



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR PHI AND OUR RESPONSIBILITIES TO PROTECT YOUR PHI. PLEASE REVIEW IT CAREFULLY.

Dear Patient,

Federal law requires Premier Weight Loss of Indiana, LLC to make this Notice of Privacy Practices ("Notice") available to all patients and to make a good faith effort to obtain a signed document acknowledging patients' receipt of this Notice. If you have any questions about this notice, please call the Practice.

Thank you,

Premier Weight Loss of Indiana, LLC

DEFINITIONS

Protected Health Information (PHI) - Individually identifiable health information (communicated electronically, on paper, or orally) that is created or received by covered health care entities that transmit or maintain information in any form.

HHS Secretary - The Secretary of the U.S. Department of Health and Human Services.

Rule - When used within the contents of this notice, Rule pertains to the Final Rule for Standards for Privacy of Individually Identifiable PHI as defined by the Health Insurance Portability and Accountability Act (HIPAA). We are required by Rule to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices. The Rule requires that we abide by the terms of the notice currently in effect.

WHEN IS THE NOTICE EFFECTIVE?

This notice, as revised, became effective on August 14, 2023. We reserve the right to change this notice after the effective date. We reserve the right to make this revised notice apply for all PHI that we already have about you, as well as any information we receive in the future.

TO WHOM DOES THIS NOTICE APPLY?

This notice applies to:

- Practice's workforce.
- All agents of Practice.
- Any volunteer group member who may assist as you seek healthcare at Practice.



WHAT ARE OUR RESPONSIBILITIES TO YOU?

Your PHI is personal. We are required by law to protect the privacy of your PHI, and will only release your PHI with your prior express written authorization, pursuant to a valid court order or as otherwise required by law. We use the minimal amount of PHI needed to do our work. Only those who need your PHI to provide services are allowed to use it. We protect your PHI whether verbal, written, or electronic.

HOW DO WE USE AND RELEASE YOUR PHI?

We primarily maintain your PHI in a secure electronic format. Your information will most often be used, shared or disclosed electronically. The following section explains some of the ways we are permitted to use and release PHI without authorization from you.

USE AND RELEASE OF YOUR PHI WITHOUT YOUR AUTHORIZATION: TREATMENT PURPOSES

While we are providing you with health care services, we may need to share your PHI with other health care providers or other individuals who are involved in your treatment.

Examples include: doctors, hospitals, pharmacists, therapists, nurses and labs that are involved in your care.

PAYMENT PURPOSES

We may need to share a limited amount of your PHI to obtain or provide payment for the health care services provided to you.

HEALTH-CARE OPERATIONS PURPOSES

We may need to share your PHI in the course of conducting health care business activities that are related to providing health care to you.

Examples include:

- **Quality Improvement Activities** - We may use and release PHI to improve the quality or the cost of care. This may include reviewing the treatment and services provided to you. This information may be shared with those who pay for your care, or with other agencies that review this data.
- **Health Promotion and Disease Prevention** - We may use your PHI to tell you about disease prevention and health care options. For instance, we may send you health care information on issues such as women's health, dietary needs, and exercise science.
- **Case Management and Referral** - If you have a health problem or a health care need is identified by you or one of your providers, you may be referred to an organization such as a home health agency, medical equipment company or other community or government



program. This may require the release of your PHI to these agencies.

- **Appointment Reminders** - We may use your health records to remind you of recommended services, treatments or scheduled appointments.
- **Business Associates** - We may disclose your PHI to Business Associates for services provided at our location through contracts with Business Associates, such as medical transcription services and record storage companies. Business Associates are required by Federal law to protect your PHI.
- **Audits** - We may use or release your PHI to make sure that its business practices comply with the law and with our policies. Examples include: audits involving quality of care, medical bills or patient confidentiality.
- **Students and Trainees** - Students and other trainees may access your **PHI** as part of their training and educational activities with us.

COMMUNICATION PURPOSES

We may need to use your PHI to support our treatment, payment, and health care operations. We may contact you by phone, e-mail (if authorized), or mail from time to time to (1) remind you of an upcoming appointment date, or (2) to ask you to return a call or e-mail to us unless you ask us, in writing, to use alternative means to communicate with you regarding these matters. We may also contact you through the aforementioned means, or other forms of electronic communication to inform you of test results or to discuss treatment plans, but only with your prior written authorization.

OTHER PURPOSES

- **Required By Law** – We may be required to report some of your PHI to legal officials or authorities, such as law enforcement officials, court officials, governmental agencies or attorneys. Examples include: reporting suspected abuse or neglect, reporting domestic violence or certain physical injuries, or responding to a court order, subpoena, or lawsuit.
- **Public Health Activities** - We may be required to report your PHI to authorities to help prevent or control disease, injury or disability. Examples include: reporting certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
- **Health Oversight Agencies** - We may be required to release PHI to authorities so they



can monitor, investigate, inspect, discipline or license those who work in the health-care system, or for governmental benefit programs.

- **Activities Related to Death** - We may be required to release PHI to coroners, medical examiners and funeral directors so they can carry out their duties related to your death. Examples include: identifying the body, determining the cause of death, or, in the case of funeral directors, carrying out funeral preparation activities.
- **Organ, Eye or Tissue Donation** - In the event of your death, we may release your PHI to organizations involved with obtaining, storing or transplanting organs, eyes or tissue to determine your donor status.
- **Research Purposes** - At times, we may use or release PHI about you for research purposes. However, all research projects require a special approval process before they begin, and do not involve in any marketing or sales activity. This process may include asking for your authorization. In some instances, your PHI may be used, but your identity is protected.
- **To Avoid a Serious Threat to Health or Safety** - As required by law and standards of ethical conduct, we may release your PHI to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and/or approaching threat to your health or safety or to the health and safety of the public.
- **Military, National Security or Incarceration/Law Enforcement Custody** - We may be required to release your PHI to the proper authorities so they may carry out their duties under the law. This may be the case if you are in the military or involved in national security or intelligence activities, or if you are in the custody of law-enforcement officials.
- **Worker's Compensation** - We may be required to release your PHI to the appropriate persons to comply with the laws related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
- **Persons Involved in Your Care** - In certain situations, we may release PHI about you to persons involved with your care, such as friends or family members, unless doing so would be inconsistent with any prior expressed preference that is known to us. We may also give information to someone who helps pay for your care. You have the right to approve such releases, unless you are unable to function, or if there is an emergency.
- **Notification/Disaster Relief Purposes** - In certain situations, we may share your PHI with the American Red Cross or another similar federal, state or local disaster relief agency or authority, to help the agency locate persons affected by the disaster.



- **HHS Secretary** - We must disclose your PHI to the HHS Secretary to investigate or determine our compliance with the Rule.

WHEN IS YOUR AUTHORIZATION REQUIRED?

Except for the types of situations listed above, we must obtain your authorization for any other types of releases of your PHI. If you provide us authorization to use or release PHI about you, you may revoke that authorization in writing at any time. Any authorization you sign may be revoked by following the instructions described on the authorization form except to the extent that we have taken action in reliance upon the authorization. You may receive more information about this by contacting us as indicated at the end of this Notice.

WHAT ARE YOUR RIGHTS REGARDING YOUR PHI?

We want you to know your rights regarding your PHI.

- **Right to Receive This Notice of Privacy Practices** - You have the right to receive or obtain a paper copy of this notice at any time.
- **Right to Request Confidential Communications** - You have the right to ask that we communicate your PHI to you in different ways or places. For example, you can ask that we only contact you by telephone at work, or that we only contact you by mail at home. We will do this whenever it is reasonably possible. You can find out how to make such a request by contacting us.
- **Right to Request Restrictions** - You have the right to request restrictions or limitations on how your PHI is used or released. We have the right to deny your request if it is unreasonable or difficult to administer. However, if you, or a third party on your behalf, have paid for a health care item or service in full, out of pocket, we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or operations. You may obtain information about how to ask for a restriction on the use or release of your information by contacting us.
- **Right to Access** - With a few exceptions, you have the right to review and receive a copy of your PHI. Some of the exceptions include:
 - o Psychotherapy notes;
 - o Information gathered for court proceedings; and
 - o Any information your provider feels would cause you to commit serious harm to yourself or to others.

To receive a copy of your record, please call us. We will provide you with the necessary forms and assistance. We may charge you the labor costs to copy and/or mail your health record to you. If you are denied access to your health record for any reason, we will tell you the reasons in



writing. We will also give you information about how you can file an appeal if you are not satisfied with our decision.

- **Right to Amend** - You have the right to ask that our information in your health record be changed if it is not correct or complete. You must provide the reason why you are asking for a change. You may request a change by sending a request in writing to us. We will provide you with the necessary forms and assistance. We may deny your request if:
 - We did not create the information;
 - We do not keep the information;
 - You are not allowed to see and copy the information; or
 - The information is already correct and complete.
- **Right to a Record of Releases** - You have the right to ask for a list of releases of your PHI by sending a request in writing to us. Your request may not include dates earlier than the six years prior to the date of your request. If you request a record of releases more than once per year, we may charge a fee for providing the list. The list will contain only information that is required by law. This list will not include releases for treatment, payment, health care operations or releases that you have authorized.
- **Right to be notified following a breach of unsecured PHI** - You have the right to be notified if we or any Business Associate disclose any unauthorized PHI. We will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.

WHAT CAN YOU DO IF YOU HAVE A COMPLAINT ABOUT HOW YOUR PHI IS HANDLED?

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Department of Health and Human Services' Office for Civil Rights in Baltimore, Maryland. To receive help in filing a complaint with Practice, you may contact us. You will not be denied treatment or penalized in any way if you file a complaint.

PRACTICE CONTACT INFORMATION

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