

# Notice of Privacy Practices

## For ATLAS Healthcare Partners LLC, DBA AdaptIV Infusion

Form rev. 4/10/2023

The Infusion Center values your privacy and is committed to protecting your sensitive health information. This Privacy Notice explains how your health information can be used and disclosed, as well as how you can obtain access to it. Please read this document carefully.

### Your Health Information:

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The Infusion Center keeps a record of your healthcare that includes your symptoms, test results, diagnoses, treatment, and medical data, as well as billing and insurance information. This Notice covers all records connected to your care that the Infusion Center creates or maintains.

### How We Use Your Health Information:

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This Notice clarifies how we use and share your health information within the Infusion Center. It also explains your rights to access and manage your health information.

### Uses and Disclosures of Health Information Not Requiring Consent or Authorization:

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We use and disclose medical information in a variety of ways that do not require your written permission. Examples of different categories of use or disclosure are described below.

**Treatment:** We use and disclose your health information to provide medical care or services to you. Your information may be shared with physicians, healthcare providers, nurses, technicians, interns, and others who are involved in your care at the Infusion Center. We may also disclose your health information to other healthcare providers outside the Infusion Center who are treating you, pharmacists filling your prescriptions, laboratories performing tests, and family members who are helping you, among other things.

**Payment:** We use and disclose your health information for payment and collection purposes. For example, we may need to get authorization from your insurance company before offering certain kinds of treatment. We will bill you, your health plan (e.g. your insurance), and/or third parties, and keep records of payments. Health information may be shared with billing companies, insurance companies (private and government health plans), government agencies to help with benefit qualifications, or collection agencies.

**Operations:** We may use and disclose your health information to further Infusion Center operations on a daily basis. We may use and disclose your health information for administrative, financial, legal, and quality improvement activities that are essential for operating the Infusion Center's business and supporting our primary functions of treatment and payment. For example, we may combine and assess our patients' health information to assess the need for new services or treatments. We may use and disclose your health information for a variety of tasks (e.g. appointment reminders, accreditation; quality evaluations, or record analysis; training staff, students, interns, other healthcare providers, or ancillary staff such as billing personnel, to assist in resolving problems or complaints within the Infusion Center). We may use your health information to contact you with information about referrals, follow-ups with lab results, questions about your health, or other reasons. We may share your health information with Business Associates who help us perform operational functions, but we will always obtain assurances from them to protect your health information as we do.

**As Required by Law:** Under federal, state, or local law, we may be obligated to disclose your health information. For example, we may be required to report gunshot wounds, suspected abuse, or neglect.

**Military Activity and National Security:** If appropriate conditions are met, we may use or disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by the appropriate military command authorities, to determine your eligibility for Department of Veterans Affairs benefits, or to foreign military authorities if you are a member of that foreign military service.

**Research:** We may use or disclose health information for research studies, but only if they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible). You may also be contacted to participate in a research study.

**Food and Drug Administration (FDA):** The FDA may reveal medical information related to FDA-regulated products or activities to collect or report adverse events, product defects or problems, or biological product deviations, to track FDA-regulated products; to allow product recalls, repairs, or replacements; or to conduct post-marketing surveillance.

**Abuse, Neglect, or Domestic Violence:** Your health information may be disclosed if it is reasonably believed that you are a victim of abuse, neglect, or domestic violence to a government authority authorized by law to receive such reports.

**Health Oversight Activities:** Your health information may be disclosed to a health oversight agency for legally authorized activities such as audits, investigations, inspections, and licensure or disciplinary actions or other government oversight activities. These activities are necessary for the government to monitor the healthcare system, government benefit programs, and compliance with the law.

**Judicial and Administrative Purposes:** Health information about you may be disclosed for judicial, administrative, and law enforcement purposes as permitted by applicable law.

**Health or Safety:** Your health information may be used or disclosed to prevent or reduce a serious and imminent threat to a person's or the public's health or safety.

**Law Enforcement Purposes:** Your medical information may be disclosed to law enforcement officials in various cases, such as to report physical injury or wound as required by law, to comply with court orders, to identify or locate a suspect, or in limited circumstances when the individual is or may be a victim of a crime, and related to criminal conduct that occurred on the Infusion Center's property.

**National Security and Intelligence Activities:** Your health information may be released to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.

**Coroners, Medical Examiners, and Funeral Directors:** Medical information may be disclosed to coroners or medical examiners for identification of a deceased person, determine cause of death, or for other legally authorized purposes.

**Organ Procurement Organizations:** Medical information may be disclosed to organ procurement organizations or other entities engaged in the procurement, storage, or transplantation of organs, eyes, or tissue to facilitate organ, eye, or tissue donation and transplant.

**Inmate or in Custody of Law Enforcement:** If you are an inmate or in custody of law enforcement, your health information may be disclosed to a correctional institution or law enforcement official as allowed or required by law.

**Disaster Relief:** Your health information may be used or disclosed to an authorized public or private entity to assist in disaster relief efforts as permitted or required by law.

**Worker's Compensation:** Health information may be disclosed to the extent authorized by law and necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public Health:** Medical information may be disclosed for public health activities such as prevention or control of disease, injury, or disability; reporting of disease, injury, or vital events such as birth or death; public health surveillance, investigations or interventions; to report to an employer information about an individual who is a member of the employer's workforce related to a work-related illness or injury or a workplace-related medical surveillance, among others.

**Disclosure to Relatives, Close Friends, and Other Caregivers:** Your health information may be shared with family members, close friends, or any other person identified by you when you are present, if we obtain your agreement or provide you with the opportunity to object to the disclosure and you do not object, or if we reasonably infer that you do not object. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with involved individuals without your approval.

**Patient Directory Information:** Your name, location of the facility, and your general condition may be included in the patient directory and made available to anyone who asks for you by name, unless you object.

**Limited Marketing Communications:** We may contact you regarding a prescribed drug or biologic to provide refill reminders or necessary updates.

### Authorization for Health Information Uses and Disclosures:

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We require your written authorization for most uses and disclosures of your health information, including marketing communications (with limited exceptions as noted above) and the sale of your health information. You may revoke your authorization at any time, except if we have already relied on it. Your psychotherapy notes will only be used by the mental health professional who created them for your treatment or legal defense.

### Your Rights Regarding Your Health Information:

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You have certain rights concerning your health information as described below.

**Right to Request Additional Restrictions:** You have the right to ask us to limit how we use and share your health information. You can request these limitations:

- (1) for your treatment, payment for your healthcare, and our healthcare operations,
- (2) for sharing with people involved in your care or who help pay for your care (like family, relatives, close friends, or anyone you choose),
- (3) for notifying these people about your whereabouts and general condition.

We will consider your request, but we aren't obligated to agree to it unless the disclosure is to a health plan for payment or healthcare operations, and the information is only about a healthcare item or service that you have paid for out-of-pocket in full. If you want to request additional restrictions, please contact our Privacy Officer, and we will send you a written response.

**Right to Receive Communications by Alternative Means/Locations:** You can request to receive your health information through alternative means or locations, and we will try to accommodate your request.

**Right to Inspect and Copy Your Health Information:** You can request access to your medical record file and billing records, and we will comply with your request, but we may deny access in limited circumstances or charge a reasonable fee for copies.

**Right to Request Amendment to Your Record:** You can request changes to your health information, but we may deny your request if we believe the information is accurate and complete.

**Right to Receive an Accounting of Disclosures:** You can request a list of disclosures of your health information made by us during the past six years, and we may charge a reasonable fee for subsequent requests within a 12-month period.

**Right to Receive Paper Copy of this Notice:** You can request a paper copy of this Notice, and we will provide it to you on your first visit to our facility. In emergencies, we will provide it as soon as possible.

**Further Information; Complaints:** If you have questions about your privacy rights, believe that we have violated them, or disagree with our decision about your health information, you can contact the Privacy Officer or file a written complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

**Breach of Unsecured Health Information:** You will receive notification of any breach of your unsecured health information.

### Our Legal Duty:

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We are required by law to protect your health information, provide this Notice about our privacy practices and policies, and abide by its terms. We may change our policies and practices at any time and will post the new Notice at the Infusion Center and on our website at [adaptivinfusion.com](http://adaptivinfusion.com) before making significant changes. You can request a copy of our Notice at any time or contact the Privacy Officer if you have concerns or disagree with our decision about your health information.

### Privacy Officer:

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If you have any questions, requests, or complaints, please contact:

**Email:** [hello@adaptivinfusion.com](mailto:hello@adaptivinfusion.com)

**Mailing Address:** 2811 Imperia Drive, Suite 100, Sugar Land, TX 77479