**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 REVIEW CAREFULLY.**

Key Vitality Solutions(KVS) is committed to protecting your health information and is required by law to maintain the privacy of Protected Health Information (PHI). PHI includes any identifiable information that we obtain from you or others that relate to your physical or mental health, the health care you have received, or payment for health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. In order to provide treatment or to pay for your healthcare, KVS will ask for certain health information, and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information referred to as your health or medical record, and legally regulated as health information, may be used for a variety of purposes. KVS and its Business Associatesare required to follow the privacy practices described in this notice, although KVS reserves the right to change our privacy practices and the terms of this notice at any time. You may request a copy of the new Notice from KVS. It is also posted on our website at

[http://keyvitalitysolutions.com](http://keyvitalitysolutions.com )

**Permitted Uses & Disclosures**

KVS employees will only use your health information when doing their jobs***.*** For uses beyond what KVS normally does, KVS must have your written authorization unless the law permits or requires it, and you may revoke such authorization with limited exceptions***.*** The following are some examples of our possible uses and disclosures of your health information:

**Uses and Disclosures without ConsentRelating to Treatment, Payment, or Health Care Operations:**

* **For treatment:** KVS may use or share your health information to approve, deny treatment, and to determine if your medical treatment is appropriate.
* **To obtain payment:** KVS may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services.
* **For health care operations:** KVS may use and share your health information to evaluate the quality of services provided, with state or federal auditors.

**Other Uses and Disclosures of Health Information Required or Permitted by Law:**

* **Information purposes:** Unless you provide us with alternative instructions, KVS may send appointment reminders and other materials to your home.
* **Required by law:** KVS may disclose health information when a law requires us to do so.
* **Public health activities:** KVS may disclose health information when KVS is required to collect or report information about diseases, injuries, or to report vital statistics to other public health authorities.
* **Health oversight activities:** KVS may disclose your health information to other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.
* **Coroners, Medical Examiners, Funeral Directors, and Organ Donations:** KVS may disclose health information relating to a death to coroners, medical examiners, or funeral directors, and authorized personnel relating to organ, eye, or tissue donations or transplants.
* **Research purposes**: In certain circumstances, KVS may disclose health information to assist medical research.
* **Avert threat to health or safety:** In order to avoid a serious threat to health or safety, KVS may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
* **Abuse and neglect:** KVS will disclose your health information to appropriate authorities if we reasonably believe that you may be a possible victim of abuse, neglect, domestic violence, or some other crime. KVS may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
* **Specific government functions:** KVS may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment.
* **Worker’s compensation:** KVS may disclose health information to worker’s compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.
* **Lawsuits, disputes, and claims:** If you are involved in a lawsuit, a dispute, or a claim, KVS may disclose your health information in response to a court or administrative order, subpoena, discovery request, the investigation of a complaint filed on your behalf, or other lawful processes.
* **Law enforcement:** KVS may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

**You Have a Right to:**

* **Request restrictions:** You have the right to request a restriction or limitation on the health information KVS uses or discloses about you. KVS will accommodate your request if possible but is not legally required to agree to the requested restriction. Except as otherwise required by law, KVS must accommodate your request if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.
* **Request confidential communication:** You have the right to ask that KVS send your information at an alternative address or by alternative means. KVS must agree to your request as long as it is reasonably easy for us to do so.
* **Inspect and copy:** With certain exceptions (such as information collected for certain legal proceedings, and health information restricted by law), you have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a reasonable and cost-based fee for copying, postage, and preparing an explanation or summary of the protected health information. You have a right to choose what portions of your information you want to be copied and to have prior information on the cost of copying. If KVS maintains your health information using electronic health records, we will provide access in electronic format and transmit copies of the health information to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific***.***
* **Request amendment:** You may request in writing that KVS correct or add to your health record. KVS will respond to your request within 60 days, with up to a 30-day extension, if needed. KVS may deny the request if KVS determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; (3) not permitted to be disclosed. If KVS approves the request for amendment, KVS will change the health information and inform you, and KVS, and others that need to know about the change in the health information.
* **Require authorization:** You have the right to require your authorization for most uses and disclosures of PHI, for receiving marketing communication, and for the sale of your PHI.
* **Receive accounting of disclosures:** You have a right to request a list of the disclosures made of your health information, and in the five years before the date on which the accounting is requested***.*** Exceptions are health information that has been used for treatment, payment, and health care operations. In addition, KVS does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officers, or correctional facilities. Additionally, KVS will provide an accounting for disclosures made through an electronic health record for treatment, payment, and health care operations, but information is limited to three years before the date of request.
* **Receive notice:** You have the right to receive a paper copy of this notice and/or an electronic copy by mail upon request.
* **Receive breach notification:** You have the right to receive a notification whenever a breach of your unsecured PHI occurs.
* **Receive protection of genetic information***:* If any of KVS’s health care components is considered a health plan, the health plan is prohibited from using or disclosing your genetic information for certain underwriting purposes.
* **Receive protection of mental health records:** If a medical record that is developed in connection with you receiving mental health services is disclosed without your authorization, KVS will only release the information in your record that is relevant to the purpose for which the disclosure is sought.

**For More information:**

If you have questions and would like more information, you may contact: **(Keysha Webb NP 443-725-7747)**

**To Report a Problem about our Privacy Practices:**

If you believe that your privacy rights have been violated, you may file a complaint.

* You can file a complaint with the Department of Health and Mental Hygiene, Division of Corporate Compliance at 1-866-770-7175.
* You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may call the Department of Health and Mental Hygiene for the contact information.

KVS will take no retaliatory action against you if you make such complaints.

**Please confirm your Acknowledgement of receipt of this notice by signing our acknowledgment of receipt of notice**

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ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you

have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in **Key Vitality Solutions’** Notice of Privacy Practices. **Key Vitality Solutions** is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request. By signing below, you are acknowledging that you have received a copy of Key **Vitality Solutions’** Notice of Privacy Practices.

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If signed by a patient representative, state authority to act on behalf of the patient:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_