

## Prime Nursing Care, Inc. HIPAA Privacy Notice

This Notice describes how Prime Nursing Care, Inc. may use and disclose your medical information and access it. Please review it carefully. You may request a copy of this Notice.

### Policy:

Prime Nursing Care, Inc. is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or "PHI," and provide you with a notice of our legal duties and privacy practices concerning your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Prime Nursing Care, Inc. is permitted to use and disclose PHI about you.

Prime Nursing Care, Inc. is also required to abide by the terms of this Notice version currently in effect. In most situations, we may use this information as described in this Notice without your permission. However, there are some situations where we may use it only after we obtain your written authorization if we are required by law to do so.

### Uses and Disclosures of PHI:

Prime Nursing Care, Inc. may use PHI for treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

#### For Treatment:

Verbal and written information that we obtain and use about you and your medical condition for treatment provided by:

1. Prime Nursing Care, Inc.
2. Other medical personnel, including:
  - a. Doctors
  - b. Nurses
  - c. First responders
3. Others allowed by applicable law who order our services to provide medical care to you
4. Information we give to other health care personnel to whom we transfer your care and treatment
5. It provides for the transfer of PHI to the hospital:
  - a. Via telephone
  - b. Providing a copy of the transport record

#### For Payment:

Activities for payment for the services we provide to you, including:

1. Organizing your PHI
2. Submitting bills to insurance companies

#### For Health Care Operations:

This includes:

1. Quality assurance activities
2. Licensing
3. Training programs
4. To ensure that our personnel:
  - a. Meet our standards of care
  - b. Follow established policies and procedures
5. Obtaining legal and financial services
6. Conducting business planning
7. Processing grievances and complaints
8. Creating reports that do not individually identify you
9. For data collection purposes

## 10. Certain marketing activities

### Use and Disclosure of PHI without your Authorization:

Prime Nursing Care, Inc. may use PHI without your written authorization, or opportunity to object in certain situations, including:

1. For Prime Nursing Care, Inc.'s use in treating you or in obtaining payment for services provided to you or in other health care operations
2. For the treatment activities of another health care provider
3. To another health care provider or entity for:
  - a. The payment activities of the provider
  - b. The entity that receives the information (such as your insurance company)
4. To another health care provider (such as the hospital to which you are transported) for:
  - a. The health care operations activities of the entity that receives the information
  - b. As long as the entity receiving the information has or had a relationship with you
  - c. The PHI pertains to that relationship
5. For disclosures required by international, federal, state, or local law
6. For health care fraud and abuse detection or for activities related to compliance with the law
7. To a family member, relative, or a close personal friend or other individual involved in your care:
  - a. If we obtain your verbal agreement to do so or if we allow you to object to such a disclosure and you do not raise an objection
  - b. If we infer from the circumstances that you would not object
  - c. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that disclosure is in your best interest
  - d. In that situation, we will disclose only health information relevant to that person's involvement in your care
8. To a public health authority in certain situations, such as:
  - a. Reporting a birth, death, or disease as required by law
  - b. As part of a public health investigation
  - c. To report child or adult abuse, neglect, or domestic violence
9. To report adverse events such as product defects
10. To notify a person about exposure to a possible communicable disease as required by law
11. For health oversight activities, including:
  - a. Audits
  - b. Government investigations
  - c. Inspections
  - d. Disciplinary proceedings
  - e. Other administrative or judicial actions undertaken by the government (or their contractors) to oversee the health care system as required by law
12. For judicial and administrative proceedings as required:
  - a. By a court
  - b. Administrative order
  - c. In response to a subpoena
  - d. Other legal processes
13. For law enforcement activities in limited situations, such as:
  - a. When there is a warrant for the request
  - b. When the information is needed to locate a suspect or stop a crime
14. For military, national defense and security and other special government functions
15. If you are a member of the armed forces:
  - a. We may release PHI as required by military command authorities
  - b. Including foreign military authorities
16. To avert a serious threat to the health and safety of a person or the public at large
17. For workers' compensation purposes, and in compliance with workers' compensation laws

18. To coroners, medical examiners, and funeral directors for:
  - a. Identifying a deceased person
  - b. Determining the cause of death
  - c. Carrying on their duties as authorized by law
19. To our business associates, if necessary to:
  - a. Perform functions on our behalf
  - b. Provide us with services
  - c. All of our business associates are obligated to protect the privacy of your PHI
  - d. Are not allowed to use or disclose any information other than as specified in our contract
20. To a correctional institution if you are an inmate
21. Law enforcement official if you are under custody
22. If you are an organ donor, we may release health information to organizations to facilitate:
  - a. Organ procurement for organ, eye, or tissue transplantation
  - b. Organ donation bank
23. To disaster relief organizations, if you do not object, that seeks your PHI to:
  - a. Coordinate your care
  - b. Notify family and friends of your location or condition in a disaster
24. For research projects, but this would be:
  - a. Subject to strict oversight and approvals
  - b. Health information will be released only when there is a minimal risk to your privacy
  - c. Adequate safeguards are in place per the law
25. We may use or disclose health information about you in a way that does not personally identify you or reveal who you are

#### Use and Disclosures Requiring Your Authorization:

1. Uses and disclosures for marketing purposes
2. Uses and disclosures of psychotherapy notes
3. Disclosures that constitute a sale of your PHI

#### Any other use or disclosure of PHI not covered by this Notice:

1. Will only be made with your written authorization:
  - a. The authorization must specifically identify the information we seek to use or disclose
  - b. When and how we seek to use or disclose it
2. You may revoke your authorization at any time:
  - a. In writing
  - b. Except to the extent that we have already used or disclosed medical information in reliance on that authorization

#### Patient Rights:

As a patient, you have a number of rights with respect to the protection of your PHI, including:  
The Right to Access, Copy, or Inspect Your PHI:

1. We maintain your PHI in an electronic format, known as an:
  - a. Electronic medical record
  - b. Electronic health record
  - c. Electronic patient care record
2. You can request that an electronic copy of your records:
  - a. The request must be in writing
  - b. Include preferred file format
  - c. Include who shall receive records:
    - i. Patient
    - ii. Another individual
    - iii. Entity
3. We will make every effort to provide access to your PHI in the form or format you request

4. If the PHI is not readily producible, we will provide our standard electronic format
5. If you do not want this form or format, we will provide a readable hard copy form
6. We may charge you a reasonable, cost-based fee for the labor
7. If you wish to inspect and copy your medical information, you should contact the Privacy Officer at the end of this Notice

#### The Right to Amend Your PHI:

1. We will generally amend your information within 60 days of your request
2. We will notify you when we complete your request
3. We are permitted by law to deny your request in certain circumstances:
  - a. Such as we believe the information you have asked us to amend is correct
4. If you wish to request that we amend your PHI, you should contact the Privacy Officer at the end of this Notice

#### The Right to Request an Accounting of Our Use and Disclosure of Your PHI:

You may request an accounting from us of certain uses or disclosures of your medical information that we made in the last six years:

1. The request must be in writing
2. Before the date of your request
3. The request is not exempt from the accounting requirement
4. Contact the Privacy Officer at the end of this Notice

#### We are not required to give you an accounting of:

1. Information we have used or disclosed for purposes of:
  - a. Treatment
  - b. Payment
  - c. Health care operations
2. When we share your health information with our business associates, such as:
  - a. Our billing company
  - b. Medical facility from/to which we transported you
  - c. Our uses of PHI for which you provided written authorization

#### The right to request that we restrict the uses and disclosures of your PHI:

1. You have the right to request that we restrict how we use and disclose your PHI for:
  - a. Treatment
  - b. Payment
  - c. Health care operations
2. To restrict the information provided to:
  - a. Family
  - b. Friends
  - c. Other individuals involved in your health care
3. We may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment

Prime Nursing Care, Inc. is not required to agree to any restrictions you request, but any restrictions agreed to by Prime Nursing Care, Inc. are binding on Prime Nursing Care, Inc.

#### Right to request Confidential Communications:

1. You have the right to request that we communicate with you about medical matters:
  - a. In a certain way
  - b. At a certain location
  - c. For example, you can ask that we only contact you by mail or at work
2. To request confidential communications, contact the Privacy Officer at the end of this Notice
3. Your request must specify how or where you wish to be contacted

4. We will accommodate reasonable requests

#### Right to Receive Notice of a Breach:

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

#### Out-of-pocket-payments:

1. If you paid out-of-pocket for a specific item or service (you requested that we not bill your health plan
2. You have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for:
  - a. Purposes of payment
  - b. Health care operations

#### Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request:

1. A copy of this Notice is prominently posted on our website
2. We can provide this Notice by electronic mail
3. You may always request a paper copy of the Notice

#### Revisions to the Notice:

1. Prime Nursing Care, Inc. reserves the right to change the terms of this Notice at any time
2. the changes will be effective immediately
3. Will apply to all Protected Health Information that we maintain
4. Any material changes to the Notice will be promptly posted:
  - a. In our facilities
  - b. To our website
5. You can get a copy of the latest version of this Notice by contacting the Privacy Officer at the end of this Notice

#### Your Legal Rights and Complaints:

If you believe your privacy rights have been violated, you have the right to complain to:

1. Us, Prime Nursing Care
2. The Secretary for the United States Department of Health and Human Services

#### Direct all inquiries to the Privacy Officer listed at the end of this Notice:

1. If you have any questions or comments
2. You wish file a complaint
3. You wish to exercise any Notice rights
4. Individuals will not retaliate against you for filing a complaint

Attention: Privacy Officer  
Prime Nursing Care, Inc.  
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Hollywood, FL 33020  
+1 754 999 0460