

# Prioritize You, LLC

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## Notice of Privacy Practices

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### NOTICE OF PRIVACY PRACTICES & POLICIES REGARDING HEALTH INFORMATION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This document is intended to provide you with important information regarding your treatment through Prioritize You, LLC as required by The Privacy Act of 1974.

### Our Commitment to You

Prioritize You, LLC is committed to maintaining the privacy of your health information. During your treatment, your Provider may collect information about your health history and your current health status. This Notice explains how that information, called “Protected Health Information” may be used and disclosed to others. The terms of this Notice apply to health information produced or obtained by Prioritize You, LLC.

### Our Legal Duties

The HIPAA Privacy Law requires us to provide this Notice to you regarding our privacy practices, our legal duties to protect your private information and your rights concerning health information about you. We are required to follow the privacy practices described in this Notice whenever we use or disclose your protected health information (PHI). Other companies or persons that perform services on our behalf, called Business Associates, must also protect the privacy of your information. Business Associates are not allowed to release your information to anyone else unless specifically permitted by law. There may be other state and federal laws, which provide additional protections related to communicable disease, mental health, substance or alcohol abuse, or other health conditions.

**Limits of Confidentiality:** Prioritize You, LLC may use or disclose PHI without prior authorization or your consent as allowed by law or when required by law in the following situations:

- Where there is reasonable suspicion that you are likely to cause serious harm to yourself unless protective measures are taken.

If Your Provider believes that you pose a serious threat to yourself, we are legally and ethically obligated to take appropriate steps to ensure your safety. These steps may include, but are not limited to, disclosing PHI to public authorities, other professionals and/or family, and/or hospitalizing you on an emergency basis in attempts to protect you from serious self-harm.

- Where there is reasonable suspicion that you present danger of violence to others.

If your Provider believes that you pose a serious threat of violence or harm to another person(s), and have intent and ability to cause harm to another person(s), we are legally and ethically obligated to take steps to attempt to ensure the safety of others. These steps may include, but are not limited to, disclosing PHI to public authorities and law enforcement, other professionals, family, and/or notifying the other person (and/or their guardian) of the threat. The Provider may be required to disclose additional PHI at a later time, after initial disclosure required by law.

- There is reasonable suspicion of abuse of a child, developmentally disabled adult or elderly person.

If Your Provider has reasonable evidence, through verbal or nonverbal means, that a minor child, developmentally disabled adult, or elderly person in a private or institutional setting is experiencing abuse (physical, emotional, sexual, neglect) and/or exploitation, we are legally and ethically required by law to take steps to ensure the safety of the individual that is suspected of being abused. These steps may include, but are not limited to, disclosing PHI to

public authorities and law enforcement, child protective services agencies, other professionals, and/or family. The EPC Provider may be required to disclose additional PHI at a later time, after initial disclosure require by law.

- As required by law

Your Provider may be required by law to disclose PHI by government entities including, but not limited to, federal agency requests, court order, and/or subpoena.

## **Your Rights**

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**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 amend your medical record**

- You can ask us to amend 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 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.
- 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 report of those with whom we’ve shared information**

- You can ask for a report on when and why your health information was shared for specific purposes.
- 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).

### **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 using the information on page 1.
- 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**

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**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

*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.*

## **Our Uses and Disclosures**

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### ***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.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

- **Run our organization**

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

*Example: We use health information about you to manage your treatment and services.*

- **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 give information about you to your health insurance plan so it will pay for your services.*

### ***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.

## **Our Responsibilities**

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- 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: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.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 and on our web site.**