

Revival Infusion Madison

5.11 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: 2/1/2022

If you have questions about this notice, please contact Revival Infusion Madison.

1. Who Will Follow This Notice?

This notice describes the practices of:

- a. Revival Infusion Madison
- b. Any health care professional authorized to enter information into your medical record maintained by Revival Infusion Madison
- c. Any persons or companies with whom Revival Infusion Madison does business, i.e., "Business Associates."
- d. All these persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes and other purposes described in this notice.

2. The Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from Revival Infusion Madison. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of and billing for your care that are generated or maintained by Revival Infusion Madison, whether made by clinic personnel or other health care providers. Other health care providers may have different policies or notices about confidentiality and disclosure that apply to your medical information that is created in their offices or at locations other than Revival Infusion Madison.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- a. Ensure that personally identifiable medical information is kept private
- b. Give you this notice of the legal duties and privacy practices of Revival Infusion Madison, and your legal rights, with respect to medical information about you
- c. Follow the terms of the notice that are currently in effect

3. How We May Use and Disclose Information About You

The following categories describe different ways that we may use and disclose medical information. Each category of use and disclosure is explained, and examples are provided. Not every use or disclosure in a category will be listed. However, all of the methods in which we are permitted to use and disclose information will fall within one of these categories.

For treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers or other personnel who are involved in your care at Revival Infusion Madison. We also may disclose medical information about you to people outside Revival Infusion Madison who may be involved in your medical care after you have been treated by our providers, such as friends, family members or employees/medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from Revival Infusion Madison may be billed by Revival Infusion Madison and payment may be collected from you, an insurance company or a third party. For example, we may need to share your health plan information regarding treatment you received from Revival Infusion Madison to receive reimbursement for treatment. We also may disclose information about you to another health care provider, such as a hospital or skilled nursing facility to which you are admitted, for their billing purposes.

For Health Care Operations. We and the business associates may use and disclose medical information about you for health care operations. These uses and disclosure are necessary to operate Revival Infusion Madison and make sure that all of our patients receive quality care. For example, we may use medical information to review the treatment and services provided, and to evaluate the performance of the staff in caring for you. We may also combine medical information about many patients to decide what additional services Revival Infusion Madison should offer, and the services that are not needed. We may also disclose information to doctors, nurses, technicians and other personnel affiliated with Revival Infusion Madison for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers for a comparison of how we are doing, and to determine where improvements can be made to our services offered.

We may remove personally identifiable information from this set of medical information so others may use it to study health care and health care delivery without knowing the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you have received care from that provider.

Treatment Alternatives. We may use and disclose medical information to inform you about or recommend different treatment alternatives.

Individuals Involved in Your Care or Payment of Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. Individuals responsible for paying for some or all of your care may also receive information. In addition, medical information about you may be disclosed to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You can object to these releases by letting us know that you do not wish any individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care, or to an entity assisting in a disaster relief effort.

As Required or Permitted by Law. We may disclose medical information about you when required or permitted to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Individuals who appear to have the ability to prevent a threat will be provided limited information on a need-to-know basis.

4. Special Situations

Active Duty Military Personnel or Veterans. Active duty members of the armed forces and Coast Guard may need to be assessed for fitness for duty; therefore, we must share certain information to the commanding officer or other command authority so that fitness for duty or a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military

authority. We may also use and disclose medical information about you to components of the Department of Veterans Affairs to determine benefit eligibility.

Workers' Compensation. In accordance with state law, without your consent, we may release medical information about your treatment for a work-related injury or illness for which you claim workers' compensation through your employer, insurer or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities without your consent. These activities generally include but are not limited to the following:

To report, prevent or control disease, injury or disability

To report births and deaths

To report reactions to medications or problems with products

To notify individuals of recalls of products they may be using

To notify someone who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

To report suspected abuse or neglect as required by law

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law without your consent. These oversight activities may include audits, investigations, inspections and licensure. The government uses these activities to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.

Law Enforcement. We may release medical information to a law enforcement officer without your consent:

In response to a court order, warrant, summons, grand jury demand or similar process

To comply with mandatory reporting requirements for injuries sustained from violence, such as gunshot wounds, stab wounds and poisoning

In response to a request from law enforcement for certain information to help locate a missing person, suspect, fugitive or material witness

To report a death or injury we believe may be the result of criminal activities

To report suspected criminal activities committed at Revival Infusion Madison

Coroners and Medical Examiners. We may release medical information to a coroner or medical examiner without your consent. As an example, this may be done to identify a deceased person or to determine the cause of death. We may also release medical information about deceased patients of Revival Infusion Madison to funeral directors in order for them to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you as required by applicable law, without your consent, to authorized federal or state officials for intelligence, counterintelligence or other governmental activities prescribed by law to protect national security.

Protective Services for the President and Others. We have the right to release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Psychotherapy Notes. Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside Revival Infusion Madison except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within Revival Infusion Madison, except for training purposes or to defend a legal action brought against the practice, unless you have properly authorized such disclosure in writing.

Inmates. If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official indicates to Revival Infusion Madison that such medical information is necessary to provide you with health care, to protect the health and safety of you or others, to protect the safety and security of officers, employees or others at the correctional institution or involved in your transportation, for law enforcement to maintain safety and order at the correctional institution, or to obtain payment for services provided to you. If you are in the custody of the Florida Department of Corrections (DOC) and the DOC requests your medical records, we are required to provide the DOC with access to your record.

5. Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to inspect and copy. You have the right to review and receive a copy of your medical records, unless your provider determines that releasing your medical information to you would be detrimental to your mental or physical health. If we deny your request to review and receive a copy of your medical information on this basis, you may request a review of the denial. Another licensed health care professional chosen by Revival Infusion Madison will review your request and the denial. The person conducting the review will not be the same person who denied your request. The decision of the reviewer will stand.

If we have all or any portion of your medical information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

Your medical information is contained in records that are the property of Revival Infusion Madison. To review or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Revival Infusion Madison's Privacy Officer. If you request the copy of the information, a fee may be charged for the costs of copying, mailing or other supplies associated with your request, and the fee will be collected before providing a copy of the records. Upon agreement, we may provide you with a summary of the information instead of providing access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for the preparation of the summary or explanation.

Right to Amend. If you feel the medical information in your record is incorrect or incomplete, you may ask for an amendment to the information. You have the right to request an amendment for as long as the information is kept by or for Revival Infusion Madison.

A request for an amendment must be made in writing to Revival Infusion Madison's Privacy Officer. A reason supporting the amendment must be provided. We may deny your request for an amendment if it is not in writing or does not include a valid supporting reason. In addition, we may deny your request for an amendment of information that:

- was not created by Revival Infusion Madison, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the medical information created or maintained by Revival Infusion Madison
- is not part of the information that you would be permitted to review and copy
- has been determined to be correct and complete

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

Right to an Accounting of Disclosures. You have the right to request a list of certain medical information disclosures we have made about you in the past six years.

To request this list or accounting of disclosures, a written request must be submitted to Revival Infusion Madison's Privacy Officer and state if paper or electronic delivery is desired. No more than six years can be requested. The first list requested within a 12-month period will be free. For additional lists, a fee may be charged for the costs of providing the list. You will receive notification of costs before we process your request. At that time, you may withdraw or modify your request before any costs are incurred. We may collect the fee before providing the list to you.

Right to Request Restrictions. Except where we are required to disclose the information by law, you have the right to request a restriction or limitation of the medical information we use or disclose about you.

Revival Infusion Madison is not required to agree with your request, with the exception of restrictions on disclosures to your health plan, as described below. If we agree, we will comply with your request unless emergency treatment is required.

To request restrictions, make your request in writing to Revival Infusion Madison's Privacy Officer. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit the use, disclosure or both, and (3) to whom the limits should apply, such as disclosure to your spouse.

You may request that we do not disclose your medical information to your health insurance plan for some or all of the services you receive during a visit to any Revival Infusion Madison location. If you pay the charges for those services you do not want disclosed in full at the time of such service, we are required to agree to your request. "In full" means the total amount we charge for the service, not your copay, coinsurance or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your medical information for a certain service, please let us know as early as possible in your visit.

Right to Request Confidential Communications. You have the right to request that we communicate with you via specific methods or at a specific location. For example, you can request that we only contact you at work or by mail, or by using a mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice or any revised notice. You may request a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To receive a copy of this notice, request a copy from Revival Infusion Madison's Privacy Officer in writing.

6. Changes to This Notice

We reserve the right to change this notice, and to make the revised or changed notice effective for current or future medical information. A copy of the current notice will be posted in Revival Infusion Madison's office. The effective date of the notice will be located on the first page, in the top right-hand corner. If the notice is changed or revised, a copy will be available to you upon request.

7. Investigations of Breach of Privacy

We will investigate any discovered unauthorized use or disclosure of your medical information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, you will be provided notice of the breach and advised on the steps we intend to take to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

8. Complaints

If you believe your privacy rights have been violated, a complaint may be filed with Revival Infusion Madison or with the Secretary of the United States Department of Health and Human Services. Contact the clinic for instructions on filing a complaint with Revival Infusion Madison. All complaints must be submitted in writing. **There is no penalty for filing a complaint.**

9. Other Uses of Medical Information

Uses and disclosures of medical information not covered by this notice may only be made with your written authorization or as required by law. If you authorize us to use or disclose medical information about you, a written revocation of authorization may be made at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Revival Infusion Madison's Privacy Officer. If permission to use your information is revoked, we will no longer use or disclose medical information about you for the purposes that you previously had authorized in writing. You understand that we are unable to withdraw any previous disclosures made with your permission, and that we are required to retain the records of the care that we provided to you.