



Ribaut Medical Partners, LLC

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Notice of Privacy Practices (effective January 21, 2019)

Ribaut Medical Partners, LLC (sometimes referred as "RMP" "we" "us" or "our") is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for the purpose of complying with the provisions that protect the privacy and security of your health information.

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.

Except as provided by law, you have a right to adequate notice of the uses and disclosures of protected health information that may be made by us, and of your rights and our legal duties with respect to protected health information.

Protected health information (PHI) is information about you, including certain demographic information that may identify you and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the payment for that care.

We respect the privacy of your PHI and are committed to keeping it confidential. This Notice describes how we may use and disclose your PHI that we have received or created and describes your rights of access to and our obligations regarding your PHI.

We are required by law to take reasonable steps to protect the privacy of your PHI and to provide to you this Notice about our legal duties and privacy practices and your rights concerning your PHI and to notify you following any breach of unsecured PHI. We are required to abide by the terms of the Notice then in effect.

I. USE AND DISCLOSURE FOR PAYMENT, TREATMENT, AND HEALTH CARE OPERATIONS

We may use and disclose your PHI for purposes of payment, treatment, and health care operations. We have described these categories below and provide examples of the types of uses and disclosures we may make in each one.

For Payment. We may use and disclose your PHI so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your PHI to your representative, insurance or managed care company, Medicare, or a third party payor. For example, we may contact Medicare to confirm your coverage for treatment by one of our providers.

For Treatment. We will use and disclose your PHI in providing you with treatment and services. We may disclose your PHI to our personnel and others who may be involved in your care, such as physicians, nurses, nurse aides, hospice staff, consultants, and therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose PHI to individuals who will be involved in your care after you leave Ribaut Medical Partners, LLC.

For Health Care Operations. We may use and disclose your PHI to conduct and support our business and management activities. For example, we may use and disclose your PHI to conduct business planning activities, to carry out legal services and auditing functions, to manage and monitor our quality of care (including the performance of our staff) and for general administrative duties.

II. USE AND DISCLOSURE FOR OTHER SPECIFIC PURPOSES

Appointment Reminders. We may use or disclose PHI to remind you about appointments. If you are not at home, we may leave a message.

As Required By Law. We will disclose your PHI when required by law to do so.

Business Associates. We may disclose your PHI to a business associate who creates, receives, maintains or transmits information on our behalf that involves the use and/or disclosure of PHI, if we have a written contract with the business associate that contains terms designed to protect the privacy of your PHI. The definition of a business associate also includes a subcontractor that creates, receives, maintains, or transmits PHI on behalf of the business associate. A subcontractor also means a person to whom a business associate delegates a function, service, or activity other than as a member of the business associate's workforce. Examples of business associates include our attorneys or accountants and any of their subcontractors.

Disaster Relief. We may disclose your PHI to assist in a disaster relief effort.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may disclose your PHI to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Health-Related Benefits and Services. We may use or disclose PHI to inform you about health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your PHI to a family member, other relative, or close personal friend who is involved in your care. If you are present and have the capacity to make health care decisions, we may use or disclose this information to notify these individuals of your location, general condition, or death, as long as we have obtained your agreement, given you an opportunity to object and you do not, or it is reasonable to infer from the circumstances that you do not object. If you are not present or are unable to agree or object due to incapacity or an emergency situation, we may exercise our professional judgment to determine whether disclosure of information relevant to the individual's involvement in your care is in your best interests.

Judicial and Administrative Proceedings. We may disclose your PHI that is expressly authorized by a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal if we have satisfactory assurance that you have been given notice of the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your PHI for certain law enforcement purposes, including:

- To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- To identify or locate a suspect, fugitive, material witness, or missing person (limited to certain categories of PHI);
- When information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- To report information about a suspicious death;
- To provide information about criminal conduct;
- As required by law to comply with reporting requirements;
- To report information in emergency circumstances about a crime; or
- Where necessary to identify or apprehend an individual relevant to a violent crime or escape from lawful custody.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may also use and disclose PHI about foreign military personnel as required by the appropriate foreign military authority.

National Security and Intelligence Activities: Protective Services for the President and Others. We may disclose PHI to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads

of states or to conduct special investigations.

Public Health Activities. We may disclose your PHI for public health activities. These activities may include, for example, the following:

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect;
- Reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements, or
- Notifying a person who may have been exposed to a communicable disease or may otherwise is at risk of contracting or spreading a disease or condition.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority if required or authorized by law, or if you agree.

Research. We may allow PHI to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your PHI may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when we believe in good faith that the disclosure is necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone we, in good faith, reasonably believe is able to help prevent or lessen the threat.

III. AUTHORIZATION REQUIRED FOR OTHER USES OR DISCLOSURES

Other uses and disclosures of PHI not covered by this Notice will be made only with your written Authorization. If you give us written Authorization to use or disclose your PHI, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your PHI for the purposes covered by the Authorization other than those described in the Notice. You understand that we are unable to take back any disclosures we have already made in reliance on the Authorization.

Most uses and disclosures of psychotherapy notes (where appropriate), PHI for marketing purposes, and disclosures regarding a sale of PHI require authorization, and other uses and disclosures not described in this Notice will be made only with your authorization.

IV. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

Right of Access to PHI. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to limited exceptions such as psychotherapy notes or information compiled in anticipation of litigation. Your request for access must be made in writing and must be submitted to Ribaut Medical Partners, LLC Health Information Services Department on a form that is available in their office. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. Access may be denied, for instance, to protect the confidentiality of another individual, to safeguard information covered by the Privacy Act, or in other circumstances outlined by the Privacy Rule. If you are denied access to PHI, in some cases you will have a right to request review of the denial, such as those that are based upon endangerment to another individual or those involving a reference to another individual. This review would be performed by a licensed health care professional we designate who did not participate in the decision to deny your initial request.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a paper copy of this Notice at any time. This Notice is available on our website: <http://www.traskmd.com>.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of our disclosures of your PHI. This is a listing of certain disclosures of your PHI made by us or by others on our behalf, but does not include disclosures for payment, treatment, and health care operations or certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after October 2, 2017 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

You have a right to or will receive notifications of breaches of your unsecured PHI should that event occur. This notice will come to you from the HIPAA privacy officer.

Right to Request Amendment. You have the right to request us to amend any PHI we maintain for as long as the information is kept by or for us. You must make your request in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information:

- was not created by us, unless the originator of the information is no longer available;
- is not a part of the designated record set (e.g. medical or billing records) maintained by or for us;
- is not a part of the information to which you have a right of access; or
- is already accurate and complete, as we determine.

If we deny your request for amendment, we will give you a written denial including the reason for the denial and the right to submit a written statement disagreeing with the denial.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning PHI in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests. You must make your request in writing and specify how and where you wish to be contacted.

Right to Request Restrictions. You have the right to request restrictions in writing on our use or disclosure of your PHI for payment, treatment, or health care operations. You also have the right to restrict the PHI we disclose about you to a family member, friend, or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction (except that while you are competent you may restrict disclosures to family members or friends) (and except that we must agree to restrict a disclosure of PHI to your insurance company/health plan if the disclosure would be for payment or health care operations purposes and is not otherwise required by law to be disclosed and we are paid in full for it by you (or a person acting on your behalf). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

V. STATE SPECIFIC REQUIREMENTS

Ribaut Medical Partners, LLC must follow both federal and state law to the extent they do not conflict with one another. HIPAA generally will take precedence over state laws that are contrary to HIPAA unless (1) the state law relates to the privacy of PHI and offers protections greater than those available to you under HIPAA or (2) the state law provides for the reporting of disease or injury, child abuse, birth, or death, or for the conduct of public health. In those cases, the state law will take priority over HIPAA.

The following are just a few examples of some common situations where South Carolina or other federal laws require us to protect or share your information:

If you receive treatment for drug or alcohol use in a federally funded rehabilitation center, federal laws prevent us from releasing that information, except in certain situations. One or more of our facilities and services are subject to inspection by state and federal agencies and accreditation representatives who may review patient health information, which we are required to provide (you may have certain rights to object to review of your record).

VI. COMPLAINTS

If you believe that your privacy rights have been violated, you may submit a complaint in writing to Ribaut Medical Partners, LLC HIPAA privacy officer or you may file a complaint with the Secretary of the U.S. Department of Health and Human Services (Office of Civil Rights). We will provide you with the

address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to privacy of your PHI. We will not retaliate against you if you file a complaint with us or with the U.S. Department of Health and Human Services.

VII. CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and the terms of this Notice at any time. The revised Notice will be effective for all PHI we already received as well as for all PHI we receive in the future. We will post a copy of the current Notice in the administrative office of Ribaut Medical Partners, LLC. In addition, we will post a copy of the revised Notice on our web site and provide a copy to you upon request. Please make your request for a copy of this Notice to Ribaut Medical Partners, LLC privacy officer.

VIII. PRIVACY OFFICER

We have designated the compliance officer as the HIPAA privacy officer. If you have any questions about this Notice or would like further information concerning your privacy rights, the HIPAA Privacy Officer may be contacted at: 1094 Ribaut Road, Beaufort, SC 29902 or via telephone at (843) 524-2001.