

## **NOTICE OF PRIVACY PRACTICES**

**This Notice of Privacy applies to the Customers of Carefree Health Service, Inc. dba Clearchoice Health.**

**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.**

***We are legally required to protect the privacy of your health information.*** We call this information “protected health information”, or PHI for short, and it includes information that can be used to identify you that we’ve created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more if your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow privacy practices that are described in this notice.

***How We May Use and Disclose Your Protected Health Information.*** We use and disclose health information for many different reasons. For some of these uses and disclosures, we need your prior authorization. We may use and disclose your PHI without authorization for the following reasons:

We will use and disclose your PHI in connection with your health care treatment. For example, your medical information may be used to provide health-related products and services to you and to coordinate with your doctor to ensure that you receive the products that your doctor has prescribed to you.

We will also use and disclose your PHI as needed to collect payments for the products and services that you receive, such as when Carefree Health Service, Inc. dba Clearchoice Health bills Medicare, your private insurance carrier, or you for the products and services you receive.

We may use and disclose your PHI as needed to manage and improve the quality of our health care operations, including uses such as quality assessments, audits, and other similar functions. Limited medical information about you may also be disclosed to your insurers or doctors for managing their internal health care operations.

We may use or disclose your PHI to third parties that provide certain services to us, such as data processing, billing, legal, or accounting services, under contracts that protect your medical information from unauthorized use or disclosure.

We may also use and disclose your PHI for the following reasons:

- When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.
- For public health activities.
- For health oversight activities.
- For purposes of organ donation.
- For research purposes.
- To avoid harm.
- For specific government functions.
- For workers’ compensation purposes.
- Appointment reminders and health-related benefits or services.
- For drop shipping items from one of our contracted vendors.\*

*\* We have HIPAA Business Associate Agreements with these companies where by they agree to protect your PHI as prescribed HIPAA laws and regulations.*

### ***Disclosure to Others Involved in Your Health care.***

We may disclose health information about you to a relative, a friend, the subscriber of your services or any other person you identify, provided the information is directly relevant to that person’s involvement with your health care or payment for that care. For example, if a family member or caregiver calls us with prior knowledge of a claim, we confirm whether or not the claim has been received and paid. You have the right to restrict or limit this kind of disclosure by contacting our HIPAA Compliance Officer. This will allow you to request the proper documentation to restrict access to your personal health information.

***User and Disclosures Requiring Your Written Authorization.*** In any other situation not described above, we will ask for your written authorization before using or disclosing your PHI. If you have given us an authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the HIPAA Compliance Officer.

***What Rights You Have Regarding Your PHI.*** You have the following rights with respect to your PHI:

- The right to request limits on uses and disclosure of your Protected Health Information (PHI).
- The right to choose how we send PHI to you.
- The right to see and get copies of your PHI.
- The right to get a list of disclosures made.
- The right to correct and update your PHI.
- The right to get this notice e-mail.

You may make any of the requests described above, or may request a paper copy of this notice, by calling the HIPAA Compliance Office.

***How to Complain about our Privacy Practices.*** If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with our HIPAA Compliance Officer. You may also send a written complaint to the Secretary of the Department of Health and Human Services. We will not take retaliatory action against you if you file a complaint about our privacy practices.

***Modes of Communications.*** By signing up you authorize Carefree Health Service, Inc. dba Clearchoice Health and its marketing partners to contact you via e-mail, fax, manual phone call, predictive dialed phone call as well as automated dialer phone calls. (Where a message is delivered with no connection to a live agent.)

***This Notice is Subject to Change.*** We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your relationship with us. It may be necessary to use and disclose this information for the purposes described above even after your relationship with us terminates, although policies and procedures will remain in place to protect you against inappropriate use or disclosure.

***How to Contact Us.*** If you have questions regarding this notice, please contact Carefree Health Service, Inc. dba Clearchoice Health HIPAA Compliance Office by mail at 115 Avenue L, Delray Beach, FL 33483; by phone at 800-400-1014; or by fax at 800-284-0829. Include your name and phone number as well as the reason for contacting the office. ***Effective August 29, 2016***