

# HIPAA

## NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Notice of Privacy Practices (NOPP) describes how medical information about you may be used and disclosed and how you can get access to this information.

Incredible Health, LLC values your privacy and trust. To serve you, we need personal information from you and possibly your associated healthcare providers. This includes things like your name, mental and physical health conditions, address and other things that identify you. This information is called protected health information (PHI). The law requires us to protect your PHI. We take that requirement seriously. We use and disclose PHI only as allowed by law. For example, when we provide your prescription to a pharmacy, we will use and disclose your PHI.

The law also requires us to let you know how we use and protect your PHI. We've put together this document, called a Notice of Privacy Practices (NOPP) to help you understand how we use, protect and disclose your PHI. The NOPP helps us tell you that you have legal rights related to your PHI. We'll tell you what your rights are and how to exercise them. The law also requires us to give you a copy of this NOPP.

We're going to ask that you acknowledge you've received, read and understand this NOPP. Your PHI will only be used and disclosed as described in the NOPP. If we need to use and disclose your PHI in a way not described, we will get your written authorization before the use and disclosure. We might need to change this NOPP in the future. If this happens, we will give you the new NOPP within 60 days of changing it.

### Section A: Uses and Disclosures of Protected Health Information

1. **For Treatment:** The law lets us use and disclose your PHI for treatment. We get information from you and possibly your health care providers to provide your care. We keep records about your management of your medication and information that helps us do that. This means that we are communicating with your healthcare team to treat you and provide your medication. For example, the pharmacist may talk to your doctor about your medication, treatment, condition or other information like how you are doing with your treatment. We may use and disclose your PHI, without your authorization when the physician needs to contact the pharmacy about your prescriptions, for example.
2. **Storage and Backup:** We store your PHI on cloud-based electronic medical record (EMR) software. We may store some of your PHI electronically on computers. We backup our electronic records frequently and securely. We use precautions to reasonably safeguard your PHI. Even with those safeguards, a computer crash, disaster, technological failure or emergency could cause the loss of your PHI.
3. **Other Communication:** We may contact you to provide refill reminders, health screenings, wellness events, newsletter, offerings, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

4. **Business Associates:** Incredible Health, LLC works with other companies or people to operate our business who aren't directly employed by us. These are people or companies who work with us under contract or as we need them. If those companies or people have access to your PHI, they are called Business Associates. Business Associates may use, change or create PHI. We require business associates to protect your PHI in the same way we do. We have agreements with our business associates where they promise to keep your PHI private. We only give business associates the information they need to do their jobs.
5. **Other Disclosures:** There are other times that we can use or disclose your PHI without your authorization. However, Incredible Health, LLC may never have reason to make these disclosures.
  - Most uses and disclosures of psychotherapy notes
  - Uses and disclosures of PHI for marketing
  - Disclosures that involve sale of your PHI
  - Payment for products and services
  - Healthcare operations
    - To Communicate with Individuals Involved in Your Care. We may disclose to a family member, other relative, close personal friend or any other person you identify, PHI that helps the person care for you.
    - Food and Drug Administration (FDA). We may disclose to the FDA, or people working for the FDA, PHI about adverse events involving drugs, foods, supplements, products and product defects, or post-marketing surveillance information that helps the FDA do product recalls, repairs, or replacements.
    - Worker's Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with worker's compensation or other similar programs established by law.
    - Public Health. As required by law, we may disclose your PHI to public health or legal authorities who work to prevent or control disease, injury, or disability.
    - Law Enforcement. We may disclose your PHI to law enforcement as required by law or in response to a subpoena or court order.
    - Health Oversight Activities. We may disclose your PHI to an oversight agency for activities like audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and civil rights laws.
    - Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose your PHI if we get a court or administrative order. We may also disclose health information about you if we get a subpoena, discovery request, or other lawful process instituted by someone else, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.
    - We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
    - Coroners, Medical Examiners, and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify

- a deceased person or determine the cause of death. We may also disclose PHI to funeral directors to allow them to carry out their duties.
- Organ or Tissue Procurement Organizations. We may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
  - We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.
  - You may opt out of fundraising communications at any time.
  - Correctional Institution. If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other people.
  - To Avert a Serious Threat to Health and Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
  - Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
  - National Security, Intelligence Activities and Protective Services for the President and Others. We may release PHI about you to federal officials for intelligence.
  - Victims of Abuse or Neglect. We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law. If you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
  - Other uses and disclosures. These may be made only with your written authorization and include, but are not limited to:

You may revoke your authorization by notifying us as described in Section C.

## Section B: Your PHI Rights

1. You may ask us to restrict uses and disclosures of your PHI to carry out treatment, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care. However, we are not required to agree to your request if we think it is unreasonable. If you want us to restrict uses and disclosures, please request this in writing and let us know: (i) the information to be restricted, (ii) the type of restriction being requested (for example, on the use of information, the disclosure of information, or both), and (iii) to whom the limits should apply.
2. You have the right to request the following with respect to your PHI: (i) inspection and copying, (ii) amendment or correction, (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, disclosures to you, disclosures to your caregivers, for notifications otherwise excluded by law), and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

3. You may request, and we must accommodate the request, if reasonable, to receive communications of PHI by alternative means or at alternative locations. To make this request please contact, in writing:

Incredible Health, LLC  
Toni Harrison MD  
Privacy Officer  
10595 N Tatum Blvd, STE E-141  
Paradise Valley, AZ 85253

4. You have the right to get notice of a security breach. We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after we discover the breach. Unsecured Protected Health Information is PHI that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:
  - A short description of what happened, the date of the breach and the date it was discovered;
  - The steps you should take to protect yourself from potential harm from the breach;
  - The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
  - Contact information where you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on our website or in a major print or broadcast media.

5. If you are paying for your healthcare yourself, and not claiming reimbursement from your private insurance company, you may ask that we not disclose your PHI to your private insurance company. We are required to honor that request.
6. If you are a minor who has lawfully provided consent for treatment and you wish for Incredible Health, LLC to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a staff member or the Privacy Officer.
7. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section C or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

#### Section C: Contacting Us

You may contact us for further information at:

Incredible Health, LLC  
Toni Harrison MD  
Privacy Officer  
10595 N Tatum Blvd Ste E-141  
Paradise Valley, AZ 85253