

UltraMed Urgent Care Privacy Policy

Notice of Privacy Practices

This privacy policy and notice explains how your medical information may be used or disclosed, and instructions to access your information.

Your Medical Information

Our main objective is to protect your medical information. The privacy policy explains our privacy practices and our process with its employees and staff. It will also inform you of the ways where your medical information may be used or disclosed. It also provides your rights and specific obligations we have based on using or disclosing medical information. Required by law:

- We provide this notice of our legal duties and privacy processes regarding your medical information.
- Any medical information that identifies your individuality is kept private.
- Follow the terms of the privacy policy that is currently in effect.
- Notify you in writing if we learn of a breach in your medical information security.

How UltraMed Urgent Care May Use and Disclose Medical Information

The subsections below explain how we use and disclose your medical information. Each category explains what UltraMed Urgent Care means when disclosing information. Please keep in mind that not every use or disclosure in a category will be listed. However, here are the ways we can use and disclose information.

Treatment of Medical Condition: We may disclose and use your medical information, so we can offer medical services and treatment. One example is we may share your information with a specialist we referred you to about a treatment, to coordinate other treatments you are receiving.

Payment: In order to receive payment for your medical treatments and services at UltraMed Urgent Care, we may use and disclose medical information so you can be billed properly, either to you, your insurance company, or third-party provider. We may need to provide your health plan information specifically regarding about the treatment you received at our office. This information helps your health plan will pay us or reimburse you appropriately.

Health Care Operations: If your medical information falls into the category of health care operations, we may use and disclose your medical information to notify you of a possible breach of your medical information. Specifically, we may use medical information to review our treatment and services, helping us improve and evaluate our current staff caring for you.

Appointment Reminders: We may use your medical information to remind you of an upcoming appointment for treatment or medical care at UltraMed Urgent Care.

Treatment Alternatives: We may disclose medical information to inform you of other treatment options that may be a better alternative for you.

Individuals Involved in Your Care or Payment: If you have a family member or friend that is involved in your health care or payment for your services, we may disclose medical information about you, so long

as you have not objected to their involvement. It is also reasonable for us to infer that such disclosure is in your best interest.

Health-Related Benefits: We may disclose your medical information if you have health-related benefits that may be interesting to you.

Cases When Required by Law or Permitted: If permitted or required by law, we may disclose your medical information, including:

- To avoid any harm or threat against you, another individual or the public.
- For administrative or public health oversight activities, such as abuse, neglect reporting, vital statistics, audits, disease control, licensure reviews, and investigations.
- For tissue or organ donation and transplant.
- To coroners, funeral directors, medical examiners to identify a deceased person, cause of death, carry out their duties.
- For research purposes, limited information may be disclosed if permitted by law.
- If a court order, judicial proceedings, or other legal processes in law enforcement is enforced. Also includes custody of inmates, legal and administrative actions and criminal activity.
- For national security and intelligence.
- For US military and veteran reporting regarding members of the armed forces of US or foreign military.

Other Uses of Medical Information: All other uses require your written authorization, specifically in the following cases:

- Marketing purposes, selling your health information, uses not stated in this privacy policy, disclosure to your health plan if you paid in full without reimbursement.

If you provide an authorization to disclose or use your medical information, you may revoke that authorization in writing at any time. If you revoke your authorization, we will not use or disclose your information for the reasons covered with the previous written authorization. We are unable to take back any disclosures we have already made with your authorization.

Your Rights Regarding Your Medical Information

You have many rights regarding your medical information. If you wish to exercise any of these rights, you must submit your request in writing, unless otherwise noted.

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to add a statement. You must provide a reason that supports your request for an amendment.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. Your request must state a period. We may limit the time to 6 years and to disclosures made on or after April 14, 2003. The first list you request within a 12-month period is free. For additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you. For any services for which you paid out-of-pocket in full, we will honor any request you make to restrict information about those services from your health plan, provided that such release is not necessary for your treatment. In all other circumstances, we are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. If we maintain medical information about you in electronic format, you also have the right to obtain a copy of such information in electronic format and to direct us to transmit such information directly to an entity or person clearly, conspicuously, and specifically designated by you. We will not ask you the reason for your request. You may make this request in writing or verbally.

Right to Paper Copy of this Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

Change of Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.