

DISPATCHHEALTH HIPAA NOTICE OF PRIVACY PRACTICES

This Notice is Effective as of: July 1, 2022

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.

References to “we,” “us,” “our,” and “DispatchHealth” means the members of the DispatchHealth Practice ACE, which is an affiliated covered entity. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA). The DispatchHealth Practice ACE, and its employees and workforce members who are involved in providing and coordinating your health care, are all bound to follow the terms of this Notice of Privacy Practices. The members of the DispatchHealth Practice ACE will share protected health information with each other for treatment, payment and health care operations as permitted by HIPAA and this Notice of Privacy Practices. For a complete list of the members of the DispatchHealth Practice ACE, please contact the Privacy Officer at the contact information listed below.

DispatchHealth Florida, Inc. and DispatchHealth-Kansas, PA, two of the entities comprising the DispatchHealth Practice ACE, have formed an Organized Health Care Arrangement (“OHCA”) with Adventist Health System Sunbelt Healthcare Corporation and its affiliates (“AdventHealth-Dispatch OHCA”). An OHCA is an arrangement or relationship that allows two or more HIPAA covered entities to use and disclose PHI. The most common examples of covered entities include hospitals, doctors’ offices and health insurance providers. The entities participating in the AdventHealth-Dispatch OHCA are covered entities under HIPAA and will share PHI with each other, as necessary to carry out the joint health care operations of the OHCA. The entities participating in the AdventHealth-Dispatch OHCA agree to abide by the terms of this Notice with respect to PHI created or received by the entity as part of its participation in the OHCA. The additional OHCA PHI sharing applies to Dispatch patients treated in Florida and/or Kansas. For a complete list of the members of the AdventHealth-Dispatch OHCA, please contact the Privacy Officer at the contact information listed below.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to protect the privacy of your protected health information and to provide you with this Notice of Privacy Practices. We are required to abide by the terms of this Notice of Privacy Practices, as currently in effect. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information. We may change the terms of our notice, at any time. The new notice will be effective for all protected

health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or emailing us and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Note that certain types of protected health information, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law. To the extent that any federal and/or state laws are more stringent than the provisions of this Notice, DispatchHealth will comply with the more stringent requirements.

1. Ways We May Use and Disclose Your Protected Health Information Without Your Authorization

Your protected health information may be used and disclosed by your clinician, our office staff and others who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice. The following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to- time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a home visit may require that we submit your protected health information to your health plan to obtain payment for your care.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we use health

information about you to manage your treatment and services and to contact you about appointments or test results.

Other Permitted or Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object.

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Disclosures to Business Associates: We may share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we must have a written contract that contains terms that will protect the privacy and security of your protected health information.

Treatment Alternatives and Health-Related Benefits and Services: We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health--related benefits and services that may be of interest to you.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized or required by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA -regulated products or activities including, to report adverse events, product

defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose certain protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally- established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Special Categories of Information: In some circumstances, protected health information related to certain disease states or illnesses may be subject to other federal and state law restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there may be special restrictions on the use or disclosure HIV test results or status, mental health records, and alcohol and substance abuse treatment records.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object:

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, including (1) uses and disclosures of your protected health information for marketing purposes, unless an exception applies; and (2) disclosures that constitute the sale of your protected health information. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made pursuant to your authorization and prior to receiving your revocation.

2. Your Rights

The following is a description of your rights with respect to your protected health information and a brief description of how you may exercise these rights. 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 protected health information.

Right to Access. You have the right to inspect and copy your protected health information, with the exception of psychotherapy notes and under certain circumstances such as information compiled in anticipation of litigation or if providing you with such access will endanger your life or physical safety. You may obtain your medical record that contains medical and billing records and any other records that we use to make decisions about you. To the extent feasible, access or a copy of your medical information will be provided to you in the form or format that you request, including an electronic form or format if we maintain your medical information electronically. As permitted by federal or state law, we may charge you a reasonable fee for a copy of your records.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your medical information because of a threat or harm issue, you may request that the denial be reviewed. A licensed clinician chosen by DispatchHealth will review your request and the denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Please contact our Privacy Officer (via telephone at 1-866-223-9033 or via email PrivacyOfficer@dispatchhealth.com) if you have questions about obtaining access to or inspecting your medical record.

Right to Request a Restriction. You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. To request a restriction, you must submit your request in writing to the Privacy Officer email address listed above. We are not required to agree to your request, except if you have paid for services out-of-pocket in full and ask us not to disclose your protected health information related solely to those services to your health plan for payment or health care operations purposes. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your clinician.

Right to Request Confidential Communications. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer (see contact information above).

Right to Request an Amendment. You have the right to request that we amend your protected health information, for so long as we maintain this information, if you feel that the information we have about you is incorrect or incomplete. You must provide a reason to support your request for an amendment. We may deny your request if it is not in writing or if it does not include a reason supporting the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the medical information kept by or for DispatchHealth;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer (see contact information below if you have questions about amending your medical record.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information for the six (6) years prior to your request for the accounting. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, or as part of a limited data set disclosure. You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting you may be charged a fee. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Obtain a Copy of this Notice. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer at the email address below of your complaint. We will not retaliate against you for filing a complaint. You can 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 https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

4. Contact Information

Privacy Officer may be contacted(via phone at 866-223-9033 or via email at PrivacyOfficer@dispatchhealth.com) if you have any questions related to this Notice of Privacy Practices.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES.

I acknowledge that DispatchHealth Practice ACE has offered me a copy of its Notice of Privacy Practices. I understand this acknowledgement in no way affects the care I shall receive from DispatchHealth Practice ACE.

I ACKNOWLEDGE I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS AND HAVE RECEIVED A COPY HEREOF. I FURTHER ACKNOWLEDGE THAT I AM THE PATIENT, OR PERSON DULY AUTHORIZED EITHER BY THE PATIENT OR OTHERWISE, TO SIGN THIS AGREEMENT, CONSENT TO, AND ACCEPT ITS TERMS.

Printed Name

Signature (Individual/Personal Representative*)

Date

*If you are a personal representative signing this Acknowledgment, please provide a description of your relationship to the individual below.
