

5/11/18

NOTICE OF PRIVACY PRACTICES

WTS Medical Staffing,LLC

Effective Date: May 11th 2018

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

WTS Medical Staffing is not a healthcare provider, we connect Healthcare Professionals with Hospitals, Clinics and Correctional Facilities. All hired staff meet the HIPAA requirements. Our duty is to protect all patients that our HCP's come in contact with, this notice is in place to remind you of our staffing firms responsibility to your privacy. Our agency does not have direct access to your PHI, but if we should ever; or for any reason have received such we will notify you. By law our website and email software is encrypted and HIPAA compliant.

If you have any questions about this notice, please contact our Administrator at (757) 453.3228

Written requests should be addressed to:

WTS Medical Staffing, LLC

Attn: Privacy Officer
201 Chowan Drive P.O. Box 3823
Portsmouth, VA 23701

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose health information about you. This notice also describes your rights to get access to the health information we keep about you and describes certain obligations we have regarding the use and disclosure of your health information.

We are required by law to: make sure that health information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to health information about you; and follow the terms of the Notice of Privacy Practices that is currently in effect.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU: YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:

- **Right to Inspect and Copy:** You have the right to inspect and/or receive a copy of all or any part of your medical or health record, as provided by federal regulations. You may request and receive an electronic copy of your protected health information, or "PHI", if our Client maintains your PHI in an electronic health record.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR AUTHORIZATION:

As Required By Law: We may disclose your PHI when required to do so by federal, state, or local law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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 PHI to law enforcement officials for law enforcement purposes including the following:

in reporting certain injuries, as required by law, gunshot wounds, burns, injuries to perpetrators of crime;

in response to a court order, subpoena, warrant, summons or similar process;
to identify or locate a suspect, fugitive, material witness, or missing person:

- Name and address
 - Date of birth or place of birth;
 - Social security number;
 - Blood type or Rh factor;
 - Type of injury;
 - Date and time of treatment and/or death, if applicable; and
 - A description of distinguishing physical characteristics.
- about the victim of a crime, if the victim agrees to disclose or under certain limited circumstances, we are unable to obtain the person's agreement;
about a death we believe may be the result of criminal conduct;
about criminal conduct at our facility; and
in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

WTS MEDICAL STAFFING RESPONSIBILITIES:

- We are required by law to maintain the privacy of your PHI, to provide you with this notice as to our legal duties and privacy practices with respect to your PHI we maintain and collect, and notify you if we discover a breach of any of your PHI that is not secured in accordance with federal guidelines.
- We are required by law to abide by the terms of this notice as it is currently in effect.

CHANGES TO THIS NOTICE:

We reserve the right to change our privacy practices for all PHI that we collect or maintain and any terms of this notice. If our privacy practices materially change, we will revise this notice and provide you with a copy of the revised notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain at the top of the first page, the effective date.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Revised
05/10/19