

NOTICE OF PRIVACY PRACTICES

CareATC Duties Regarding Your PHI



This notice is effective as of September 2023. This notice describes how medical information about you may be used and disclosed and how to access this information.

Please review carefully. This notice applies to CareATC, Inc., including its affiliates and subsidiaries (collectively "CareATC").

By law, we are required to maintain the privacy of your protected health information (PHI), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you if a breach occurs that may have compromised the privacy or security of your PHI. PHI is any information, including oral, electronic, and on paper, created or received by CareATC pertaining to your health care and payment for your healthcare. When we use or disclose your PHI, we are required to abide by the terms of this Notice. This notice covers CareATC and our providers, employees, volunteers, students, and trainees.

How We May Use and Disclose Your PHI

We may use and disclose your PHI in certain circumstances. Below is a brief summary of instances where the use or disclosure is authorized without your consent. Examples of each category are provided but are not intended to be an all-inclusive list.

Treatment

We may use your PHI for treatment purposes to include providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this would be if you are referred to a specialist. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health related benefits and services that may be of interest to you, or to follow up on your care.

Payment

We may use and disclose your PHI for billing purposes. Payment includes activities to obtain prior authorization for treatment, reimbursement for services, confirmation of coverage and billing activities. An example of this would include sending your insurance company confirmation of your visit.

Healthcare Operations

We may use and disclose PHI about you for our healthcare operations, which are various activities necessary to run our business, provide quality health care services, and contact you when necessary. For example, we may share your PHI to evaluate our providers' performance in caring for you and for quality improvement activities.

Family Members/Friends Involved in Your Care

In recognition of the integral role that family and friends play in a patient's health care, the HIPAA Privacy Rule permits routine and often critically important communications between healthcare providers and these identified individuals while protecting the sensitive nature of those communications. Where a patient is present and has the capacity to make healthcare decisions, healthcare providers

may communicate with a patient's family members, friends, or other persons the patient has involved in his or her healthcare, so long as the patient does not object (45 CFR 164.510(b)). The provider may ask the patient's permission to share relevant information with family members or others, may tell the patient he or she plans to discuss the information and give them an opportunity to agree or object, or may infer from the circumstances, using professional judgment, that the patient does not object. An example would be situations where a family member or friend is invited by the patient and present in the treatment room with the patient and the provider when a disclosure is made.

Note that, when someone other than a friend or family member is involved, the healthcare provider must be reasonably sure that the patient requested the person to be involved in his or her care. In all cases, disclosures to family members, friends, or other persons involved in the patient's care are to be limited to only the protected health information directly relevant to the person's involvement in the patient's care.

Duty to Warn

A healthcare provider's "duty to warn" is derived from and defined by standards of ethical conduct. HIPAA permits a healthcare provider to notify a patient's family members of a serious and imminent threat to the health or safety of the patient or others if those family members can lessen or avert the threat.

To the extent that a provider determines that there is a serious and imminent threat of a patient physically harming himself or others, HIPAA would permit the provider to warn the appropriate person(s) of the threat, consistent with his or her professional ethical obligations and state law requirements 45 CFR 164.512(j). In addition, even where danger is not imminent, HIPAA permits a provider to communicate with a patient's family members, or others involved in the patient's care, to assist the patient to ensure compliance with medication regimen and treatment plan if the patient has been provided an opportunity to agree or object to the disclosure and no objection was made. See 45 CFR 164.510(b)(2).

For Research

We may use or disclose your PHI for research purposes if we comply with applicable laws. We may share your PHI with researchers when their research has been approved by an institutional review board (IRB) and found by the IRB not to require patient permission.

Fundraising

We may use and disclose to a business associate or a related foundation certain limited PHI about you to contact you as part of a fundraising effort on behalf of CareATC unless you

have told us that you do not want to receive communications from us for fundraising purposes. You have the right to opt out of receiving fundraising communications and, if you receive a communication for fundraising purposes, you will be provided with instructions on how to request not to be contacted for fundraising purposes in the future.

Public Health Activities

We may disclose your PHI for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse reaction from a medication, enable product recalls, or facilitate public health surveillance, investigations, or interventions.

Victims of Abuse, Neglect, or Domestic Violence

We may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe that you are a victim of abuse, neglect, or domestic violence, and if the disclosure is required or authorized by law.

Health Oversight Activities

We may use and disclose your PHI to a health oversight agency that oversees the healthcare system so they can monitor, investigate, inspect, discipline, or license those who work in healthcare and engage in other healthcare oversight activities.

Judicial and Administrative Proceedings

We may use and disclose your PHI during judicial or administrative proceedings in response to a legal order, subpoena, discovery request, or other lawful process, subject to applicable procedural requirements.

Law Enforcement Officials

We may disclose your PHI to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

Decedents

We may disclose PHI to coroners, medical examiners, and funeral directors when an individual dies so that they can carry out their duties or for identification of a deceased person or determining cause of death.

Health or Safety Threat

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers Compensation

We may use and disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs providing benefits for work-related injuries or illnesses.

Specialized Government Functions

We may use and disclose PHI for special government functions such as military, national security, and presidential protective services.

Correctional Institutions

If you are in the custody of law enforcement or a correctional institution, we may disclose your PHI to the law enforcement official or the correctional institution as necessary for the health and safety of you or others, provision of healthcare to you, or certain operations of the correctional institution.

Business Associates

We may disclose your PHI to third-party business associates, which are vendors that perform services for CareATC involving use of our patients' PHI. We require our business associates to safeguard your PHI.

Limited Data Sets

We may use or disclose a limited data set (which is PHI from which certain identifying information has been removed) for purposes of research, public health, or healthcare operations. We require any recipient of such information to agree to safeguard such information.

As Required by Law

We may disclose your PHI to the Secretary of the Department of Health and Human Services (DHHS) as otherwise required by federal or state law.

Uses and Disclosures Requiring Your Authorization

For any purpose other than the ones listed above in this notice, we may use or share your PHI only when you give us written authorization. Your authorization is required for most uses and disclosures of your PHI for marketing purposes and for sale of your PHI. In addition, certain Federal and state laws may require special protections for certain medical information, including information that pertains to HIV/AIDS, mental health, alcohol or drug abuse treatment services, genetic information, or certain other information. If these laws do not permit disclosure of such information without obtaining your authorization, we will comply with those laws.

NOTICE OF PRIVACY PRACTICES

Your Rights Regarding Your PHI



This notice is effective as of September 2023. This notice describes how medical information about you may be used and disclosed and how to access this information.

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Right to Request Restrictions

You can ask us not to use or share health information for treatment, payment, healthcare operations and disclosures to family members or persons involved in your care. We are not required to agree to your request and may say "no" if it would affect your care. If we agree to the requested restriction, we must comply with the agreed restriction, except for the purposes of treating the patient in a medical emergency and where we are required by law to make a disclosure.

Right to Request Confidential Communication

You have the right to request PHI in a certain form or at a specific location. Your request must be in writing. For example, you can request that we not contact you at work, and you can tell us how and/or where you want to receive PHI. We are not required to agree to your request, and we may say "no" if it would affect your care. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication to remain in effect.

Right to Inspect and Receive a Copy Your PHI

You have the right to request to review and/or receive a paper or electronic copy of your PHI. You may request that we send a copy of your PHI to a third party. Your request should be in writing and will be reviewed by our Medical Records Department for processing. We may charge a reasonable cost-based fee for compiling information, and you may be responsible for paying charges associated with the request.

We may deny your request to access and receive a copy of your PHI in certain limited circumstances, for example, if the information requested is not part of a designated record set maintained by the organization or the information is exempted from the right of access because it is psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a legal proceeding. We may also deny your request to access and receive a copy of your PHI in situations when doing so is determined by a licensed healthcare professional to pose a serious risk of harm to the patient or another person.

A patient denied access based on these grounds has a right to have the denial reviewed by a licensed healthcare professional designated by the covered entity as a reviewing official who did not participate in the original decision to deny access.

Right to Amend Your PHI

You have a right to request that your PHI be corrected if you believe that it contains an error or is missing information. You must tell us the reasons for the change in writing using our request form, which you can get from our Medical Records Department listed at the end of this Notice. CareATC may deny your request if: (1) it is not in writing or does not include a reason for the change; (2) the information you want to change was not created by CareATC (3) the information is not part of the medical record kept by CareATC; (4) the information is not part of the information permitted to inspect or copy; or (5) the information contained in the record is accurate and complete. Even if your request is denied, the request will be maintained with the portion of your medical record to which it applies.

Right to an Accounting of Disclosures of PHI

You have the right to request an accounting of disclosures of your PHI that we have made with some exceptions to include those for which authorization was received or for the purposes of treatment, payment, or healthcare operations. Your request must be in writing and must state the time for the requested information. CareATC will not provide this information for a time period greater than six (6) years from the date of your request. We may charge a reasonable, cost-based fee for the request. We will notify you of any cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to Choose Someone to Act for You

If you have appointed a medical power of attorney or if you have a legal guardian, that person can exercise your rights and make choices about your PHI. We will verify that the person has this authority and can act for you before we take any action.

Right to Receive a Copy of this Notice

You have the right to a copy of this Notice. You may view and print a copy of this notice from our patient portal located on our website at www.careatc.com. If you want a paper copy of this notice mailed to you, or to exercise any of your rights outlined above, please send a written request to the CareATC Compliance and Quality Department listed at the end of this notice.

Substance Abuse Records

We will not share any substance use disorder treatment records without your written authorization unless permitted under 42 CFR Part 2 or otherwise required by law.

Nondiscrimination Notice

CareATC values diversity and inclusion and is proud to welcome patients and employees of all diversity types. CareATC does not and will not discriminate based on race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, protected veteran status, disability status, political affiliation or belief, genetics, marital status, pregnancy status, or any other legally protected status. We are passionate about and committed to building a safe and welcoming environment for all patients. Discrimination is against the law and CareATC complies with applicable federal civil rights laws as well as state and other regulatory requirements. CareATC welcomes all individuals and treats patients with dignity and respect.

CareATC provides people with disabilities the assistance necessary to communicate effectively with us, such as a qualified sign language interpreter. We also provide language services to people whose primary language is not English, such as qualified interpreters. If you require these services, you or your representative may contact your local CareATC Clinic for assistance.

If you believe that CareATC has failed to provide these services, or has discriminated in another way on the basis of race, color, national origin, sex, religion, age, disability, sexual orientation, or gender identity, you can file a written grievance with CareATC by mail, phone, or email at: 4500 S 129th E Ave, Suite 191, Tulsa, OK 74134, Attention: Privacy Officer, 918-779-7455, or dl-compliance@careatc.com. If you need help filing a grievance, the Director of Compliance and Privacy is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). <http://www.hhs.gov/ocr/office/file/index.html>.

Changes to this Notice

We have the right to change this Notice at any time. If we change this notice, we may apply the revised Notice to all PHI that we maintain about you. We will post a copy of the current Notice on our patient portal on our website at www.careatc.com. The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. You can also contact our Compliance and Quality Department at the address listed on this Notice to obtain a copy of the Notice of Privacy Practices currently in effect.

Further Information:

If you have questions about this Notice or would like more information about our privacy policies or practices, or medical records you may contact the Compliance and Quality Department at 918-779-7455 or dl-compliance@careatc.com. Or by mail:
CareATC
Attn: Privacy Officer
4500 S 129th East Avenue Suite 191
Tulsa, OK, 74134

Privacy Complaints

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer at the address specified above in this Notice or with the Department of Health and Human Services.

U.S. Department of Health and Human Services Office for Civil Rights Secretary
200 Independence Ave., S.W.
Washington, D.C. 20201
Toll Free Phone: 1.877.696.6775
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

CareATC will not retaliate against you for filing a complaint.