

YOUR RIGHTS

NOTICE OF PRIVACY PRACTICES

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

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| Get a paper copy of your medical record | <ul style="list-style-type: none"> • You can request a physical or electronic copy of your medical record and other health information we have about you. Ask us how. • 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 | <ul style="list-style-type: none"> • You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how. • We may say no to your request, but we'll tell you why in writing within 60 days. |
| Request confidential communications | <ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, home, office or cell phone) or to send mail to a different address. • We will agree to all reasonable requests. |
| Ask us to limit what we use or share | <ul style="list-style-type: none"> • You can ask us not to use or 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. |
| Get a list of those whom we've shared information | <ul style="list-style-type: none"> • You can ask for a list (accounting) of the times we've shared your health information, who we shared it with and why. • We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per 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 | <ul style="list-style-type: none"> • 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 promptly provide you with a paper copy. |
| Choose someone to act for you | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Complaints about this Notice of Privacy Practices or how our office handles your health information should be directed to our Privacy Officer at:
3003 Bee Caves Road, Suite 205, Austin, Texas 78746 or (512) 900-8245, extension 1. • If you are not satisfied with how our office handles your complaint, you can file a formal complaint with the DHHS Office of Civil Rights. Visit www.hhs.gov/ocr/privacy/hipaa/complaints/. • 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, let us know. Tell us what you want us to do, and we will follow your instructions.

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| In these cases, you have both the right and choice to tell us to: | <ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care. • Share information in a disaster relief situation. • Contact you for fundraising efforts. |
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| In these cases, we never share your information unless you give us written permission | <p><i>If you 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.</i></p> <ul style="list-style-type: none"> • Marketing purposes. • Sale of your information. |
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OUR USES & 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 healthcare professionals who are treating you.

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

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

OTHER USES & DISCLOSURES

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.

- Help with public health and safety issues**
- We can share health information 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.

- 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 or national security

- 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.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you 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.

For more information, see: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

Changes to the Terms of This Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website <http://www.fifthvital.com>.

Effective September 1, 2018 – Revised June 26, 2020