

# Notice of Privacy Practices

## Your Information, Your Rights, Our Responsibilities

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review carefully.

**Your Rights** When it comes to your health information, you have certain rights.

### **You have the right to:**

#### ***Get a copy of your paper or electronic medical record***

- ▶ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- ▶ We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### ***Ask us to correct your paper or electronic medical record***

- ▶ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- ▶ We may say “no” to your request, but we will tell you why in writing within 60 days.

#### ***Request confidential communication***

- ▶ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ▶ We will say “yes” to all reasonable requests.

#### ***Ask us to limit the information we share***

- ▶ You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- ▶ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### ***Get a list of those with whom we've shared your information***

- ▶ You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one free accounting a year but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### ***Get a copy of this privacy notice***

- ▶ 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. This notice is available on our website.

#### ***Choose someone to act for you***

- ▶ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ▶ We will make sure the person has this authority and can act for you before we take any action.

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## ***File a complaint if you believe your privacy rights have been violated***

- ▶ You can complain if you feel we have violated your privacy rights by contacting us using the information on page 19.
- ▶ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>
- ▶ We will not retaliate against you for filing a complaint.

**Your Choices** You have some choices in the way that we use and share information.

### **You can choose how we use and share information as we:**

- ▶ Tell family and friends about your condition
- ▶ Provide disaster relief
- ▶ Market our services and sell your information (Your information will never be shared without your written permission.)

**Our Uses and Disclosures** How do we typically use or share your health information?

### **We may use and share your information as we:**

#### ***Treat you***

- ▶ We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### ***Run our organization***

- ▶ We can use and share your health information to run our practice, improve your care, and contact you when necessary.  
*Example: We use health information about you to manage your treatment and services.*

#### ***Bill for your services***

- ▶ We can use and share your health information to bill and get payment from health plans or other entities.  
*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### ***Help with public health and safety issues***

- ▶ We can share health information about you for certain situations such as:
  - ▶ Preventing disease
  - ▶ Preventing or reducing a serious threat to anyone's health or safety
  - ▶ Helping with product recalls
  - ▶ Reporting adverse reactions to medications
  - ▶ Reporting suspected abuse, neglect, or domestic violence

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### ***Do research***

- ▶ We can use or share your information for health research.

### ***Comply with the law***

- ▶ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### ***Respond to organ and tissue donation requests***

- ▶ We can share health information about you with organ procurement organizations.

### ***Work with a medical examiner or funeral director***

- ▶ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### ***Address workers' compensation, law enforcement, and other government requests***

- ▶ We can use or share health information about you:
  - ▶ For workers' compensation claims
  - ▶ For law enforcement purposes or with a law enforcement official
  - ▶ With health oversight agencies for activities authorized by law
  - ▶ For special government functions such as military, national security, and presidential protective services

### ***Respond to lawsuits and legal actions***

- ▶ We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- ▶ We are required by law to maintain the privacy and security of your protected health information.
- ▶ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ▶ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ▶ 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. Let us know in writing if you change your mind.
- ▶ For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the 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, in our office, and on our web site.

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## [For more information or to report a problem](#)

Contact our Privacy Officer at the telephone or address below if you have questions or would like additional information. If you believe that your privacy rights were violated, you have the right to file a complaint. You can file the complaint with the Heritage Biologics Privacy Officer or with the Secretary of the Department of Health and Human Services. The complaint must be in writing and describe the violation of your privacy rights. It must be filed within 180 days of the violation or the date you learned of the violation. We will not retaliate against you if you make a complaint.

### **U.S. Department of Health and Human Services**

Office of Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Tel: (202) 619-0257 Toll Free: 1-877-696-6775

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

### **Heritage Biologics, LLC**

Brianna Kaleikau, Privacy Officer

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Fax: (844) 878-6917

