Priority Care Program - Notice of Privacy Practices

Effective Date: September 2, 2024

# Our Legal Duty

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.  
  
Priority Care Program and its employees are dedicated to maintaining the privacy of your personal health information (“PHI”) as required by applicable federal and state law. We are committed to treating and using protected health information about you responsibly. Federal and State laws require us to protect the privacy of your health information and to provide you with this Notice of Privacy Practices, informing you of your rights and our legal responsibilities concerning your health information or PHI, which is information that identifies you and relates to your physical or mental health condition.

# Entities Covered

This Notice applies to the Priority Care Program and all its affiliates and subsidiaries that provide healthcare services. The covered entities include, but are not limited to, healthcare providers, pharmacies, and clinics affiliated with the Priority Care Program.

# Permitted Uses and Disclosures of Protected Health Information

## Disclosure to You:

We must disclose your PHI to you or someone who has the legal right to act on your behalf. You have the right to obtain a paper copy of this Notice, inspect and copy your health record, and amend your health record.

## Disclosure for Treatment:

Your PHI may be used or disclosed to provide, coordinate, or manage your healthcare and any related services. This includes the provision, coordination, or management of healthcare services by one or more healthcare providers, consultation between healthcare providers, and the referral of a patient from one provider to another.

## Disclosure for Payment:

Your PHI may be used and disclosed to obtain payment for your healthcare services. This includes activities such as billing, collection, claims processing, and determining coverage eligibility.

## Disclosure for Healthcare Operations:

We may use or disclose your PHI for healthcare operations, such as development of clinical guidelines, reviewing the qualifications of healthcare professionals, underwriting, premium rating, and general administrative activities.

# Additional Permitted Disclosures

## Without Your Consent:

Without your consent, we may use or disclose your PHI to provide you with services and the treatment you require or request, to collect payment, and to conduct related healthcare operations. Even with your consent, we are required to limit such uses or disclosures to the minimal amount of PHI reasonably required.

## As Required By Law:

We may use or disclose your PHI to the extent that such use or disclosure is required by law, such as public health activities, reporting abuse, neglect, or domestic violence, and compliance with court orders.

## All Other Situations, With Your Specific Authorization:

Except as otherwise permitted or required, we may not use or disclose your PHI without your written authorization. You may revoke your authorization at any time, except where we have taken action in reliance on such authorization.

# Medical Records and Forms

There may be a charge for completing certain medical forms, such as those for FMLA or disability, which will be payable when the forms are submitted for completion.

# Right to Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set. We may deny your request under certain circumstances.

# Right to Receive an Accounting of Disclosures

You have the right to receive a written accounting of all disclosures of your PHI that we have made within the six-year period immediately preceding the date on which the accounting is requested.

# Complaints and Amendments to This Notice

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. We reserve the right to revise or amend this Notice at any time. You will be notified of any significant changes, and you can request the most recent version of this Notice at any time.

# Contact Information

For more information or to report a problem, contact the Privacy/Compliance Officer at the address below:  
- Priority Care Program  
- Privacy/Compliance Officer  
- 2868 Acton Road  
- Vestavia, AL 35243  
- Email: info@prioritycare.io