Premier Community HealthCare Group, Inc.

NOTICE OF PRIVACY PRACTICES

Patients have the right to adequate notice of the uses and disclosures of protected health information and of their rights and their health care provider's legal duties with respect to their protected health information. 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.

When it comes to your health information, you have the right to …

- have your health information maintained privately and securely.
- inspect, copy, and request copies of your protected health information.
- to receive requested information in the format and delivery method of your choice as compatible with available technology, except when a professional has determined it is not in your best interests.
- request corrections to information you believe to be incorrect or incomplete.
- request confidential communication and choose your preferred communication methods (home phone, office phone, cell phone, text, letter, fax, etc.).
- choose what information is shared, to whom, and under what conditions it can be shared, except when legally required or necessary for treatment, payment (excluding private pay patients) and health care operations.
- ask us not to share your health information with your health insurer for payment or health care operations purposes if you pay in full, out-of-pocket, for a specific item or service, unless we are otherwise required by law to make the disclosure.
- refuse, revoke, or revise authorizations for release of information at any time.
- request an accounting of health information disclosures – who, when and why – for the past six years, excluding disclosures for treatment, payment, and health care operations.
- if we maintain your Substance Use Disorder patient records, request a list of health care providers who have received your Part 2 information through a health information exchange or other third-party intermediary.
- to receive upon request a paper copy of this Notice, even if previously accepted electronically.
- appoint someone who can exercise your rights and make choices about your health care information.
- to opt out of communication from Premier regarding fund raising campaigns.
- if we maintain your Substance Use Disorder patient records, receive clear and advance notice of, and choose whether to receive, fundraising communications that use your Part 2 information, separate from other fundraising communications.
- be informed promptly if your health information has been compromised.
- to file a complaint without fear of retaliation if you believe your privacy rights have been violated. For more information about your rights or to file a complaint, you may contact either or both of the following:

Premier Community HealthCare Group, Inc. Attention: Privacy Officer 37912 Church Avenue Dade City, FL 33525 352-518-2000, ext. 9016 mhammond@hcnetwork.org	U.S. Dept. of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W. Washington, D.C. 20201 1-877-696-6775 https://www.hhs.gov/hipaa/filing-a-complaint/index.html

For more information about your privacy rights, visit the Department of Health and Human Services' website: at https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for consumers/index.html

Your Choices

You have choices in how we use and share certain health information. Unless you tell us otherwise, we may:

- share your health information with family members, friends, or others involved in your care or payment for your care, unless you tell us not to;
- share your information to assist with disaster relief efforts;
- include your information in a facility directory, unless you tell us not to;
- use or share your information for marketing purposes or sell your information, unless you give us your written authorization;
- contact you about fundraising for Premier, and you may tell us at any time not to contact you again; and
- if you are unable to tell us your preference, for example because of an emergency or incapacity, share your information if we believe it is in your best interest, or to lessen a serious and imminent threat to your health or safety.

When it comes to your health information, we have the responsibility to …

- abide by the terms of this Notice and provide you a copy upon request.
- keep your health information private and secure and to notify you promptly if your health information has been compromised.
- provide copies of your health information within legal timeframes in the delivery method of your choice as compatible with available technology, except when a professional has determined it is not in your best interests.
- share your information as authorized except as legally allowed or required:
  - for treatment at Premier or with other treating professionals.
    - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
  - for billing and payment from health plans and other entities.
    - Example: We give information about you to your health insurance plan so it will pay for your services.
  - for health care operations, to improve care, and patient contact.
    - Example: We use health information about you to manage your treatment and services.
  - for public health and safety, disease prevention, product recalls, medication alerts, suspected abuse or neglect, medical emergencies, and to prevent serious harm to yourself or others.
  - for health care research.
  - for organ and tissue donation requests.
  - for assisting investigations by the medical examiner or law enforcement such as abuse and neglect, missing persons, and crimes on property.
  - for death certificate and funeral home arrangements.
  - for governmental use as allowed by law such as workers' compensation, the Department of Health and health oversight activities, military activities, national security, and presidential protective services.
  - for lawsuits in response to properly served court orders and subpoenas.

- Uses and disclosures not described in this Notice will be made only with the patient's written authorization.
- We will never sell or share your protected information for marketing purposes without your written consent.
- We will never share your psychotherapy notes without your written consent except with a valid court order.
- Additionally, Substance Use Disorder prevention and treatment records are provided additional protection under the law and the Code of Federal Regulations 42 CFR Part 2 (Part 2), relating to the access, use and disclosure of such records. Your consent is required for most uses and disclosures of your Part 2 information. A court order is required for disclosure of your Part 2 information without your consent except in medical emergencies, to the Food and Drug Administration (FDA) in response to product or medication recall, qualifying research, audit and evaluation by a program administrator, funder or third-party payor, suspected child abuse or neglect, and investigations into crimes and threats on property or against any Premier Care Team member. All such disclosures will be documented in detail in your patient record.

  Your Part 2 information cannot be used or shared in any civil, criminal, administrative, or legislative proceeding against you unless you provide written consent or the disclosure is compelled by a court order accompanied by a subpoena or similar legal mandate. Before your Part 2 information is used or shared in a proceeding against you based on a court order, you will receive notice and an opportunity to be heard, unless you tell us that you have already received notice. If your Part 2 information is used or shared in a proceeding against Premier based on a court order, you may not receive advance notice, but you have the right to seek to overturn or modify the court order after you learn of it.

  Once you provide consent to the use and disclosure of your Part 2 information for treatment, payment, and health care operations, Premier may share your Part 2 information with other health care providers, health plans, and other entities, and those recipients, if subject to HIPAA, may use and further disclose your information consistent with HIPAA's requirements.
  If we maintain your Part 2 records, we may also use or share your information, without your consent, to prevent multiple enrollments in withdrawal management or maintenance treatment programs, to report your participation in treatment required by the criminal justice system, and to report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law.

  Violation of 42 CFR Part 2 is a federal crime. Suspected violations of this regulation may be reported directly to the United States Attorney for the judicial district where it occurred, or you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights using the contact information above. We will not retaliate against you for filing a complaint.

- PCHG reserves the right to change the terms of this Notice at any time, and such changes will apply to all information we already have about you as well as information we receive in the future. Patients will be notified when material changes to the Notice are made, and the updated Notice will be available upon request, in our office, and on our website.