

Brokersmith understands that when you use our services, you are trusting us with your information. This is a big responsibility for which we have safeguards to protect our client's privacy. We do not collect, sell or exchange your information with any third parties.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. This Notice describes the legal obligations of Brokersmith, LLC. "Brokersmith" and your legal rights regarding your Protected Health Information held by Brokersmith under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment or health care operations, or for any other purposes that are permitted or required by law.

This Notice of Privacy Practices (the "Notice") is required pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "Protected Health Information" or "PHI". Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to: Your past, present or future physical or mental health condition; the provision of healthcare to you; or the past, present or future payment for the provision of healthcare to you.

If you have questions about this Notice or about our privacy practices, please contact Lisa Lu Smith, Privacy Officer at 615.603.5252.

This Notice is effective October 1, 2019 and continues annually. We are required by law to: Maintain the privacy of your Protected Health Information; provide you with certain rights with respect to your Protected Health Information; provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information and follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your Protected Health Information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide a copy of our revised Notice of Privacy Practices by posting to our website.

How We May Use to Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your Protected Health Information. For each category of uses or disclosures we will explain what we mean and present 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. Upon your request, we may use or disclose your Protected Health Information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, or other hospital personnel who are involved in taking care of you.

For Payment. Upon your request, we may use or disclose your Protected health Information to facilitate payment for the treatment and services you receive from healthcare providers, to determine benefit, or to coordinate coverage. We may also share your Protected Health Information with a utilization review or pre-certification service provider. Likewise, we may share your Protected Health Information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates may receive, create, maintain, use and/discard your Protected Health Information, but only after they agree in writing with us to implement appropriate safeguards regarding your Protected Health Information. For example, we may disclose your Protected Health Information to a Business Associate to administer claims or to provide support services such as utilization management, pharmacy benefit management or subrogation, but only if a Business Associate Agreement is on file.

As Required by Law. We will disclose your Protected Health Information when required to do so by Federal, State or Local Law. For example, we may disclose your Protected Health Information when required by national security laws or public health disclosure laws.

To Plan Sponsors. For the purpose of administering services, we may disclose to certain employees, required Protected health Information. However, those employees will only use or disclose that information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your Protected Health Information cannot be used for employment purposes without your specific authorization.

Special Situations. In addition to the above, the following categories describe other possible way that we may use and disclose your Protected Health Information upon request.

Military and Veterans. If you are a member of the armed forces, we may release your Protected Health Information as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. We may release your Protected Health Information for Worker's Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your Protected Health Information in response to a Court or Administrative Order. We may also disclose your Protected Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your Protected Health Information if asked to do so by a law enforcement official as follows: 1) In response to a court order, subpoena, warrant, summons or similar process; 2) To identify or locate a suspect, fugitive, material witness, or missing person; 3) About the victim of a crime, if under certain limited circumstances, we are unable to obtain the victim's agreement; 4) About a death that may be the result of criminal conduct; 5) About criminal conduct; 6) In emergency circumstances to report a crime, the location of crime victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities. We may release your Protected Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are under the custody of a law enforcement official, we may disclose your Protected Health Information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Required Disclosures. The following is a description of disclosures of your Protected Health Information we are required to make.

Government Audits. We are required to disclose your Protected Health Information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your Protected health Information that may contain medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your Protected health Information where the disclosure was for reasons other than for payment, treatment or health care operations, and where the Protected Health Information not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We may disclose your Protected Health Information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) You have been, or may be subjected to domestic violence, abuse or neglect by such person; (2) Treating such person as your personal representative could endanger you; or (3) In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Authorizations: Other uses or disclosures of your Protected Health Information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your Protected Health Information:

Right to Inspect and Copy. You have the right to inspect and copy certain Protected Health Information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Lisa Smith, Privacy Officer.

Right to Amend. If you feel that the Protected Health Information that we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as it is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) Is not part of the health information kept by Brokersmith (2) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment (3) Is not part of the information that you would be permitted to inspect and copy (4) Is already complete and accurate.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures of your Protected health Information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Lisa Lu Smith, Privacy Officer. Your request must state a time period of no longer than six years and may not include dates before October 1, 2019.

Your request should indicate in what form you want the list. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred. Our fax number is 615.807.12763. Our mailing address is: Post Office Box 681084, Franklin, TN 37068. Our email is: hello@brokersmith.com.

Right to Request Restrictions. You have the right to request a restriction or limitation on your Protected Health Information that we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on your Protected Health Information that we disclose to someone who is involved in your care of the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do not agree to the request, we will honor the restriction until it is revoked by you or we notify you.

To request restrictions, you must make your request in writing to Lisa Smith, Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you only at work or by mail.

To request confidential communications, you must make your request in writing to Lisa Smith, Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your Protected Information could endanger you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. A copy of this notice is posted on our public website at www.brokersmith.com.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights. To file a complaint with the Plan, contact Lisa Smith, Privacy Officer. All complaints must be submitted in writing. You will not be penalized, or in any way retaliated against, for filing a complaint with the Office of Civil Rights or with us.