

PAM HEALTH LLC

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

The terms of this Notice of Privacy Practices apply to PAM Health, LLC and each of its subsidiaries, affiliates, and entities managed or controlled by PAM Health, including the corporate office and its employees. All of the entities will share personal health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. Use or disclosure pursuant to this Notice may include electronic transmittal or disclosure of your personal health information.

Should we make a change, you may obtain a revised copy from the location providing treatment.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your health information. We call this information protected health information, or PHI for short and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice as long as it remains in effect.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Should we make a change, you may obtain a revised copy from the Privacy Officer or the location providing treatment. The notice will contain on the first page, in the top right-hand corner, the effective date.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

- **Authorization.** We will not use or disclose your PHI for any purpose other than treatment, payment and healthcare operations, unless you have a signed form authorizing the use or disclosure, with exception to the situations outlined below. You have the right to revoke that authorization in writing and we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.
- **Uses and Disclosures for Treatment.** We may use and disclose your PHI as necessary for your treatment. For example, physicians, nurses and other health care professionals involved in your care will use information in your medical record and medical information that you provide to plan your course of treatment. This may include procedures, medications, tests, etc.
- **Uses and Disclosures for Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims and/or assist in payment collection activities.
- **Uses and Disclosures for Health Care Operations.** We may use and disclose your PHI as necessary, and as permitted by law, for our health care operations. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

We may use and disclose your PHI without your authorization for the following reasons:

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| ● Public health activities | ● Workers' Compensation |
| ● Health oversight activities | ● Fundraising |
| ● Purposes of organ donation | ● Business Associates |
| ● Research | ● Data breach notification |
| ● To avoid harm | ● Future communications |
| ● Specific government functions | ● Inmates or individuals in custody |
| ● When required by federal, state or local law, judicial or administrative proceedings or law enforcement. | ● Appointment reminders and health-related benefits or services. |

USES AND DISCLOSURES THAT REQUIRE YOU HAVE THE OPPORTUNITY TO OBJECT

- **Patient Directories.** We may include your name, location in this facility, general condition, and religious affiliation in our patient directory for use by clergy and visitors who ask for you by name unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergencies.
- **Family and Friends Involved In Your Care.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. If you are unavailable, incapacitated, or facing an emergency medical situation, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster.

RIGHTS YOU HAVE REGARDING YOUR PHI

- **Access to Your Protected Health Information.** In most cases, you have the right to look at or get copies of your PHI that we have. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and/or receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer or Medical Records Department. If your PHI is created and maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If you request copies of your PHI, we may charge a fee for the costs of copying, transmitting, mailing or other supplies associated with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
- **Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We will honor your request so long as we can easily provide it in the format you requested.
- **Right to an Accounting of the Disclosures We Have Made.** You have the right to get a list of certain instances in which we have disclosed your PHI. Requests must be made in writing and must state a time period, which may not be longer than six years. We will respond within 60 days of receiving your request. The first accounting in any 12-month period is free. However, we may charge a fee for each subsequent accounting you make in the same year.
- **Right to Amend or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Privacy Officer or Medical Records Department. We are not obligated to make all requested amendments but will give each request careful consideration. If we approve your request, we will make the change to your PHI and may notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.
- **The Right to Get Notice of a Breach.** In the event of any breach of unsecured PHI, we will comply with the HIPAA/HITECH breach notification requirements, which will include notification to you.
- **Out-of-Pocket Payments.** If you paid out-of-pocket (and you have requested in writing that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. We will honor that request unless it is required by law to do otherwise.
- **The Right to Request This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice. To obtain a paper copy of this notice, please contact the Privacy Officer.

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.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer. All complaints must be in writing. You also may send a written complaint to the Secretary of the Department of Health and Human Services in Washington, D.C. within 180 days of an alleged violation of your rights. We will take no retaliatory action against you if you file a complaint about our privacy practices.

PERSON TO CONTACT FOR FURTHER INFORMATION OR ASSISTANCE

If you have any questions or need further assistance regarding this notice please contact:

Privacy Officer
C/O PAM Health, LLC
1828 Good Hope Road, Suite 101
Enola, Pennsylvania 17025 HIPAAPrivacy@postacutecorporate.com
833-246-1088