

## Notice of Privacy Practices (HIPAA)

### Your Information, Your Rights, and Our Responsibilities

This notice of privacy practices is being provided to you as required by the Health Insurance Portability and Accountability Act (“HIPAA”). A paper copy of this notice shall be made available to you upon notice. 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.

### Our Organization

This notice describes the privacy practices of ImagineMD and it applies to services you receive from:

1. ImagineMD, including its physicians and staff and
2. Resilience Enterprises, which provides billing and other support services, including its officers and staff.

Collectively, these entities are referred to as “we” or “us” in this notice. We will share your medical information with each other to treat you, obtain payment for our services, and perform direct primary care.

### 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. You have the right to:

1. Get an electronic or paper copy of your medical information
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will expect you to complete, sign, and return a Medical Records Transfer Form. We will charge you for the reasonable cost of the copy and postage to the extent permitted under law.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request.
2. Ask us to correct your medical records
  - 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.
3. Request and receive 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.
  4. Ask us to limit what we use or share
    - 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.
  5. Get a list of those with whom we’ve shared information
    - You can ask 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.
  6. 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 promptly provide you with a paper copy.
  7. 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.
  8. Receive notification of a breach
    - You may have the right to be notified in the event of unpermitted access or use of unsecured medical information. To the extent required under law, we will promptly notify you with the following information:

- o A brief description of what happened;
- o A description of the medical information involved;
- o A description of the steps taken by us in response;
- o An outline of recommended steps that you can take;
- o Contact information and procedures for further information.

9. File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at any time.
- 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/).
- 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 about 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; and/or
- Share information in a disaster relief situation.

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

In the case of fundraising:

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

## Your Representation

At this time, we offer services to patients of all ages.

If you are an adult with others who make decisions for you—such as your health care surrogate—those others may make decisions about your privacy and your medical information.

## Our Responsibility Regarding Your Medical Information

We respect the privacy of your medical information. We collect information about the care you receive, both from us and others. We also record certain external information about your health care and information to seek payment for our services. This information is sometimes referred to as “medical information” or “Protected Health Information” (“PHI”). These records may be kept on paper or electronically.

We are required to do the following:

- Maintain the privacy and security of your PHI;
- Notify you of any breach of your unsecured PHI to the extent required by law;
- Notify you of your rights regarding your PHI;
- Provide this notice to you and describe the ways we may use and share your PHI; and
- Follow the terms set forth herein.

We reserve the right to make changes to this notice at any time and to apply new privacy or security practices. We will maintain the most current version of this notice on our website, located at <https://imaginemd.com/for-patients/>. You may also request a paper copy of this notice at any time.

## Our Uses and Disclosures

It is our desire to share with you how we may use and share medical information about you in order to provide our services, obtain payment for those services, and operate our business. We will typically use or share your health information in the following ways without obtaining your specific authorization/permission:

1. **Treat you.** We can use your health information and share it with other professionals who are treating you. Example: A physician treating you for an injury asks another physician about your overall health condition.

2. Run our organization and perform health care operations. We can use and share your health information for business tasks necessary for the operations to run our practice, improve the quality of your care, train staff, provide customer services, and contact you when necessary. Also, we may share your medical information with others we hire or otherwise engage to help us provide services. Example: We use health information about you to manage your treatment and services.
3. Bill for your services. We can use and share your health information to bill and get payment. Example: We submit claims for services rendered using medical information about the services provided to obtain payment from you or others who are responsible for paying your bill.
4. Contact you and authorized persons. We can use and share your health information to contact you about appointments and other matters by mail, email, telephone, or voicemail. When contacting you, you give us permission to include your name, physician, and services to be rendered. We may also share your medical information with a family member, relative, or other people with whom you tell us to share such information. If, for some reason such as a medical emergency, you are not able to agree or disagree, we may use our professional judgment to decide whether sharing your information is in your best interest. This includes information about your location and general condition.
5. 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; and/or
  - Preventing or reducing a serious threat to anyone's health or safety.
6. Do research. We can use or share your information for health research.
7. 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. For example, we may share your medical information to:
  - Report information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
  - Report abuse and neglect to government authorities, including social service or protective service agencies;

- Report information about products and services to the FDA;
  - Alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
  - Report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
  - Prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions.
8. Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.
9. 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.
10. 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; and/or
  - For special government functions such as military, national security, and presidential protective services.
11. 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.

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).

### 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.

### 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.

### Further Information

For more about our privacy practices, please contact us. For more information as to your privacy rights, see:

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