

Patient Resolutions, Inc. Notice of 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.

Patient Resolutions, Inc. is committed to maintaining the privacy of your protected health information. We create and accumulate records which may contain protected health information while providing services for you. Although we are technically not a HIPAA covered entity, we want to provide you with this information about the privacy practices we have in effect at this time. We may change the terms of this notice at any time. Any revision to this notice will be effective for all of your records maintained by Patient Resolutions, Inc.

How does Patient Resolutions, Inc. collect Protected Health Information? We may get information directly or indirectly from you, your employer, providers who are treating you, attorneys who are representing you in an automobile accident or other cases, and insurers and other health plans.

How does Patient Resolutions use and disclose my protected health information? We may use and disclose certain information without your written authorization for *Treatment, Payment and Health Care Operations*. Essentially, when you request our services, we may need to share the information that you provide to us. For example, we may disclose information with your doctors if you have asked us to help coordinate your care, obtain referrals, negotiate fees for services, assist with communications, etc. We may use and disclose your personal health information to insurance companies or health plan administrators when you ask us to help you obtain payment (i.e., resolve claim issues), assist in obtaining authorizations or be involved with utilization management activities, assist in filing complaints, appeals, etc. And, finally, we may use and disclose your protected health information to support Patient Resolutions, Inc.'s health care operations. For example, we may use your protected health information as part of our quality assessment activities, for general administrative activities, including data and information systems management and customer service. Whenever an arrangement between our office and a business associate involves the use or disclosure of protected health information, we will have a written contract that contains terms to protect the privacy of your protected health information.

Other Uses and Disclosures of Protected Health Information Based upon Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your written Authorization, unless otherwise permitted or required by law as described below. If you wish us to make your records available to a caregiver, you will need to submit an Authorization of Personal Representation.

We may use or disclose protected health information without a written authorization when allowed or required by law. For example, we may be required by law to disclose information to the Secretary of the Department of Health and Human Services to investigate compliance efforts, for public health activities and risks, for health oversight by government agencies that oversee the healthcare system, for legal proceedings and court orders, to law Enforcement, to the extent required by Workers Compensation laws, and for other legal obligations. We will only disclose de-identified information to your employer, which means that we will not provide your employer with any information that can identify you.

What are my rights with respect to my Protected Health Information? You have several rights:

Right to Access: Except in certain circumstances, individuals have the right to review and obtain a copy of their protected health information in a designated record set. Requests for records must be in writing to the Privacy Officer. We may charge a reasonable fee to copy and mail this information.

Right to Request an Amendment: You have the right to ask us to amend your protected health information in a designated record set. Requests for amendments must be made in writing to the Privacy Officer. In certain situations, we may deny the request and provide you with a written denial. You will have an opportunity to submit a statement of disagreement.

Disclosure Accounting: You have the right to an accounting of the disclosures we have made of your protected health information. Certain disclosures, however, such as those made for treatment, payment, or health care operations are not required to be included in an accounting.

Restriction Request: You have the right to request that we restrict how we use or disclose your protected health information for treatment, payment, or healthcare operations. You must state the specific reason for the restriction in writing to the Privacy Officer. We are not required to agree to a restriction that you may request.

Confidential Communication Requirements: You may request an alternative means or location for receiving communications of protected health information. This request must be made in writing to the Privacy Officer. For example, you may request that we communicate with you through a designated address or phone number. Or, that we send correspondence to you in an envelope, instead of using a postcard. We shall accommodate reasonable requests if you indicate a disclosure may endanger you.

Complaints and Communication with us: If you want to exercise your rights under this Notice, or if you wish to file a complaint with us, please contact our Privacy Officer at: Patient Resolutions, Inc. 131 Center Street, Ludlow, MA 01056 or by calling us toll free at 866-557-3765.

If you have received this Notice electronically, you may request a paper copy at any time.