

Navicure 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 CAREFULLY.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- As a patient you have a right under federal laws to receive a copy of your medical record held in a Designated Record Set. Navicure does not maintain your medical records in a Designated Record Set and receives pieces of information from your healthcare provider for payment purposes. Therefore, Navicure's information is incomplete and very limited. If you request a copy of your medical record from Navicure, we will direct you to your healthcare provider that maintains your medical records.
- Healthcare providers normally provide a copy or a summary of your health information, usually within 30 days of your request and may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can request to correct health information in a Designated Record Set if you think is incorrect or incomplete. Because Navicure does not maintain information in a Designated Record Set, we will direct you to submit the request to your healthcare provider.

Request confidential communications

- 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.

Ask us to limit what we use or 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 relay this request to the healthcare provider to confirm the claim should not be submitted. The healthcare provider shall make the final determination.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we've 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'll provide one accounting a year for free 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.

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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us (see the Privacy Officer Section).
- 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

How We Use and Disclose Your Information

We typically use or share your health information in the following ways:

Payment. We may use or disclose your health information to bill and get payment for health care services. We may assist medical providers in submitting insurance claims electronically or on paper, or in billing or collection matters.

Example: We give information about you to your health insurance plan so it will pay for your services.

Run our Organization. We may use or disclose your health information to support our business activities or the business activities of our clients or partners. These activities may include, evaluating or improving patient care, training, compliance, business planning and management, and administrative activities.

Example: We use information about you to efficiently process payments for health care services on your behalf.

In addition, we may also use or share your health information in the following ways, when applicable:

Treatment. As a healthcare clearinghouse, we do not use your health information for medical treatment purposes. We may receive health information, but only so that we can process information received from one entity into a format that can be transmitted to another entity.

Example: We receive billing records from your health care provider and process the billing record into a format that can be transmitted to your health insurance plan so that it can evaluate a claim. Your billing record may include codes about what medical procedures you received.

Healthcare operations. As a clearinghouse, we use and disclose your protected health information as necessary for health care operations. For instance, we may use or disclose your protected health information for quality assessment and quality improvement, conducting or arranging for billing or compliance reviews.

We May Also Use or Disclose PHI:

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 required by law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- For public health activities

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're complying with federal privacy law.

Respond to organ and tissue donation requests

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

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.

De-identification

Navicure may, consistent with HIPAA requirements, create de-identified health information or a limited data set. De-identified information is not protected health information and when permitted may be used for any purpose not prohibited by applicable law.

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.

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.

Privacy Officer Information

If you have any questions regarding your privacy rights, want to file a complaint or you would like to request a restriction on the use or disclosure of information, please contact our Privacy Officer through the following:

Address	Telephone No.	Email Address
Navicure, Inc. Attn: Privacy Officer 2055 Sugarloaf Circle Suite 600 Duluth, GA 30097	(770) 342-0252	privacy@navicure.com

State Law Restriction

To the extent the State of Georgia privacy and security laws are more restrictive than the federal laws provided by the Health Insurance Portability and Accountability Act of 1996, as amended, the State laws shall apply. Specifically, the Practice will not share any substance abuse treatment records, HIV Confidential Information, mental health records or psychotherapy notes without your authorization unless required by law.

This Notice of Privacy Practices applies to all locations of Navicare, Inc.

This Notice of Privacy Practices is effective on **January 1, 2017**.



Request for Notice of Privacy Practices

This form acknowledges that you have requested and received Navicare's most current Notice of Privacy Practices. This Notice of Privacy Practices describes how Navicare may use or disclose your health information.

I, _____ (Requester's Full Name), at

_____ (Requester's Address)

hereby requests a copy of Navicare's current Notice of Privacy Practices. This request serves as acknowledgement that I have received a copy of Navicare's Notice of Privacy Practices, unless I otherwise contact Navicare that I have not received the Notice of Privacy Practices.

Requester's Name (Printed)

Legal Guardian's Name (Printed if Applicable)

Signature of Requester (over 18 years of age) or
Legal Guardian

Date

Navicare Internal Use Only (please leave blank)

Date Received: _____

Notes: _____

Instructions:

1. Please fill in the fields with the appropriate information and sign.
2. Please email or mail this request to Navicare using one of the following methods:
 - a. E-mail - Please email this request to the following:
privacy@navicare.com
 - b. Mail – please mail this request to the following:
Navicare, Inc.
Attn: Privacy Officer
2055 Sugarloaf Circle
Suite 600
Duluth, GA 30097