

HIPAA 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (which we will abbreviate “PHI”) to carry out treatment, payment or health care operations (which some refer to as “TPO”), and for other purposes that are permitted or required by law.

This Notice of Privacy Practices also describes your rights to access and control your PHI. “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of PHI: Your PHI may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.
2. Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may request diagnosis information from your physician to ensure the correct supplies are being provided.
3. Payment: Your PHI may be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant PHI be disclosed to the health plan to obtain approval for coverage.
4. Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of our organization. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our staff. These activities include, but are

not limited to, quality assessment activities, employee reviews, and conducting or arranging for other business activities. For example, we may disclose your PHI to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your PHI, as necessary, to contact you to check the status of your supplies.

5. We may use or disclose your PHI in the following situations without your authorization, subject to all applicable legal requirements and limitations: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements.
6. Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law.
7. We will not use or disclose your health information for any purpose other than those identified in the previous sections without your authorization. We also will not use or disclose your PHI for our marketing purposes or for the purpose of selling your health information.
8. You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.
9. Your Rights: The following is a statement of your rights with respect to your PHI.
 - a. You have the right to inspect and copy your PHI. You have the right to inspect and copy your health information, such as medical and billing records. We will provide you with a copy in the form and format requested where possible. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative

action or proceeding, and PHI that is subject to law that prohibits access to PHI.

- b. You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional. We are required to agree to your request if you pay for supplies “out of pocket” and you request the information not to be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.
- c. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically. You may also find a copy of this Notice on our website, www.attends.com.
- d. You may have the right to have our organization amend your PHI. 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.
- e. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This is a list of any disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you. We reserve the right to change the terms of this notice and will inform you by

mail of any changes. You then have the right to object or withdraw as provided in this notice.

10. Breach of Health Information: In the case of a breach of unsecured health information, we will notify you as required by law.
11. Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Privacy Officer of your complaint at Info@tryhemispheres.com . We will not retaliate against you for filing a complaint.
12. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. If you have any questions concerning this Notice, or objections to this Notice, please contact our Privacy Officer at Info@tryhemispheres.com .
13. Associated companies with whom we may do business, such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided. There may be instances where we use or disclose your medical information with business associates who provide services for us. We have a written contract with each of these associates containing terms requiring them to protect the confidentiality and security of your PHI.
14. We welcome your comments: Please feel free to contact our Privacy Officer at Info@tryhemispheres.com . Contact us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.

This notice was published and becomes effective on/or before November 2024.

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