

## NOTICE OF HIPAA 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.**

Hospitalists Now, Inc., doing business as HNI Healthcare™ (“HNI Healthcare” or “us”) is an organized healthcare arrangement (“OHCA”) as defined under 45 C.F.R. 160.103, and functions as an organized system of covered entities that collectively engage in consolidated treatment, quality assurance, utilization review and payment activities. The HNI Healthcare OHCA also provides professional medical services in and to other healthcare facilities such as hospitals, skilled nursing facilities, and long-term care facilities. Medical records pertaining to patient care services delivered within these facilities are documented in the healthcare facility electronic medical record system and are not maintained separately by HNI Healthcare. Federal and state laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice of Privacy Practices (Notice). We are required to abide by the terms of this Notice. ***As an inpatient healthcare company, all of HNI Healthcare’s services as a healthcare provider are provided in our customers’ facilities. With regard to patient care provided in those facilities (e.g., hospitals), our facility customer’s Notice of Privacy Practices applies.***

This Notice applies to the following HNI Healthcare affiliated entities: Community Hospitalists, Ltd, Community Intensivists, LLC, HNI Emergency Services of Ohio, LLC, HNI Hospitalists of Idaho, LLC, HNI Medical Services, HNI Medical Services at Glenwood, LLC, HNI Medical Services of Wisconsin, SC, HNI Medical Services of Georgia, LLC, HNI Medical Services of Ohio, LLC, HNI Hospital Services of Texas, Inc, HNI Physician Services of Texas, Inc., HNI Medical Services of Florida, LLC, HNI Hospital Services of Florida, LLC, Jacksonville Lung Clinic, LLC, North East Ohio Group Practice, LLC, Physician Staffing, Inc., Sundance Physician Services, Inc.

We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

### **When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you:**

**Right to Access PHI:** Upon written request, you have the right to inspect and/or get an electronic or paper copy of your health information (and that of an individual for whom you are a legal guardian.) Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. We will provide you access to your records, typically within thirty (30) days of our receipt of your request. We may charge a reasonable, cost-based fee.

**Right to Amend PHI:** You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied. If denied, we will inform you of the reasons for the denial within sixty (60) days. Requests to amend may be filed with our Privacy Officer.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures” of your health information if the disclosure was made for purposes other than providing treatment, payment, business operations, or certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. Disclosures can be made available for a period of six (6) years prior to your request and include who we shared it with and why. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer.

**Right to Restrict/Revoke PHI:** If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan; if the request is not required by law. You may revoke authorization to your health information, but you understand that we are unable to take back any previous disclosures made with your permission.

**Right to Request Confidential Communications of PHI:** You have the right to request how we may communicate with you regarding your health information. For example, we may communicate your test results to you by mail or telephone. All requests must be made in writing to the Privacy Officer. We will agree to reasonable requests.

**Right to Choose Someone to Act for You:** If you give someone medical power of attorney or if someone has legal guardian status, that person can exercise your rights and make choices about your health information. Health information about you may be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

**We will keep your health information confidential. We typically use or share your health information for the following purposes and may do so without your written permission:**

**Treatment:** We can use your health information and share it with other professionals who are treating you. This includes sharing your health information with hospital staff involved in your care and with your primary care provider.

**Payment:** We can use and share your health information to bill and get payment from health plans or other entities for the health care services that we provide to you.

**Healthcare Operations:** We will use and disclose your health information to keep our practice operable. We may share your health information with our business associates in order to operate our practice. These business associates through signed contracts are required by Federal law to protect your health information. We have established “minimum necessary” or “need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement. We may also include the disclosure of your PHI in the event of transfer, merger, or sale of the existing practice to a new provider.

**We may also share your PHI under certain conditions without your authorization or opportunity to object, unless prohibited by state law, for the following purposes:**

**Emergencies:** We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. If an individual is deceased, we may disclose PHI to a family member or individual involved in care or payment prior to death.

**Required by Law:** We may use or disclose your health information when we are required to do so by state or federal law. We may share health information about you in response to a court or administrative order; in response to a subpoena or other government request; for workers’ compensation claims; for law enforcement purposes; with health oversight agencies for activities authorized by law; and/or if you are an inmate or otherwise under the custody of law enforcement.

**National Security:** We may use and disclose your information in certain circumstances when requested by national security, the Armed Forces, intelligence and other State and Federal officials, or if the information is required for lawful intelligence, counterintelligence or other national security activities.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**Public Health Responsibilities:** We will disclose your health care information for certain public health purposes such as to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

**Appointment Reminders:** We may use your health records to remind you of recommended services, treatment or scheduled appointments.

**Research:** We may use or share your health information for health research purposes.

**Respond to Organ and Tissue Donation Requests:** We may share health information about you with organ procurement organizations (e.g., organ donation bank, organ or tissue transplantation entities) in order to facilitate organ donation and transportation.

**Work with a Medical Examiner or Funeral Director:** We may share health information with a coroner, medical examiner, or funeral director.

**We will not disclose your PHI for the following purposes unless you give us written permission:**

**Marketing:** We will not use your health information for general marketing purposes.

**Sale of PHI:** We will not sell your PHI to a third party for compensation.

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.

### **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. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

This Notice was last updated on March 25, 2021. 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.

### **QUESTIONS AND COMPLAINTS**

You have the right to file a complaint with us if you feel we have not complied with HIPAA or our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing and request a Complaint Form from our Privacy Officer, or you may complain to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate in any way or withhold care if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

### **HOW TO CONTACT US:**

**Hospitalists Now, Inc. dba HNI Healthcare**

**C/O Privacy Officer**

**Physical Address:** 7500 Rialto Blvd Bldg. 1 -140 Austin, Texas 78735

**Telephone:** 512-730-3060 **Email:** [info@hnihc.com](mailto:info@hnihc.com)

**Department of Health and Human Services, Office for Civil Rights**

U.S. Department of Health and Human Services

200 Independence Avenue SW

Washington, D.C. 20201

**Email:** [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

**Telephone:** 1-800-696-6775