

NOTICE OF PRIVACY PRACTICES

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.

Summary

Confluent Health is required by law to maintain the privacy of individually identifiable health information about you, to provide this Notice of our legal duties and privacy practices, notify affected individuals following a breach of unsecured protected health information and to abide by the terms of this Notice.

We may use or disclose health information about you for the purpose of your treatment, and also to the extent necessary to obtain payment for treatment and for certain administrative purposes, including evaluation of the quality of care that you receive. We may also use or disclose identifiable health information about you without your authorization in certain other circumstances. For example, subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide health information when required by law.

Except as otherwise provided in this Notice of Privacy Practices, we will only use or disclose identifiable health information about you pursuant to your written authorization.

We may change our privacy policies at any time and the new policies will apply to all information we maintain. Before making a significant change in our policies, we will change this Notice and post the new one in our offices and on our web site: www.goconfluent.com. You may also request a copy of the Notice in effect at any time.

In most cases, you have the right to look at or make a copy of health information that we use to make decisions about you. We may charge our reasonable costs for copies. You may request that we add to or change your health information if you think it is incorrect or incomplete. Generally, you have the right to receive a list of instances where we have disclosed health information about you, except where the disclosure was for treatment, payment, administrative purposes, or pursuant to your authorization or if another exception applies. You may request restrictions on certain uses and disclosures of information, although we are not required to agree to them. You have the right to receive confidential communications in an alternate manner or location if we can reasonably accommodate your request.

You should carefully review the pages attached to this summary. For additional information, or to make a complaint with respect to your privacy rights, you may contact our Compliance Officer at the address and number listed below. You may also send a written/electronic complaint to the U.S. Department of Health and Human Services at www.hhs.gov.

For questions or complaints, please contact:

Confluent Health
Toll free 888-937-4479

Protected Health Information

Protected health information is individually identifiable health information that relates to your past, present or future physical or mental health or condition, to the provision of health care to you, or to payment for your health care.

Examples of Uses and Disclosures for Treatment, Payment and Health Care Operations

We may use or disclose your protected health information without your consent or authorization for purposes of your treatment, for payment purposes, and for certain administrative and other health care operations. Examples of uses for these purposes follow.

Treatment:

We will use and disclose your protected health information to provide, coordinate or manage health care provided by us and by other health care providers. For example, information obtained by a Physical Therapist, Occupational Therapist or any other healthcare professional will be used to determine the course of treatment that should work best for you. Your therapist will document in your record his or her expectations of your treatment along with their observations of how you are responding to your therapy. We will also provide your physician or subsequent healthcare provider with copies of various reports that should assist them in treating you. If your treating physician needs the initial evaluation from Confluent Health we will fax a copy to him/her so he/she may continue on with proper treatment.

Payment:

We may use or disclose your protected health information as needed to obtain payment for health care services we provide. For example, a bill may be sent to you or a claim for payment may be sent to a third-party payer such as an insurance company. The information on or accompanying the bill or claim may include information such as your name, date of birth, social security number and address, as well as your diagnosis and procedures and supplies used. In some cases a progress note will be sent along with the claim.

Health Care Operations:

We may use or disclose your protected health information in order to support our business activities and health care operations. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs, business planning and development, business management and general administrative activities. Some examples follow:

Quality Improvement and Audits. Therapists and members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide. For example: When we perform audits for documentation, proper scanning of information into our record system and billing, a random sampling of patient records will be accessed to determine if proper procedures were followed and to correct any errors discovered.

New Services/Fundraising. We may also look at your medical information and decide that another treatment, fundraising or a new service we offer may interest you and communicate with you regarding the new treatment, fundraising or new service. You have the right to opt out of receiving these communications.

Business associates. There are some services provided in our organization through business contracts. When these services are contracted, we may disclose your protected health information to our business associate, so that they can perform the job we've ask them to do. To protect your health information, however, we require the business associate to appropriately safeguard your protected health information.

Uses and Disclosures to Which You Have an Opportunity to Agree or Object

Directory. Unless you notify us that you object, we will use your name, location and general condition for directory purposes. This information will be released to any who ask for you by name.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition, unless you object.

Communication with others involved with your care and disaster relief. Unless you express an objection, or if in an emergency situation there is not an opportunity for you to object and our health professionals, using their best judgment, determine it is in your best interests, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also disclose protected health information relating to your location, condition or death to any entity authorized to assist in disaster relief efforts.

Psychotherapy Notes. Your authorization is required in order for us to disclose psychotherapy notes. Certain situations do not require your authorization for use of psychotherapy notes, these include use by the originator of the psychotherapy notes for treatment; use in training programs in which students, trainees or practitioners in mental health learn to practice and improve their skills; use in order to defend a legal proceeding brought by you; and any other use permitted by law.

Marketing. Your authorization is required for any use or disclosure of protected health information for marketing except in situations in which the communication is in the form of a face-to face communication or a promotional gift.

Sale. Your authorization is required for any disclosure of protected health information which is a sale, as defined under applicable law.

Right to Request Restrictions for Disclosures Related to Self-Payment. You have the right to request the non-disclosure of health information to a health plan for treatment in situations where you have paid in full out-of-pocket for a health care item or service.

Other Uses and Disclosures We Can Make Without Your Written Consent or Authorization

Required by law. We may use or disclose your protected health information to the extent that use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public health activities. We may disclose your protected health information for public health purposes and activities to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury or disability. In certain circumstances, we may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety. We may also disclose your protected health information to a person subject to the jurisdiction of the Federal Drug Administration (FDA) regarding products regulated by the FDA.

Communicable Diseases. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading a disease or condition.

Employer. We may disclose your protected health information to your employer if we are providing health care to you at the request of your employer to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. We will notify you before making such a disclosure by providing you with written notice at the time we provide health care to you.

Abuse or neglect. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if applicable legal requirements are met, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Health oversight activities. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Judicial and administrative proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized in the order), and if certain conditions are met, in response to a subpoena, discovery request or other lawful process.

Law enforcement purposes. We may also disclose protected health information, so long as applicable legal requirements are met, to law enforcement officials for law enforcement purposes.

Research. We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocol to ensure measures are in place to preserve the privacy of your protected health information.

Military Activities. We may, if you are a member of the United States or foreign Armed Forces, disclose your protected health information for activities that are deemed necessary by appropriate military command authorities to assure the proper execution of a military mission.

Special government functions. We may disclose protected health information for certain specialized government functions, such as national security and intelligence, protective services for heads of state.

Threats to health or safety. Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and, in certain circumstances, as necessary for law enforcement authorities to identify or apprehend an individual.

Workers compensation. We may disclose your protected health information as permitted or required to comply with worker's compensation laws and other similar legally established programs.

Relating to decedents or for organ or tissue donations. We may disclose protected health information relating to an individual's death to coroners, medical examiners or funeral directors for their duties as authorized by law, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

Your Rights Regarding Your Protected Health Information. You have the following rights relating to your protected health information. You will need to give or send a written request to our Compliance Officer in order to exercise these rights. Forms for this purpose are available in our office at the address on the front of this Notice.

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request, but are not required to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your protected health information, we will abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. We may terminate our agreement to a restriction by notifying you. Termination of the agreed restriction will only apply to protected health information received after notice was given to you.

To choose how we contact you: You have the right to ask that we send your information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so. When appropriate, we may condition the provision of a reasonable accommodation upon receiving information relating to how payment arrangements will be made.

To inspect and copy your protected health information: With a few exceptions (such as psychotherapy notes and records compiled in anticipation of litigation), you have a right to see or receive copies of your protected health information that is kept in a "designated record set." A "designated record set" is a group of records that includes billing records and records used to make decisions about you. We will respond to your request within 30 days, if the records are stored on-site. These time limits may be extended by 30 days if we notify you of the reason for the delay and when you can expect our response. If we deny your access, we will give you written reasons for the denial and explain any right you may have to have the denial reviewed. If you want copies of your protected health information, a charge for copying and mailing may be imposed, based on our costs. We may waive the copying charge for your first request. If your protected health information is maintained in an electronic format, you are permitted to receive access to information you requested in electronic format or may have the information transmitted electronically to a designated recipient.

To request amendment of your protected health information: If you believe that there is a mistake or missing information in our record of your protected health information, you may request, in writing, that we correct or add to the record. Your request must provide a reason for the proposed amendment. We will respond within 60 days of receiving your request. This time limit may be extended by 30 days if we notify of the reason for the delay and when you can expect our response. We may deny the request if it does not contain a reason for the amendment or if we determine that the protected health information is: (i) correct and complete; (ii) not created by us and/or not part of our records; (iii) not permitted to be disclosed; or (iv) not part of a designated record set. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your protected health information. If we approve the amendment, we will add it to your protected health information and so inform you. In addition, we will tell others that need to know about the change in the protected health information.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your protected health information has been released other than disclosures: for treatment, payment, and administrative and other health care operations; incidental to permitted uses/disclosures; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 14, 2003. If specific personal identifying information has been removed before disclosure, we may not be required to include such a disclosure in the list. We will respond to your written request for such a list within 60 days of receiving it. This time limit may be extended by 30 days if we notify of the reason for the delay and when you can expect our response. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this Notice upon request. We reserve the right to change our Notice of Privacy Practices and to make the new provisions effective for all protected health information we maintain, including protected health information received in the past as well as protected health information received after the effective date of the new Notice. A current copy of our Notice will be posted in our office(s) and will also be available on our web site, www.goconfluent.com. You may also obtain a copy by writing or calling the office and asking that one be mailed to you or by asking for one the next time you are in our office.

Notice of a Security Breach. You are required to be notified of any breach of your unsecured protected health information as soon as possible, but in any event, no later than sixty (60) days after we discover the breach.

For More Information or to Make a Complaint

If you have a question and would like additional information, you may contact the Compliance Officer at the toll free number on the front of this Notice. If you believe your privacy rights have been violated, you can file a complaint with our Compliance Officer or the Secretary of Health and Human Services.

There will be no retaliation for filing a complaint.