



## HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a hospital directory.
- Provide mental health care.
- Market our services and sell your information.
- Raise funds.

### **Our Use and Disclosures**

We may use and share your information as we:

- Treat you.
- Run our organization.
- Bill for your services
- Appointment reminders
- Health information exchanges (HIEs)
- De-identified and aggregated data.
- Business associates
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director



- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions.

## **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share.

- You can ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information.

- You can ask us for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us three ways:
  - By emailing us at [support@health-x.com](mailto:support@health-x.com)
  - By phone at 773.733.0955
  - Or by mail at 520 W. Erie st. Suite 300 Chicago, IL 60654
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/), or your state board governing your treating provider (for example, the Board of Physical Therapy or Medical Board).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation Include your information in a hospital directory.
  - We do not currently maintain a directory.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
  - We do not maintain or create psychotherapy notes at this practice.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



## **Our Uses and Disclosures**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you.

- We can use your health information and share it with other professionals who are treating you.
- This may include coordination or management of your health care with a third party.

Examples

- We may disclose your health information as necessary to our schedulers, your Health-X, Inc. health coach, or to your physician to whom you have been referred.
- We may contact you to provide you with information about alternative treatments or other health care services we provide.
- If you request that Health-X, not make such contact with you, we will observe your wishes but may be unable to provide the requested services.

Run our organization.

- We can use and share your health information to run our business, improve your care, and contact you when necessary.

Example

- We may use your information to facilitate a telemedicine connection, coordinate in person or virtual visits, or coordinate your care.
- We may use your information for our compliance, audit, business planning and development, legal, quality assessment, employee review and training, and other administrative and business activities.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example

- We may give information about you to your health insurance plan to determine whether you are enrolled with the payer or eligible for health benefits or to get payment for our services.

Appointment reminders

- We may contact you to remind you of your appointment.

Example

- If you request that Health-X, not make such contact with you, we will observe your wishes but may be unable to provide the requested services.

Health Information Exchanges (HIEs)



- Health-X may participate in health information exchanges (“HIEs”) and may electronically retrieve your medical information from, and share your medical information with, other participants in the HIEs for treatment, payment and/or healthcare operations purposes.
- We will only ever access and use your health information as permitted by HIPAA and other applicable privacy laws.
- If you choose not to opt out, we may provide your medical information to the HIEs in which we participate in accordance with applicable law.

#### Opting out:

- You can opt out of participating in an HIE at any time by contacting us at [Support@Health-X.com](mailto:Support@Health-X.com) and informing us that you opt out of including your medical information in an HIE.
- You opt-out will be effective as soon as we are able to process your request.
- Information shared or retrieved prior to receipt of you opt-out will not be affected.

#### De-identified and aggregated data.

- We may use or disclose your health information in a de-identified and/or aggregated manner to analyze our patients’ experiences and help improve our services.

#### Example

- We may combine information about many patients to make clinical qualitative review decisions or decide whether to offer additional services, and whether certain treatments are effective.
- We may remove or de-identify information that identifies you so that others can use the de-identified information to study healthcare, conduct research, collect population health data, and determine methods for improved health care delivery without learning who you are.

#### Business associates

- From time to time, we work with other companies and individuals who help us deliver our services, known as “business associates.” We require business associates to appropriately protect the privacy of your information.

#### Example

- We use business associates to help store the data that we collect, and to bill your health plan for the Services rendered.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information

see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues.

We can share health information about you for certain situations such as:

- Preventing disease



- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.  
Do research.
- We can use or share your information for health research.  
Comply with the law.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests.

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Note Regarding State Law**

Where state law is more restrictive of disclosure than federal law, we are required to follow the more restrictive state law.

### **Notice Regarding Technology**

We may use electronic software, services, and equipment, including without limitation email, video conferencing technology, cloud storage and servers, internet communication, cellular network, voicemail, facsimile, electronic health record, and related technology to share your protected health information ("PHI") with you or third-parties subject to the rights and restrictions contained herein. In any event, certain unencrypted storage, forwarding, communications and transfers may not be confidential. We will take measures to safeguard the data transmitted, as well as ensure its integrity against intentional or unintentional breach or corruption. However, in very rare circumstances security protocols could fail, causing a breach of privacy or PHI. In the unlikely event that happens, we will take immediate steps to stop further breach of information and promptly notify you if your information is impacted.



While Health-X encrypts all email communications, your email server may not guarantee encryption. If your email provider does not encrypt email, some PHI could be acquired by someone else.

You may receive short message service (“SMS”) text messages as part of using the Services, such as a reminder about an upcoming appointment or to participate in Health-X services. SMS messages are encrypted by Health-X in transit to your cell phone provider, but cell providers do not guarantee encryption of SMS messages that are stored on your behalf, in which case some PHI could be intercepted by someone else targeting your SMS communications.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will not use or disclose your PHI for marketing purposes or to sell your PHI, unless you have agreed to this use or disclosure, although we may use your PHI to keep you informed of services we offer.
- We must follow the duties and privacy practices described in this notice and provide you with a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

For more information see: [www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html).

### **Changes to the Terms of this Notice**

From time to time, we may change this privacy statement, which is applicable to all PHI we maintain about you. For example, as we update and improve our services, new features may require modifications to the privacy statement. The new notice will be available on our website. Accordingly, please check back periodically.

Last updated on July 20, 2023