

HIPAA Your information. Your rights. Our responsibilities.

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 anytime. Let us know in writing if you change your mind. Your rights You have the right to: Get a copy of your health and claims records Correct your health and claims records Request confidential communication Ask us to limit the information We share Get a list of those with whom We've shared your information Get a copy of this privacy notice Choose someone to act for you File a complaint if you believe your privacy rights have been violated.

Your choices You have some choices in the way that We use and share information as We: Answer coverage questions from your family and friends Provide disaster relief Market our services and sell your information Our uses and disclosures.

We may use and share your information as We: Help manage the health care treatment you receive. Run our organization Pay for your health services Administer your health plan. Help with public health and safety issues Do research Comply with the law Respond to organ and tissue donation requests and work with a medical examiner or funeral director Address workers' compensation, law enforcement, and other government requests Respond to lawsuits and legal actions Your rights When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you. Get a copy of health and claims records you can ask to see or get a copy of your health and claims records and other health information We have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Ask us to correct health and claims records you can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but We'll tell you why in writing within 60 days. Request confidential communications You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if We do not. Ask us to limit what We use or share You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and We may say "no" if it would affect your care.

Get a list of those with whom We've shared information You can ask for a list (accounting) of the times We've shared your health information for six years prior to the date you ask, who We shared it with, and why We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. Choose someone to act for you If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before We take any action. File a complaint if you feel your rights are violated You can complain if you feel We have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of health and human services office for civil rights by sending a letter to 200 independence avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, We will not retaliate against you for filing a complaint.

Your choices for certain health information, you can tell us your choices about what We share. If you have a clear preference for how We share your information in the situations described below, talk to us. Tell us what you want us to do, and We will follow your instructions.

In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in payment for your care Share information in a disaster relief situation.

In these cases, We never share your information unless you give us written permission: Marketing purposes Sale of your information our uses and disclosure show do We typically use or share your health information. We typically use or share your health information in the following ways.

Help manage the health care treatment you receive We can use your health information and share it with professionals who are treating you.

Example: *a doctor sends us information about your diagnosis and treatment plan so We can arrange additional services.*

Run our organization We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether We will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Pay for your health services We can use and disclose your health information as We pay for your health services.

Example: *We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan We may disclose your health information to your health plan sponsor for plan administration.

Example: *your company contracts with us to provide a health plan, and We provide your company with certain statistics to explain the premiums.*

We charge. How else can We use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before We can share your information for these purposes.

Help with public health and safety issues We can share health information about you for certain situations such as: Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety Do research We can use or share your information for health research. Comply with the law We will share information about you if state or federal laws require it, including with the department of health and human services if it wants to see that We are complying with federal privacy law. Respond to organ and tissue donation requests and work with a medical examiner or funeral director We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies. Address workers' compensation, law enforcement, and other government requests We can Respond to lawsuits and legal actions We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our responsibilities We are required by law 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 or security of your information. We must follow the duties and privacy practices described in this notice and give you.

PATIENT RIGHTS AND RESPONSIBILITIES

You have the following patient rights:

- The right to be fully informed in advance about the care, treatments, and/or services to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the plan of care.
- The right to be able to identify visiting staff members through proper identification.
- The right to be cared for and choose an organization that adheres to ethical care and business practices.
- The right to be informed of care, treatment, and/or service limitations.
- The right to be involved in his or her care.
- The right to have the plan of care adapted to his or her specific needs and limitations.
- The right to make informed decisions regarding care.
- The right to have their values and preferences, including decisions to refuse care, discontinue care treatments, and services respected.
- The right to confidentiality of the information collected about them and to control access to this information.
- The right to privacy and security and to have their property respected.
- The right to have care, treatments, and services provided in a manner that safeguards each patient's dignity and cultural, psychosocial, and spiritual values.
- The right to be free from mental, physical, sexual, verbal abuse, neglect, and exploitation.
- The right to have a complaint heard, reviewed, and, if possible, resolved.
- The right to be involved in resolving conflicts, dilemmas or ethical issues about care or service decisions.
- The right to formulate advance directives.
- The right to be involved in decisions to withhold resuscitation and decisions to forgo or withdraw life-sustaining care.
- The right to be involved in decisions when the organization's review results in a denial of care, treatment, services, or payment.
- The right to choose whether or not to participate in research, investigational or experimental studies, or clinical trials.
- The right to be communicated with, both directly, and indirectly through other providers, in an ethical and efficient manner.
- The right to help patients, family members, and other care providers understand and exercise their rights.
- The right to be informed of his or her responsibilities in the provision of care, treatments, and services.
- The right to be informed of any obligation We have under applicable laws and/or regulations. provision of care.
- The right to be informed of any obligation We have under applicable laws and/or regulations.
- The right to have consequences of any requested modifications and actions that are not recommended explained and to have alternative care, treatments, and services explained.
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- The right to be provided with information about the charges for which the patient is responsible.
- The right to access, request amendments to, and receive an accounting of disclosures regarding their own health information as permitted under applicable law.
- The right to be informed of any existing or potential conflict of interest, which includes financial benefits when referring to other organizations, that can affect provision of care.

You have the following patient responsibilities:

- Responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Responsibility to report perceived risks in your care and unexpected changes in your condition.
- Responsibility to help our organization understand your environment by providing feedback about service needs and expectations.
- Responsibility to ask questions when you do not understand any aspect of care or expectations.
- Responsibility to follow the care, treatments, and services as planned Responsibility for the outcomes if you do not follow the care, treatments, and services.

DEDICATED MEDICAL PROVIDERS, LLC 1-800-507-9553

****BENEFICIARY - KEEP THIS PAGE FOR YOUR RECORDS