



Medical House Calls, LLC (“MHC”)
9009 Carothers Parkway
Franklin, Tennessee 37067
<https://medicalhousecallstn.com/>

Notice of Privacy Practices Effective as of _____ (date).

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MHC Privacy Contact:

Wayne Halper, Esq.
9009 Carothers Pkwy., Suite B-3
Franklin, TN 37037
whalper@wesleyfinancialgroup.com

Patient’s Name and Contact Information:

_____ (“Patient”, “You”, or “Your”)
Street Address: _____
City, State, Zip Code: _____
Email: _____

Summary

This is a summary of how MHC may use and disclose your protected health information and your rights and choices when it comes to your information. MHC will explain these in more detail on the following pages.

MHC Uses and Disclosures

MHC may use and disclose your information as and when MHC:

- Treats you.
- Bills for services.
- Runs MHC’s organization.
- Does research.
- Complies with the law.
- Responds to organ and tissue donation requests.
- Works with a medical examiner or funeral director.
- Addresses workers' compensation, law enforcement, or other government requests.
- Responds to lawsuits and legal actions.

Your Choices

You have some choices about how MHC uses and shares information as MHC:

- Communicates with you.
- Tells family and friends about your condition.
- Provides disaster relief.
- Markets MHC’s services and/or sells your information.

Your Rights

You have the right to:

- Get a copy of your paper or electronic protected health information.
- Correct your protected health information.
- Ask MHC to limit the information MHC shares, in some cases.
- Get a list of those with whom MHC shared your information.
- Request confidential communication.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe MHC has violated your privacy rights.

Purpose

MHC respects your privacy. MHC is also legally required to maintain the privacy of your protected health information (**PHI**) under the Health Insurance Portability and Accountability Act (**HIPAA**) and other federal and state laws. MHC follows state privacy laws when they are stricter or more protective of your PHI than federal law.

As part of MHC's commitment and legal compliance, MHC is providing you with this Notice of Privacy Practices (**Notice**). This Notice describes:

- MHC's legal duties and privacy practices regarding your PHI, including MHC's duty to notify you following a data breach of your unsecured PHI.
- MHC's permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

Contact

If you have any questions about this Notice, please contact Wayne Halper, Esq. whose contact information is listed at the beginning of this document.

PHI Defined

Your PHI is health information about you which someone may use to identify you; and which MHC keeps or transmits in electronic, oral, or written form and includes information such as your name, contact information; and past, present, or future physical or mental health or medical conditions; and payment for health care products or services; or prescriptions.

Scope

MHC creates a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that MHC generates.

MHC, MHC's employees, and other workforce members follow the duties and privacy practices that this Notice describes (including any changes once they take effect).

Changes to this Notice

MHC can change the terms of this Notice, and the changes will apply to all information MHC has about you. The new notice will be available on request, in MHC's office, and on MHC's website.

Data Breach Notification

MHC will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI.

Uses and Disclosures of Your PHI

The law permits or requires MHC to use or disclose your PHI for various reasons, which MHC explains in this Notice. MHC has included some examples, but MHC has not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, MHC will make reasonable efforts to limit MHC's, disclosure, or request about your PHI to the minimum MHC need to accomplish MHC's intended purpose.

Uses and Disclosures for Treatment, Payment, or Health Care Operations

- **Treatment.** MHC may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or hospital personnel involved in your care. For example, MHC might disclose information about your overall health condition to physicians who are treating you for a specific injury or condition.
- **Payment.** MHC may use and disclose your PHI to bill and get payment from health plans or others, if applicable.
- **Health Care Operations.** MHC may use and disclose your PHI to run MHC's practice and improve your care. For example, MHC may use your PHI to manage the services you receive or to monitor the quality of MHC's health care services.

Other Uses and Disclosures

MHC may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, these other uses and disclosures may involve:

- **MHC's Business Associates.** MHC may use and disclose your PHI to outside persons or entities that perform services on MHC's behalf, such as auditing, legal, or transcription services (business associates). The law requires MHC's business associates and their subcontractors to protect your PHI in the same way MHC does. MHC also contractually requires these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Legal Compliance.** For example, MHC will share your PHI if the Department of Health and Human Services requires it when investigating MHC's compliance with privacy laws.
- **Public Health and Safety Activities.** For example, MHC may share your PHI to: report injuries, births, and deaths; prevent disease; report adverse reactions to medications or medical device product defects; report suspected child neglect or abuse, or domestic violence; or avert a serious threat to public health or safety.
- **Responding to Legal Actions.** For example, MHC may share your PHI to respond to: a court or administrative order or subpoena; discovery request; or other lawful process.
- **Research.** For example, MHC may share your PHI for some types of health research that do not require your authorization, such as if an institutional review board (IRB) has waived the written authorization requirement because the disclosure only involves minimal privacy risks
- **Medical Examiners or Funeral Directors.** For example, MHC may share PHI with coroners, medical examiners, or funeral directors when an individual dies.
- **Organ or Tissue Donation.** For example, MHC may share your PHI to arrange an authorized organ or tissue donation from you or a transplant for you.
- **Workers' Compensation, Law Enforcement, or Other Government Requests.** For example, MHC may use and disclose your PHI for: workers' compensation claims; health oversight activities by federal or state agencies; law enforcement purposes or with a law enforcement official; or specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.

Your Choices

For certain health information, you can tell MHC your choices about what MHC shares. If you have a clear preference for how MHC shares your information in the situations described below, please contact MHC by reaching out to **Wayne Halper, Esq, at the address, phone and/or email listed at the beginning of this document** and MHC will make reasonable efforts to follow your instructions. You have both the right and choice to tell MHC whether to:

- Share information, such as your PHI, general condition, or location, with your family, close friends, or others involved in your care or share information in a disaster relief situation, such as to a relief organization to assist with locating or notifying your family, close friends, or others involved in your care.

MHC may share your information if MHC believe it is in your best interest, according to MHC's best judgment, and:

- If you are unable to tell MHC your preference, for example, if you are unconscious.
- When needed to lessen a serious and imminent threat to health or safety.

Uses and Disclosures that Require Authorization

In these cases, MHC will only share your information if you give MHC written permission, in connection with:

- Marketing MHC's services.
- Selling or otherwise receiving compensation for disclosing your PHI.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that MHC already used and disclosed.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of MHC's responsibilities to help you. You have the right to:

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that MHC maintains about you. Alternatively, you may request a summary of your PHI or an explanation of your PHI. Some clarifications about your access rights:

- i. Request a Copy.** MHC may require you to make access requests in writing and MHC may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request. This fee will comply with state/federal laws. You may request that MHC provide a copy of your PHI to a family member, another third-party person, or a designated entity. MHC requires that you submit these requests in writing with your signature, and/or submit an electronically signed form, and clearly identify the designated person and where to send the PHI. If you request a copy of your PHI, MHC will generally decide to provide or deny access within 30 days, however, if MHC cannot act within 30 days, MHC will give you a reason for the delay in writing and when you can expect MHC to act on your request; and MHC may deny your request for access in certain limited circumstances, however, if MHC deny your access request, MHC will provide a written denial with the basis for MHC's decision and explain your rights to appeal or file a complaint.

- ii. Make Amendments.** You may ask MHC to correct or amend PHI that MHC maintains about you that you think is incorrect or inaccurate. For these requests: you must submit requests in writing/electronically, specify the inaccurate or incorrect PHI, and provide a reason that supports your request; MHC will generally decide to grant or deny your request within 60 days. If MHC cannot act within 60 days, MHC will give you a reason for the delay in writing and include when you can expect MHC to complete MHC's decision, which will be no longer than an additional 30 days. MHC will only ask for an

extension once in response to a request; MHC may deny your request for an amendment if you ask MHC to amend PHI that is not part of MHC's record, that MHC did not create, that is not part of a designated record set, or that is accurate and complete; if MHC deny your request, MHC will tell you why in writing. You will have the right to submit a written statement disagreeing with the denial and, if you opt not to submit this statement, you may request that MHC provide your original request for amendment and the denial with any future disclosures of PHI subject to the amendment. However, MHC may prepare a written rebuttal to any individual's statement of disagreement; MHC will append the material created or submitted in accordance with this paragraph to your designated record.

iii. Request Additional Restrictions. You have the right to ask MHC to limit what MHC uses or shares about your PHI. You can contact MHC and request MHC not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. MHC requires that you submit this request in writing. For these requests: MHC are not required to agree; MHC may say "no" if it would affect your care; MHC will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.

iv. Request an Accounting of Disclosures. You have the right to request an accounting of certain PHI disclosures that MHC have made. For these requests: MHC will respond no later than 60 days after receiving the request; MHC may ask for an additional 30 days during this 60-day period, but if MHC do, MHC will only do it once, provide a written statement of why, and indicate the date by which MHC intend to send the response; MHC will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked MHC to make; and MHC will provide one accounting a year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months. MHC will notify you about the costs in advance and you may choose to withdraw or modify your request at that time.

v. Choose Someone to Act for You. If you have given someone Medical POA or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. MHC will confirm the person has this authority and can act for you before MHC takes any action.

vi. Request Confidential Communications. You have the right to request that MHC communicate with you about health matters in a certain way or at a certain location. For example, you can ask that MHC only contact you at work or at a specific address. For these requests: MHC will not ask for the reason; you must specify how or where you wish to be contacted; and MHC will accommodate reasonable requests.

vii. Complaints. You have the right to complain if you feel MHC have violated your rights. MHC will not retaliate against you for filing a complaint. You may either file a complaint: directly with MHC by contacting **Wayne Halper, Esq, at the address, phone number or email listed at the beginning of this document (All complaints must be submitted in writing)** or with the Office for Civil Rights at the US Department of Health and Human Services. Send a letter to: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201 or call (800) 368-1019; or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.**

Acknowledgment of Receipt

I, _____ (individual's name), acknowledge that on _____ (date), I received a copy of Medical House Calls US LLC's Notice of Privacy Practices and that I read and understood it. I understand that:

- I have certain rights to privacy regarding my PHI.

- Medical House Calls, LLC can and will use my PHI for purposes of my treatment, payment, and health care operations.
- The Notice explains in more detail how Medical House Calls, LLC may use and share my PHI for other purposes.
- I have the rights regarding my PHI listed in the Notice.

Medical House Calls, LLC has the right to change the Notice from time to time and I can obtain a current copy of the Notice by contacting **Wayne Halper, Esq. 9009 Carothers Pkwy., Suite B-3, Franklin, TN 37037, whalper@wesleyfinancialgroup.com (615) 429-8500.**

Signature: _____
 Printed Name: _____
 Date: _____
 Relationship to Patient: _____

**FOR OFFICE USE ONLY:
 Good Faith Effort to Obtain Acknowledgement Form**

I attempted to obtain the patient's or the patient's representative's signature on the HIPAA Notice of Privacy Practices Acknowledgment Form, but was unable to do so as documented below:

Reason: _____
 Name: _____
 Date: _____
 Signature: _____