iCare Health Services
NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES 2018 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

At iCare Health Services, we believe your health information is personal. We keep records of the care and services that you receive at our office(s). We are committed to maintaining the privacy of your health information, and we are required by law to respect your confidentiality. This Notice describes the privacy practices of iCare Health Services. This Notice applies to all of the health information that identifies you and the care you receive at iCare Health Services. This information may consist of paper, digital, or electronic records, but could also include photographs, videos, and other electronic transmissions or recordings that are created during your care and treatment. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information.

We are also legally required to provide you with this Notice and to follow its current terms. iCare Health Services office(s) in the United States follow the terms of this Notice, and this notice is also located at our website at www.icarehealthservicesonthego.com, or may be obtained by calling the iCare Health Services Privacy Office at **301-300-8624**. The doctors and other caregivers at CC who are not employed by CC exchange information about you as a patient with CC employees. In connection with the health care that these health care practitioners provide to you outside of CC, they may also give you their privacy notices that describe their office practices. All of these hospitals, doctors, entities, foundations, facilities, and services may share your health information for reasons of treatment, payment, and health care operations as described below.

NOTICE OF PRIVACY PRACTICES 2018 HOW ICARE HEALTH SERVICES MAY USE AND DISCLOSE YOUR HEALTH INFORMATION When you become a patient of iCare Health Services, we will use your health information within iCare Health Services and disclose your health information outside iCare Health Services for the reasons described in this Notice. The following categories describe some of the ways that we will use and disclose your health information.

- **Treatment.** We use your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, medical or nursing students, or other persons at iCare Health Services who need the information to provide your care. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve communicating with doctors and other individuals not employed by us. We may also disclose your health information to people outside iCare Health Services who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.
- **Payment**. We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about the surgery you had here to your health plan so it will pay us or reimburse you for the surgery. We may also inform your health plan about a treatment you are scheduled to receive, so we can obtain prior payment approval or determine if your plan will cover the treatment.
- **Health Care Operations**. We may use your health information and disclose it outside iCare Health Services for our health care operations. These uses and disclosures enable us to operate iCare

Health Services effectively, maintaining and improving patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We may also combine health information from multiple patients to identify new services to offer, determine which services are not needed, and assess the effectiveness of specific therapies. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at iCare Health Services for learning and quality improvement purposes. We may remove information that identifies you so that people outside iCare Health Services can study your health data without knowing who you are or contacting you. We may use and disclose health information to contact you about appointments and other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide, and we may respond to your email address.

- **Health Information Exchanges**. We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes. A complete list of these arrangements can be found on our website, www.icarehealthservicesonthego.com, or may be obtained by calling the iCare Health Services Privacy Office at **301-300-8624**.
- **NOTICE OF PRIVACY PRACTICES 2018 Organized Health Care Arrangements**. We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities. A complete list of these arrangements can be found on our website www.icarehealthservicesonthego.com or may be obtained by calling the iCare Health Services Privacy Office at **301-300-8624**.
- **Health-Related Services.** We may use and disclose health information about you to send you mailings about health-related products and services available at iCare Health Services.
- **Philanthropic Support**. We may use or disclose certain health information about you to contact you to raise funds to support iCare Health Services and its operations. You have the right to opt out of these communications, and we will provide you with instructions on how to cancel them.
- **NOTICE OF PRIVACY PRACTICES 2018 Legal Matters**. We will disclose health information about you outside iCare Health Services when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, such as reporting births, deaths, child abuse or neglect, adverse reactions to medications, or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety is at risk. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure.
- **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES** As described above, we will use your health information and disclose it outside CC for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time; however, we cannot retract any uses or disclosures of your health information that have already been made with your permission. Ohio and Florida law require that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program, or mental health services that you have received.
- **NOTICE OF PRIVACY PRACTICES 2018 YOUR RIGHTS REGARDING HEALTH INFORMATION** Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom iCare Health Services has disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care

operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the period of the disclosures and the iCare Health Services office that maintains the records about which you are requesting the accounting. We will not list disclosures made more than two (2) years before your request. Your request should specify the format in which you would like the list (for example, on paper or electronically). You must submit your written request to the medical records department of the iCare Health Services office that maintains the records. We will respond to you within 14 days.

- **Right to Amend**. If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the CC facility that maintains those records, and give the reason for your request. You must address your request to the Privacy Official of the iCare Health Services office that maintains the records you wish to amend, and iCare Health Services will respond to you within 30 days. We may deny your request; if we do, we will inform you of the reason and outline your options.
- **Right to Inspect and Obtain a Copy**. You have the right to inspect and obtain a copy of your completed health records unless your doctor believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding or certain research records while the research is ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed and dated, to the medical records department of the iCare Health Services that maintains the records. (Requests for billing records should be sent to the billing departments.) We may charge a fee for processing your request. If iCare Health Services denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the iCare Health Services Privacy Office.
- **Right to Request Restrictions**. You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree. You also may ask us to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. **NOTICE OF PRIVACY PRACTICES 2018** Again, we do not have to agree. A request for a restriction must be signed and dated, and you must identify the iCare Health Services office that maintains the information. The request should also describe the information you want restricted, specify whether you wish to limit its use, disclosure, or both, and indicate who should not receive the restricted information. You must submit your request in writing to the medical records department of the CC hospital or facility that maintains the information you want restricted or to the Privacy Office. We will tell you whether we agree with your request. If we agree, we will comply with your request, unless the information is necessary to provide you with emergency treatment. However, suppose you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures we make to a health plan of your health information relating solely to that item or service. In that case, we will agree to the extent that the disclosure to the health plan is to carry out payment or health care operations and the disclosure is not required by law.
- **Right Request Confidential Communications**. You have the right to request that we communicate with you about your health in a specific manner or at a designated location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify the iCare Health Services, which will handle confidential communications, and specify how or where you wish to be contacted. We can send you messages via our HIPAA-compliant phone system, **Weave Communication,** to address, answer, or communicate medical care or appointments. **Cell phone details or personally identifiable information will not be shared with third parties or affiliates for marketing purposes. Clients may opt out at any time**. You do not need to tell us the reason for your request, and we will not ask. You must send your written request to the medical records department of iCare Health Services,

making sure to maintain confidentiality. We will accommodate all reasonable requests. Right to a Paper Copy of This Notice.

- **Right to a paper copy of this Notice**. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at any of our facilities or by calling the iCare Health Services Privacy Office at **301-300-8624**. You can also view this notice on our website at **www.icarehealthservicesonthego.com.**
- **COMPLAINTS**: If you believe your privacy rights have been violated, you may file a complaint with the iCare Health Services Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.
- **NOTICE OF PRIVACY PRACTICES 2018 CHANGES TO THIS NOTICE** iCare Health Services may change this Notice at any time. Any change in the Notice could apply to medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at our office and on our website, www.icarehealthservicesonthego.com. The effective date of the Notice is on the first page in the top right corner.
- QUESTIONS If you have questions about this Notice, please contact the Privacy Office at **14502 Greenview Dr, STE 108, Laurel, MD 20708**, or call iCare Health Services at **301-300-8624.**

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Patient Name Patient Signature Date