

## **UP2U Telecare, LLC**

209 South Jefferson St. Suite 1042, Winchester, TN 37398

931-253-7075

www.up2utelecare.com

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

#### **I. OUR PLEDGE REGARDING HEALTH INFORMATION:**

We (UP2U Telecare, LLC) understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Notify affected individuals following a breach of unsecured PHI.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all of your PHI that we maintain. The new Notice will be available upon request, in our office, and on our website.

#### **II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and

try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers, such as our practice, who have direct treatment relationship with you to use or disclose your PHI, without your written authorization, to carry out our own treatment activities, which may include medical care, coordination and management of care or referrals for care. We may also disclose your PHI for the treatment activities of another health care provider. This too can be done without your written authorization. For example, if a health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the health care provider in diagnosis and treatment of your condition.

Federal privacy rules also permit health care providers, such as our practice, to use or disclose your PHI, without your written authorization, to carry out our own payment activities. We may also disclose your PHI for the payment activities of another provider or health plan. For example, we may need to disclose some of your PHI to your health plan to obtain payment from your health plan for the services that we provide to you. The health plan may also request certain information from us for its own internal payment-related purposes.

Federal privacy rules also permit health care providers, such as our practice, to use or disclose your PHI, without your written authorization, to carry out our own health care operations purposes. For example, we may use or disclose your PHI to manage our business and conduct general administrative activities, which may include compliance or customer service activities, among other things. In limited circumstances, federal privacy law also allows us to disclose for PHI for the health care operations of another provider or health plan.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a lawsuit, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR WRITTEN

#### AUTHORIZATION:

- a) Session Notes: We do keep “Session notes” and any use or disclosure of such notes requires your written authorization unless the use or disclosure is:
  - a. For our use in treating you.
  - b. For our use in training or supervising associates to help them improve

their clinical skills.

c. For our use in defending the practice and/or individual health care practitioners in legal proceedings instituted by you.

d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.

e. Required by law and the use or disclosure is limited to the requirements of such law.

f. Required by law for certain health oversight activities pertaining to the originator of the session notes.

g. Required by a coroner who is performing duties authorized by law.

h. Required to help avert a serious threat to the health and safety of others.

1. Marketing Purposes: As a health care provider, we will not use or disclose your PHI for marketing purposes.
2. Sale of PHI: As a health care provider, we will not sell your PHI in the regular course of our business.

Uses and disclosures of PHI not described in this Notice will be made only with your written authorization. You may write to us to revoke a written authorization that you have previously provided to us, except to the extent that we have taken action in reliance on your authorization.

#### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, we may use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to

a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How I Send PHI to You: You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address for confidentiality purposes, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI: With limited exceptions, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made: You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with a written authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI: If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice: You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. Right to Notice of Breach: You have the right to be notified if we or one of our business associates becomes aware of a breach of your PHI.

## VII. QUESTIONS OR COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact us using the information set forth at the top of this Notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your PHI, you may complain to us by contacting the Privacy Officer referenced below at the address and phone number included at the top of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to our Privacy Officer, Megan Parton (use the contact information at the top of this notice).

### VIII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on August 1, 2023.

### IX. ACKNOWLEDGEMENT

By signing below, you hereby acknowledge receipt of UP2U Telecare, LLC's Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how UP2U Telecare may use and disclose your protected health information.

By signing below, you acknowledge that you understand that UP2U Telecare has reserved the right to change its privacy practices that are described in the Notice of Privacy Practices. By signing below, you acknowledge that you also understand that any revisions to the Notice of Privacy Practices will be provided to you or made available to you.

### PATIENT/LEGAL REPRESENTATIVE:

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Printed Name of Legal Representative (if Patient under 18)

Legal Representative's Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient (if 18 or Older) or Legal Representative (if Patient under 18)

Date: \_\_\_\_\_

Patient/legal representative, check one of the following:

- Patient is age 18 or older;
- Patient is under age 18.