

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

WHAT DOES THIS NOTICE COVER?

- Information about your health condition, healthcare treatment, and payment for healthcare treatment that could reasonably identify who you are ("Protected Health Information" or "PHI");
- PHI in the possession of Pulmonology Group which could be accessed by Pulmonology Group employees, volunteers, contractors, and trainees.

HOW PULMONOLOGY GROUP WILL USE YOUR HEALTH INFORMATION

Pulmonology Group is permitted to use or to disclose your Protected Health Information to others outside Pulmonology Group without authorization from you for the following basic types of activities and in a number of specific situations or circumstances:

- ***Treatment*** – We are permitted to use or disclose your PHI or disclose in order to provide proper medical care to you.
- ***Payment*** – We are permitted to use or disclose your PHI in order to submit bills for the services you receive.
- ***Health Care Operations*** – We are permitted to use or disclose your PHI to support the business activities of our practice. These uses and disclosures are necessary to ensure that all of our patients receive quality care and to operate and manage our office. Health care operations include, without limitation, quality assessment and improvement; care coordination; and communicating with you about treatment alternatives or other health-related benefits or services.
- ***Appointment Reminders*** – We may use or disclose your PHI to send you reminders that you have an appointment for treatment.
- ***Fundraising Activities*** – Under certain circumstances, we may use or disclose your health information to contact you for fundraising activities for, by, or on behalf of Pulmonology Group, although you may elect not to receive such fundraising communications.
- ***Individuals Involved in Your Care or Payment for Your Care*** – You have the right and choice to tell us to share your PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend, or in the event of a disaster relief effort. If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest.
- ***Research*** – We may disclose your PHI for research when such research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We may also share your PHI with people preparing to conduct a research project.
- ***As Permitted or Required by Law*** – We may use or disclose your PHI if state or Federal law permits or requires it, including in the following situations pursuant to applicable laws and regulations: Public Health issues; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Medical Examiners and Funeral Directors; Organ Donation; Threats to Health and Safety; Military Activity and National Security; Workers' Compensation; and with respect to Inmates. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

USES AND DISCLOSURES WHICH REQUIRE AUTHORIZATION

- ***Psychotherapy Notes*** - Unless otherwise required by law, most disclosures of psychotherapy notes (if recorded by us) will require your authorization.
- ***Sale of Protected Health Information*** - Other than the transition provisions in 45 C.F.R. 164.532, we will obtain your authorization for any disclosure of your Protected Health Information for sale. Such authorization will state whether the disclosure will result in remuneration.
- ***Marketing*** - Except in limited situations permitted under 45 C.F.R. 164.508(a)(3), we will obtain your authorization for any use or disclosure of your Protected Health Information for marketing purposes. Such authorization will state whether remuneration was involved.
- ***Other Permitted and Required Uses and Disclosures*** - Other disclosures not described in this notice will be made only with your individual written authorization, unless required by law. You may revoke such authorization, at any time, in writing to our Privacy Officer identified below, except to the extent we have taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Authorization to Use Your Information** – In order for us to use or disclose your information, other than as described above, we will need to obtain your written authorization, which you may revoke at any time to stop any future uses and disclosures.
- **Right to Have Timely Access to Your Information** – You have the right to review and receive a copy of your medical record and any other health information we have about you, except for psychotherapy notes or where prohibited by law in electronic or hard copy form. We will provide copies within thirty (30) days of your written request, or inform you of any delivery delays or denials of your request. We may charge a reasonable, cost-based fee for copies as well as postage/electronic media costs; however, we will provide the first hard copy of your records in any calendar year at no charge other than applicable postage.
- **Right to Request Corrections**. You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Right to Request Confidential Information be Provided in a Certain Way** – You may request that when we send your information to you, we do so in a specific way that is convenient for you.
- **Right to Restrict Your Information**: You have the right to restrict the use of your confidential healthcare information. However, we may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency. 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.
- **Right to an Accounting of Our Disclosures of Your 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 per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to a Paper Copy of This Notice** – You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- **Right to 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.
- **Right to Be Told of a Breach**. We will timely notify you in writing following any breach of your unsecured PHI, as required by law.
- **Right to File a Complaint** - You can complain if you feel we have violated your rights by contacting our Privacy Officer by phone (702) 780-0300; by fax: (702) 608-4977; or by mail: Pulmonology Group Privacy Officer, 2904 Horizon Ridge, #100, Henderson, NV 89052. You can also 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/. We will not retaliate against you for filing a complaint.

PULMONOLOGY GROUP'S DUTIES REGARDING YOUR HEALTH INFORMATION

We are required to protect the privacy of your information, establish Policies and Procedures that do so, provide this Notice about our privacy practices, and to follow the practices described in this Notice. We reserve the right to change our Policies and Procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice and post the new Notice in waiting rooms and registration areas. You can request a written copy of the most recent version of this Notice at any time. Pulmonology Group may deny you access to your protected health information if a licensed health care provider determines that releasing it could endanger you or someone else; your protected health information refers to a third party and releasing it could harm that person; or providing access to a personal representative could harm you or another person.

Effective as of January 1, 2021