent applicable, we may disclose your PHI 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 PHI and use and disclose the de-identified information for purposes permitted by law.

V. Authorization for Other Uses or Disclosures of PHI

Before we use or share your PHI for a purpose not covered by this Notice or allowed by law, we will obtain your written permission. For example, we will ask for your authorization to use your PHI for marketing purposes, to sell your PHI, or for most uses or disclosures of psychotherapy notes. You may revoke your authorization in writing at any time; upon receipt of your revocation we will stop using or disclosing your PHI as requested, except to the extent we have already taken action in reliance on your authorization.

VI. Changes to this Notice

We reserve the right to make changes to the terms of this Notice. If we do, we will make the new notice provisions effective for all protected health information we maintain. If we change this Notice, we will post the new Notice on our website and will provide you a paper copy upon request in our offices.