

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 it carefully



Advanced Care Wellness (ACW) is committed to safeguarding the privacy of our clients' and business partners' Protected Health Information ("PHI").

PHI is information which:

1. Identifies you (or can reasonably be used to identify you); and
2. Relates to your physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices describes how we may collect, use and disclose your PHI, and your rights concerning your PHI. This notice applies to all members, clients and business partners of ACW Health and Wellness programs.

How We Obtain PHI

As a health and wellness service provider, we may engage in routine activities that result in our being given PHI by you. For example, biometric health screenings, Health Risk Assessments (HRA), disease management programs and health coaching.

How We Use and Disclose Your PHI

We may use and disclose PHI in a number of ways to carry out our responsibilities. The following describes the types of uses and disclosures of PHI that federal law permits us to make without your specific authorization:

- **Health Care Operations:** We may use and disclose your PHI for health care operations. For example, this includes: coordinating/managing care; assessing and improving the quality of health care services; and reviewing the referral criteria for additional interventions.

This may also include business activities such as: business planning; arranging for translation services when needed, legal and auditing services (including fraud and abuse detection programs). We do not use or disclose PHI for underwriting purposes.

- **Health and Wellness Information:** We may use your PHI to contact you with information about: appointment reminders, targeted mailing and outreach campaigns around a specific health issue, or other health-related benefits and services that may be of interest to you. For example, we might send you information about smoking cessation programs if in your health risk assessment you indicate you wish to receive additional information regarding that topic.
- **Organizations That Assist Us:** In connection with health and wellness services, we may share your PHI with our affiliates and third party "business associates" that perform activities for us or on our behalf, for example, WellSource® our health risk assessment vendor. We will obtain assurances from our business associates that they will appropriately safeguard your information.
- **Public Health and Safety and Health Oversight:** We may disclose your PHI to a public health authority for public health activities, such as responding to public health investigations; when authorized by law, to appropriate authorities, if we reasonably believe you are a victim of abuse, neglect or domestic violence; when we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat

to your or others' health or safety; or to health oversight agencies for certain activities such as: audits; disciplinary actions; and licensure activity.

- **Legal Process; Law Enforcement; Specialized Government Activities:** We may disclose your PHI: in the course of legal proceedings; in certain cases, in response to a subpoena, discovery request or other lawful process; to law enforcement officials for such purposes as responding to a warrant or subpoena; or for specialized governmental activities such as national security.
- **Family and Friends:** We may disclose PHI to a family member, relative or friend—or anyone else you identify—as follows: (i) when you are present prior to the use or disclosure and you agree; or (ii) when you are not present (or you are incapacitated or in an emergency situation) if, in the exercise of our professional judgment and in our experience with common practice, we determine that the disclosure is in your best interests. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care.
- **Communications:** We may communicate information containing PHI to the address or telephone number we have on record for you. Also, we may mail information containing your PHI after receiving your consent to do so.
- **Required by Law:** We may use or disclose your PHI when we are required to do so by law.

If one of the above reasons does not apply, we will not use or disclose your PHI without your written permission (“authorization”).

You may give us written authorization to use or disclose your PHI to anyone for any purpose. You may later change your mind and revoke your authorization in writing. However, your written revocation will not affect actions we've already taken in reliance on your authorization. Where state or other federal laws offer you greater privacy protections, we will follow those more stringent requirements. For example, under certain circumstances, records that contain information about: alcohol abuse treatment; drug abuse prevention or treatment; AIDS-related testing or treatment; or certain privileged communications, may not be disclosed without your written authorization.

See below ***“Who to Contact for Questions or Complaints”*** if you would like more information.

How We Protect PHI within Our Organization

ACW protects oral, written and electronic PHI throughout our organization. We do not sell PHI to anyone. We have many internal policies and procedures designed to control and protect the internal security of your PHI. These policies and procedures address, for example, use of PHI by our employees. In addition, we conduct mandatory annual trainings for all employees about these policies and procedures. Our policies and procedures are evaluated and updated for compliance with applicable laws.

Your Individual Rights

The following is a summary of your rights with respect to your PHI:

Right of Access to PHI: You have the right to inspect and get a copy of most PHI ACW has about you, or a summary explanation of PHI if agreed to in advance by you.

Requests must be made in writing and reasonably describe the information you would like to inspect or copy. If your PHI is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable cost-based fee for paper or electronic copies as established by state or federal law. Under certain circumstances, we may deny your request. If we do so, we will send you a written notice of denial describing the basis of our denial. You may request that we send a copy of your PHI directly to another person that you designate. Your request must be in writing, signed by you, and clearly identify the person and the address where the PHI should be sent.

Right to Request Restrictions: You have the right to ask that we restrict uses or disclosures of your PHI to carry out health care operations; and disclosures to family members or friends. We will consider the request. However, we are not required to agree to it and, in certain cases, federal law does not permit a restriction. Requests may be made verbally or in writing to ACW.

Right to Receive Confidential Communications:

You have the right to ask us to send communications of your PHI to you at an address of your choice or that we communicate with you in a certain way. For example, you may ask us to mail your information to an address other than your primary address. We will accommodate your request if: you state that disclosure of your PHI through our usual means could endanger you; your request is reasonable; it specifies the alternative means or location;

and it contains information as to how payment, if any, will be handled. Requests may be made verbally or in writing to ACW.

Right to Amend PHI: You have the right to have us amend most PHI we have about you. We may deny your request under certain circumstances. If we deny your request, we will send you a written notice of denial. This notice will describe the reason for our denial and your right to submit a written statement disagreeing with the denial. Requests must be in writing to ACW and must include a reason to support the requested amendment.

Right to Receive an Accounting of Disclosures: You have the right to a written accounting of the disclosures of your PHI that we made in the last six years prior to the date you request the accounting. However, except as otherwise provided by law, this right does not apply to: (i) disclosures we made for treatment, payment or health care operations; (ii) disclosures made to you or people you have designated; (iii) disclosures you or your personal representative have authorized; (iv) certain other disclosures, such as disclosures for national security purposes. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee. All requests for an accounting of disclosures must be made in writing to ACW.

Right to receive a privacy breach notice: You have the right to receive written notification if we discover a breach of your unsecured PHI, and determine through a risk assessment that notification is required.

Right to this Notice: You have a right to receive a paper copy of this Notice of Privacy Practices from us upon request.

How to Exercise Your Rights: To exercise any of the individual rights described above or for more information, please call a staff member at (661) 716-7118 or 1-800-892-1352 or write to:

Advanced Care Wellness
Compliance Department
4550 California Ave Suite 100
Bakersfield, CA. 93309

Effective Date of Notice

This Notice of Privacy Practices takes effect August 1, 2015. We must follow the privacy practices described in this notice while it is in effect. This notice will remain in effect until we change it. This notice replaces any other information you have previously received from us with respect to privacy of your medical information.

Changes to this Notice of Privacy Practices

We may change the terms of this Notice of Privacy Practices at any time in the future and make the new notice effective for all PHI that we maintain—whether created or received before or after the effective date of the new notice. Whenever we make an important change, we will publish the updated Notice of Privacy Practices on our web site at www.advancedcarewellness.net. In addition, we will use one of our periodic mailings to inform clients and business partners about the updated notice.

Who to Contact For Questions or Complaints

If you would like more information or a paper copy of this Notice of Privacy Practices, please contact a service representative at the number listed above. You can also download a copy from our web site at: www.advancedcarewellness.net.

If you believe your privacy rights may have been violated, you have a right to complain to Advanced Care Wellness by calling: (661) 716-7118 or 1-800-892-1352 or writing to:

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Compliance Department
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Bakersfield, CA. 93309

You also have a right to complain to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.



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