



NOTICE OF PRIVACY PRACTICES (*HIPAA Privacy Notice*)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Maintaining the privacy of your Protected Health Information, or PHI, is important to us. We understand that your medical information is confidential and we are committed to protecting your privacy. This *Notice of Privacy Practices* will tell you about how we may use and share health information about you as well as certain duties and responsibilities we have regarding the use and disclosure of your medical information. We are required by law to maintain the privacy of your health information and to follow the terms of the *Notice* currently in effect. Additional copies of this *Notice* may be requested and provided in either electronic or hardcopy form.

1. HOW WE MAY USE & DISCLOSE YOUR HEALTH INFORMATION

Through your participation in various health improvement programs administered by *HealthYou*, we may create a medical record of the services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. For some activities, we must have written permission to use or disclose your health information; however, the law permits us to use or disclose your health information for the following purposes without your authorization:

For Treatment: We may use health information about you to provide you with medical treatment or educational services. We may disclose health information about you to doctors, pharmacists, nurse practitioners, nurses, medical assistants, technicians, educators, wellness specialists or other people who are involved in your care. We may also share medical information about you with other health care providers to assist them in treating you.

For Payment: We may use and disclose your health information for payment purposes, as necessary. If applicable to the particular health improvement program, a bill may be sent to an insurance company or a third-party payer. The information on the accompanying bill may include health information.

For Health Care Operations: We may use and disclose medical information about you for various health care operations. Unless you provide us with alternative written instructions, we may send appointment reminders, educational materials and other information related to your health care to your home. We may contact you by phone for educational purposes or to notify you of additional information and resources available relating to your care. We may use information in your health record to evaluate the performance of our staff, in conducting staff training programs, or for getting accreditation, certificates, licenses and credentials we need to serve you. These uses and disclosure are necessary to run our various health improvement initiatives, evaluate overall program effectiveness and to improve the quality of the services we provide.

2. ADDITIONAL USES & DISCLOSURES

In addition to using and disclosing your medical information for treatment, payment, and other health care operations, we may use and disclose medical information for the following purposes.

As Required By Law: We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, the health and safety of another person, or the general public. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks: We may disclose health information about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report reactions to medications or problems with products; (3) to notify people of recalls of products they may be using; (4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) to notify the appropriate government authority if we believe a person has been a victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections, and licensure.

Judicial and Administrative Procedures: Subject to certain requirements, if you are involved in a lawsuit or dispute we may disclose health information about you in response to a court order, administrative order, subpoena, discovery request, or other lawful process.

Specific Government Functions: We may disclose health information for the following specific government functions: (1) health information of military personnel as required by military command authorities; (2) health information for inmates, to a correctional institution or law enforcement official, as necessary to protect health and safety; (3) in response to a request from law enforcement, if certain conditions are satisfied; (4) for national security reasons; and (5) as authorized by and to the extent necessary to comply with workers' compensation and similar laws or programs.

Research and Organ Donation: We may disclose your information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information. We may disclose your information to organ procurement or similar organizations for purposes of donation or transplant.

Coroner, Medical Examiner and Funeral Directors: We may release your information to a coroner or medical examiner as may be deemed necessary – for example, to determine a person's cause of death. We may also disclose information to funeral directors consistent with applicable law to enable them to carry out their duties.

Appointment Reminders: We may use and disclose health information for purposes of sending you appointment information, contacting you by phone or text otherwise reminding you of your appointments.

Additional Health Improvement, Wellness and Alternative Medical Services: We may use and disclose medical information to furnish you with information about health-related benefits and/or wellness services that may be of interest to you, and to describe or recommend treatment alternatives.



Business Associates: Some services may be provided through contract with business associates. We may disclose your information to our business associates so that they can perform the job we have asked them to do; however, we require them to appropriately safeguard the information.

Communication with Caregivers and Relatives: We may use and disclose your information to: (1) notify or assist in notifying a family member, personal representative, or caregiver regarding your location and general condition; (2) a family member, other relative, close personal friend, or any other person(s) you identify as necessary for and directly relevant to that person's involvement on your care or payment related to you care; (3) we may disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you invite your spouse to participate in a health consultation.

3. WHEN WE MAY NOT USE OR DISCLOSE YOUR INFORMATION

We will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

4. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

- (1) That we maintain reasonable and appropriate administrative, technical, and physical safeguards against improper uses and disclosures of Protected Health Information (PHI), including maintaining the integrity and availability of electronic health information, or e-PHI.
- (2) You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to a restriction you request. We cannot agree to limit the uses or disclosures of information that are required by law.
- (3) You have the right to inspect and copy your health information as long as *HealthYou* maintains the information. Simply submit a written request. We may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request in certain limited circumstances.
- (4) You have the right to request that we amend your health information that is incorrect or incomplete. To request an amendment, submit a written request to the *HealthYou* along with the reason for the request. We are not required to amend health information that is accurate and complete. We will provide you with information about the procedure for addressing a disagreement with a denial.
- (5) You have the right to receive an accounting of disclosures of your health information we have made for purposes other than disclosures (1) for treatment, payment or health care operation; (2) to you or based upon your authorization; (3) for certain government functions. To request an accounting, you must submit a formal written request to the service provider. You must specify the time period, which may not be longer than six (6) years.
- (6) You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request to *HealthYou*. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.
- (7) If you are a minor who has lawfully provided consent for program services and you wish for *HealthYou* to treat you as an adult for purposes of access to and disclosure of records related to treatment, please notify us.

5. QUESTIONS & COMPLAINTS

If you have any questions regarding this, or about protections against discrimination and retaliation, please contact the designated HIPAA Privacy Officer for *HealthYou*. In addition, should you believe that we have not complied with our privacy practices; you may file a written complaint by contacting:

HealthYou, LLC
3314 Mesa Road
Colorado Springs, CO 80904-1036
(844) 549-6619

You may also submit a written complaint to the U.S. Department of Health and Human Services at the address indicated below:

U.S. Department of Health and Human Services
Office for Civil Rights
Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building
Washington, D.C. 20201
(800) 368-1019
(800) 537-7697 (TDD)
(202) 619-3818 (Facsimile)
Email: ocrmail@hhs.gov
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

We will not retaliate in any way if you choose to file a complaint.

6. CHANGES TO THIS NOTICE

We reserve the right to change this *Notice of Privacy Practices*. We reserve the right to make the revised or changed *Notice* effective for any health information we already have about you as well as any information we receive in the future. Any revised *Notice* will be made available, and you may request this revised *Notice* be provided either in electronic or hardcopy form.

Notice of Privacy Practices — Effective April 14, 2003 (Original); Revised March 1, 2009 (Rev. 01); Revised September 1, 2011 (Rev. 02); Revised January 1, 2012 (Rev. 03); Revised August 20, 2014 (Rev. 4); Revised December 29, 2014 (Rev. 5); Revised July 12, 2016 (Rev. 6); Revised December 2, 2021 (Rev. 7); Revised April 7, 2023 (Rev.8)