



## HIPAA PRIVACY STATEMENT

This Notice Describes How Your Medical Information May Be Used and Disclosed and How You Can Access This Information. Please Review It Carefully.

### WE ARE COMMITTED TO YOUR PRIVACY

We understand that your health information is very personal, and we strive to protect our patients' privacy. We are required by law to maintain the privacy of our patients' protected health information (PHI).

We are also required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make a new Notice effective for all PHI we maintain. You can obtain a copy of a new notice at <http://www.apexwellclinic.com> or by contacting the Apex Wellness Privacy Office.

### WHO THIS NOTICE APPLIES TO

The terms of this Notice applies to Apex Wellness including providers, and all staff. We are committed to excellence in providing state-of-the-art health care services through the practice of patient care, education, and research. Below is a description of how your health information will be used and disclosed to advance this mission.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHO- RIZATION

**Treatment.** For example, doctors, nurses, and other staff members involved in your care will use and disclose your PHI to coordinate your care or to plan a course of treatment for you.

**Health Care Operations.** For example, we may disclose your PHI for billing support. We may use your PHI to conduct an evaluation of the treatment and services provided or to review staff performance.

**Communicating with You.** We will use your PHI to communicate with you about a number of important topics, including appointments, your care, treatment options, payment for your services.

We urge you to sign up for Spruce, our secure messaging platform. This will be used to send and receive communications conveniently and securely and to share your preferences for how we contact you. Spruce can be downloaded at <https://spruce.care/apexwellnessclinic>

We may also contact you at the email, phone number or address that you provide, including via text messages, for these communications. If your contact information changes, it is important that you let us know. Texting and email are not 100% secure. Regarding text messages, please note that message and data rates may apply and you will have an opportunity to opt out.

**Business Associates.** At times, we need to disclose your PHI to persons or organizations outside Apex Wellness who assist us with our health care operations. We require these business associates and their subcontractors to appropriately safeguard your PHI.

**Other Uses and Disclosures.** We may be permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. Subject to conditions specified by law, we may release your PHI:

- for any purpose required by law
- for public health activities, including required reporting of disease, injury, birth and death, for required public health investigations, and to report adverse events or enable product recalls
- to government agencies if we suspect child/elder adult abuse or neglect. We may also release your PHI to government agencies if we believe you are a victim of abuse, neglect or domestic violence
- to a government oversight agency conducting audits, investigations, inspections and related oversight functions
- in emergencies, such as to prevent a serious and imminent threat to a person or the public
- if required by a court or administrative order, subpoena or discovery request
- for law enforcement purposes, including to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime
- to coroners, medical examiners and funeral directors
- if necessary to arrange organ or tissue donation or transplant
- for national security, intelligence, or protective services activities

## **HEALTH INFORMATION BASED ON A SIGNED AUTHORIZATION**

Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use or disclosure. You may revoke an authorization in writing, except to the extent we have already relied upon it.

In some situations, a signed authorization form is required for uses and disclosures of your PHI, including:

- uses and disclosures for marketing purposes

- disclosures that constitute the sale of PHI
- uses and disclosures for certain research protocols
- as required by privacy law. The confidentiality of substance use disorder and mental health treatment records as well as HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited, regulated circumstances.

## **YOUR RIGHTS**

**Access to Your PHI.** Generally, you can access and inspect paper or electronic copies of certain PHI that we maintain about you. You may access your health information without charge by requesting a copy of your medical records.

**Amendments to Your PHI.** You can request amendments, or changes, to certain PHI that we maintain about you that you think may be incorrect or incomplete. All requests for changes must be in writing, signed by you or your representative, and state the reasons for the request. If we decide to make an amendment, we may also notify others who have copies of the information about the change. Note that even if we accept your request, we may not delete any information already documented in your medical record.

**Accounting for Disclosures of Your PHI.** In accordance with applicable law, you can ask for an accounting of certain disclosures made by us of your PHI. This request must be in writing and signed by you or your representative. This does not include disclosures made for purposes of treatment, payment, or health care operations or for certain other limited exceptions. An accounting will include disclosures made in the six years prior to the date of a request.

**Restrictions on Use and Disclosure of Your PHI.** You can request restrictions on certain of our uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree but will attempt to accommodate reasonable requests when appropriate.

**Confidential Communications.** You can request that we communicate with you through alternative means and we will accommodate reasonable requests. You must request such confidential communication in writing if you would like Apex Wellness to accommodate the request.

**Breach Notification.** We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach.

**Paper Copy of Notice.** You can obtain a paper copy of this Notice, even if you agreed to receive an electronic copy. This Notice is available on our website at <http://www.apexwellclinic.com/hipaap>

## **ADDITIONAL INFORMATION**

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C.

A complaint must be made in writing and will not in any way affect the quality of care we provide you.

**Effective Date.** This Notice of Privacy Practices is effective October 10, 2023.