

Viatru Life Solutions, LLC

HIPAA-NOTICE OF PRIVACY PRACTICES

THIS DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION ACCORDING TO THE HIPAA PRIVACY LAWS.

Viatru Life Solutions, LLC is a required under the federal health care privacy rules to protect the privacy of your health information which includes information about your health history, symptoms, diagnoses, treatment, claims, and payment history which will be collectively referred to as “Personal Health Information” or “PHI” throughout this notice. We are also required to provide you with the notice regarding our legal duties, policies, and procedures to protect and maintain the privacy of your PHI. We reserve the right to change the terms of this notice and to make the new notice provisions effective for the PHI we maintain and use, as well as for any PHI that we may receive in the future. Should the terms of this notice change, we will make a revised copy of the notice available to you. This notice will be available at our facility for individuals to take with them and will be posted at our facility.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

GENERAL USES AND DISCLOSURES: UNDER APPLICABLE LAW, WE ARE PERMITTED TO USE AND DISCLOSE YOUR HEALTH INFORMATION (PHI) FOR THE FOLLOWING PURPOSES WITHOUT OBTAINING YOUR PERMISSION OR AUTHORIZATION:

Treatment: We are permitted to use and disclose your PHI in the provision and coordination of your health care among professionals inside our office treatment team.

Payment: We may use and disclose our PHI so that the services you receive may be billed to and payment may be collected from you, an insurance company or other third party, including determining the applicability of any health insurance coverage, for example, a bill sent to your insurance company may include information that identifies you and your medical information.

Uses and Disclosures Required By Law: We may use and disclose your PHI when required to do so by law, including, but not limited to, in response to judicial and administrative proceeding, in responding to law enforcement request for information, in order to alert law enforcement of criminal conduct on our premises, in response to an order of a court, or in response to a subpoena, health examiners, or coroner’s request.

Abuse and Neglect: We may disclose your PHI to a local, state, or federal, government authority, including social services or a protective service agency authorized by law to receive such reports, if we have a reasonable belief that abuse or neglect of children or elders exists.

Threats to Health and Safety: We may disclose you PHI if we believe in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

USES AND DISCLOSURES WHICH REQUIRE YOUR WRITTEN AUTHORIZATION

As required by applicable law, all other uses and disclosures of your PHI will be made only with your written permission, which is called an authorization or consent. You may revoke your authorization in writing at any time.

YOUR RIGHTS

YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOU PERSONAL HEALTH INFORMATION (PHI)

- You have the right to receive written notification of a breach of your unsecured health information if it has been accessed, used, acquired, or disclosed in a manner not permitted by the privacy rules. We will provide this notification by mail or a phone call.
- You have the right to make or revoke an authorization or consent, request an amendment, request copies, request access to our information, or to request and accounting of disclosures of your information.
- You have the right to request alternate communications, such as “only contact by home phone or mail.”
- You have the right to request restrictions on the use and disclosure of your information, although we are not obligated to agree to a requested restriction it will be considered. These requests must be made in writing.
- You have the right to receive a copy of this notice.

CONTACT INFORMATION AND HOW TO REPORT PRIVACY RIGHTS VIOLATIONS

If you desire to exercise any of these rights, have questions, or feel that your privacy rights have been violated, please contact us at:

Viatru Life Solutions, LLC
ATTN: HIPAA Privacy Officer
PO Box 342
Fosters, AL 35463
Telephone: (833) 484.2878

You may also file a complaint with the federal government by contacting the Office of Civil Rights at 866-627-7748 or by writing the US Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201. Your health care services will not be affected by any complaint to our Privacy Officer or these other advocates.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE OF PRIVACY PRACTICES.

Printed Name of Client (14 and older)

Date

Signature of Client (14 and older)

Date

Signature of Responsible Party (if client is a minor)

Date