



Notice of Privacy Practices

This notice should be used as a resource in providing knowledge on Meritage Medical Network's privacy practices involving your medical information. This notice will describe how you may access your information and how we may use or disclose your information for the purposes of treatment, payment, and healthcare business operations.

Effective Date

This Notice of Privacy Practices became effective April 2013 and has been amended September 3, 2021.

Your Rights Involving your Health Information

- You have the right to request a copy of this notice in paper form, or it can be electronically shared, per your request.
- You have the right to request and receive copies of your health information and claims records.
 - Please ask an associate for our record request form
- If you feel a mistake has been made involving a claims record, you have the right to request an amendment.
 - Please ask an associate for a record amendment form
 - If we feel an amendment is not appropriate, as we did not create the record, or we do not have the authority to change the record, or the record is accurate and complete, we will explain our justifications in writing within 60 days of your record amendment request.
- You have the right to request confidential communications and have us follow instructions on how you would prefer we contact you. Please notify us if you prefer us to not leave a message, call a cell phone and NOT your home phone. We will consider reasonable requests, and if the request is being made to avoid harm to you or someone else, we will comply with your request.
- You have the right to ask us to limit certain health information from processes involving treatment, payment or business operations. We have the right to decline this request if the requested limits or affect your care.
- You have the right to request a copy of whom we have shared your information with and why it was shared. This stipulation can be retro dated up to six years prior.
- You may request, in writing, for us to share your health information with a spouse, legal guardian, someone who has power of attorney, or someone who can help make choices involving your health care. The request needs to clearly state the person's name of who you want to grant access to, you must sign and date, and write any limitations to information shared and include an end access date. We have forms available for these Right of Access Requests.
- If you feel your rights have been violated, you have the right to file a complaint, no retaliation will transpire for filing a complaint.
 - For filing a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue, S.W., Washington, D.C. 20201. Or call 1(877) 696-6775. Or visit their website at www.hhs.gov/ocr/privacy/hipaa/complaints.



How we may Use and Disclosures your Information

Meritage Medical Network may use and disclose your health information:

- In processes involving, billing, managing your care, claims, medical data.
 - You provider may send us information about your diagnosis or care plans so that we can continue to coordinate your care.
- Meritage Medical Network may use your information for our business operations to better our healthcare performance methods.
 - We may use your information in response to complaints, improve upon customer service, and quality assessment reviews.
- To pay for your health services rendered.
 - We use your health information to coordinate care and process claims and referrals for services utilized by you, the patient.
- To organizations that review providers competency and qualifications, this could be a credentialing or accrediting agency, or a utilization or quality review board.
 - Utilization review boards consist of equivalent healthcare providers that review other healthcare professionals to ensure medical necessity, or justification of charges, and overall quality of care is being appropriately utilized.

Disclosures that do NOT require your consent

There are special circumstances involved in disclosing your health information when Meritage Medical Network is obligated to disclose your information without your consent. Meritage Medical Network will take reasonable steps to ensure the request is valid and verify the source of request before authorizing a disclosure.

- **Law Enforcement:** This may include disclosing information to local law enforcement, or county coroners, in investigative situations.
- **Health Oversight:** Upon request Meritage Medical Network must make certain disclosures of your health information as required by federal, or state, laws and oversight entities. An example would be the US Department of Health and Human Services may request information for the purposes for auditing our organizations compliance in privacy activities.
- **Research:** Involving public agencies, healthcare and clinical investigators, and research organizations with true research purposes. These organizations do not have the authority to further disclose your identity.
- **Workers' Compensation:** Your employer may request information for the administering and maintaining plans providing for disability, workers compensation, paid and unpaid leave from work for medical reasons.
- **Legal Proceedings:** Meritage Medical Network may disclose your health information as it pertains to judicial or administrative order processes in response to a subpoena.
- **Government Functions:** Such as military, national security, and presidential protective services.
- **Public Health and Personal Safety:** In processes involving public health and personal safety issues. We may disclose your information in:
 - Preventing disease, or reducing threats to anyone's health or safety
 - Activates involved in recall products that you may be using



- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Instances where your health and safety are in threat
- **Disaster Relief:** Limited information about you may be disclosed in the event of responding to disaster relief and disaster welfare activities.
- **Organ & Tissue Donation, Funeral Director:** We can share medical information for organ or tissue procurement and give information for funeral organizations in the event of death.

Our Responsibilities

- We are required by federal and state laws to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and/or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information please see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

Meritage Medical Network reserves the right to change the terms of this notice, and the changes will apply to all identifiable information we have about you. The new notice will be available upon request and on our website.

Complaints

If you feel your privacy rights have been violated, you may file a complaint with our Chief Administrative Officer, Linda Chotkevys lchotkevys@meritagemed.com. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue, S.W., Washington, D.C. 20201. Or call 1(877) 696-6775. Or visit their website at www.hhs.gov/ocr/privacy/hipaa/complaints.