



## NOTICE OF HIPAA 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.**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires us to ask each of our patients to acknowledge receipt of our Notice of HIPAA Privacy Practices (“Notice”). Federal and state laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice of Privacy Practices (Notice). We are required to abide by the terms of this Notice.

Hospitalists Now, Inc. doing business as HNI Healthcare, is the common management entity providing operational management and administrative control over the following professional entities, each of which functions as a “Covered Entity” under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”): Community Hospitalists, Ltd.; Community Intensivists, LLC; HNI Emergency Services of Ohio, LLC; HNI Hospitalists of Idaho, LLC; HNI Medical Services; HNI Medical Services at Glenwood, LLC; HNI Medical Services of Wisconsin, SC; HNI Medical Services of Georgia, LLC; HNI Medical Services of Ohio, LLC; HNI Hospital Services of Texas, Inc.; HNI Physician Services of Texas, Inc.; HNI Medical Services of Florida, LLC; HNI Hospital Services of Florida, LLC; Jacksonville Lung Clinic, LLC; North East Ohio Group Practice, LLC; Physician Staffing, LLC; Sundance Physician Services, Inc.; HNI Medical Services of Missouri, LLC; HNI Medical Services of Washington, LLC; HNI Medical Services of North Carolina, PC; HNI Medical Services of Nebraska, LLC.

Each of the affiliated HNI Healthcare professional entities together designate themselves as a single Affiliated Covered Entity (“ACE”) for purposes of compliance with HIPAA. Each of these entities, and their related sites, locations and care providers will follow the terms of this Notice. In addition, the entities, sites, locations and care providers may share medical information with each other for treatment, payment, or healthcare operations related to the ACE. This designation may be amended periodically to add new covered entities that are part of the HNI Affiliated Covered Entity under HIPAA.

The ACE professional entities and their affiliated physicians and practitioners provide health care services to patients within other healthcare facilities, such as hospitals and long-term care facilities, or outside of other licensed healthcare facilities, such as telehealth or the patient’s home. Medical records pertaining to patient care services delivered within these facilities are documented in the healthcare facility electronic medical record system and are not maintained separately by the ACE or any individual professional HNI entity. ***With regard to patient care provided in those facilities, our facility customer’s Notice of Privacy Practices applies.***

The ACE professional entities and their affiliated physicians and practitioners also provide health care services to patients outside of healthcare facilities, such as through telehealth. Medical records pertaining to patient care services delivered outside of a healthcare facility are maintained separately by HNI ACE and documented in HNI ACE’s electronic medical record system. ***With regard to patient care provided outside of healthcare facilities, this Notice of HIPAA Privacy Practice applies.***

We reserve the right to make any changes to our privacy practices and to update this Notice at any time. Any changes to this Notice shall become effective as of the date the new version is posted to our website. This Notice will be made available in hard copy upon request.

Under HIPAA, the HNI ACE must take steps to protect the privacy of your “Protected Health Information” (“PHI”). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, financial information, address, and phone number.

Under federal law, we are required to:

- Protect the privacy of your PHI. All personnel are required to maintain the confidentiality of PHI and receive appropriate privacy training
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI
- Notify you in the event of a breach of your unsecured PHI
- Follow the practices and procedures set forth in this Notice



**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you:**

**Right to Access PHI:** Upon written request, you have the right to inspect and/or get an electronic or paper copy of your health information (and that of an individual for whom you are a legal guardian). Visit our website or contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. We will provide you access to your records, typically within thirty (30) days of our receipt of your request. We may charge a reasonable, cost-based fee.

**Right to Amend PHI:** You have the right to amend your healthcare information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied. If denied, we will inform you of the reasons for the denial within sixty (60) days. Visit our website or contact our Privacy Officer for a copy of the request form. Requests to amend may be filed with our Privacy Officer.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures” of your health information if the disclosure was made for purposes other than providing treatment, payment, business operations, or certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. Disclosures can be made available for a period of six (6) years prior to your request and include who we shared it with and why. Visit our website or contact our Privacy Officer for a copy of the request form. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer.

**Right to Restrict/Revoke PHI:** If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan if the request is not required by law. You may also ask us to make other reasonable restrictions but we may not have to agree. Visit our website or contact our Privacy Officer for a copy of the request form. Please make all requests in writing to our Privacy Officer. You may revoke a previously-provided authorization to share your health information, but you understand that we are unable to take back any previous disclosures made with your permission.

**Right to Request Confidential Communications of PHI:** You have the right to request how we may communicate with you regarding your health information. For example, we may communicate your test results to you by mail or telephone. Visit our website or contact our Privacy Officer for a copy of the request form. All requests must be made in writing to the Privacy Officer. We will agree to reasonable requests.

**Right to Choose Someone to Act for You:** If you give someone medical power of attorney or if someone has legal guardian status, that person can exercise your rights and make choices about your health information. Health information about you may be disclosed to your family, friends and/or other persons you choose to involve in your care, or as otherwise required or permitted by law.

**We will keep your health information confidential. We typically use or share your health information for the following purposes and may do so without your written permission:**

**Treatment:** We can use your health information and share it with other professionals who are treating you. This includes sharing your health information with hospital staff involved in your care and with your primary care provider.

**Payment:** We can use and share your health information to bill and get payment from health plans or other entities for the health care services that we provide to you.

**Healthcare Operations:** We will use and disclose your health information to operate our business. We may share your health information with our business associates in order to operate our practice. These business associates through signed contracts are required by Federal law to protect your health information. We have established “minimum necessary” or “need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement. We may also include the disclosure of your PHI in the event of transfer, merger, or sale of the existing practice to a new provider.

We may also use PHI to send you appointment reminders and other communications relating to your care and treatment, or let you know about treatment alternatives or other health related services or benefits that may be of interest to you, via email, phone call, or text message.

If you choose to communicate with us via emails, texts or chats, you acknowledge that we may exchange PHI with you via email, text or chat. Email, text and certain chat functionality may not be a secure method of communication and should you choose to communicate with us this way, you agree to the security risks of such communication.

**We may also share your PHI under certain conditions without your authorization or opportunity to object, unless prohibited by law, for the following purposes:**

**Emergencies:** We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. If an individual is deceased, we may disclose PHI to a family member or individual involved in care or payment prior to death.

**Required by Law:** We may use or disclose your health information when we are required to do so by state or federal law. We may share health information about you in response to a court or administrative order; in response to a subpoena or other government request; for workers' compensation claims; for law enforcement purposes; with health oversight agencies for activities authorized by law; and/or if you are an inmate or otherwise under the custody of law enforcement.

**National Security:** We may use and disclose your information in certain circumstances when requested by national security, the Armed Forces, intelligence and other State and Federal officials, or if the information is required for lawful intelligence, counterintelligence or other national security activities.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. Our personnel may be required by law to make such reports.

**Public Health Responsibilities:** We will disclose your health care information for certain public health purposes such as to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

**Appointment Reminders:** We may use your health records to remind you of recommended services, treatment or scheduled appointments.

**Research:** We may use or share your health information for health research purposes.

**Respond to Organ and Tissue Donation Requests:** We may share health information about you with organ procurement organizations (e.g., organ donation bank, organ or tissue transplantation entities) in order to facilitate organ donation and transportation.

**Work with a Medical Examiner or Funeral Director:** We may share health information with a coroner, medical examiner, or funeral director.

**We will not disclose your PHI for the following purposes unless you give us written permission:**

**Marketing:** We will not use your health information for general marketing purposes.

**Sale of PHI:** We will not sell your health information to a third party for compensation.

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 any time.

In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. For example, additional protections may apply in some states to genetic, mental health, drug and alcohol abuse, rape and sexual assault, sexually

transmitted disease and/or HIV/AIDS-related information, and/or to the use of your PHI in certain review and disciplinary proceedings of healthcare professionals by state authorities. In these situations, we will comply with the more stringent state laws pertaining to such use or disclosure.

### **Terms of This Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and on our web site. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

This Notice was last updated on May 10, 2022. 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.

### **QUESTIONS AND COMPLAINTS**

You have the right to file a complaint with us if you feel we have not complied with HIPAA or our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing and request a Complaint Form from our Privacy Officer, or you may complain to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate in any way or withhold care if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### **Department of Health and Human Services, Office for Civil Rights**

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201

**Email:** [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

**Telephone:** 1-800-696-6775

### **HOW TO CONTACT US:**

**HNI ACE**

**C/O Privacy Officer**

**Physical Address:** 7500 Rialto Blvd Bldg. 1 -140 Austin, Texas 78735

**Telephone:** 512-730-3060 **Email:** [info@hnihc.com](mailto:info@hnihc.com)