

HIPAA Notice of Privacy Practice for Personal Health Information

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 THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

AloeWell Health's Responsibilities

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to provide you with this Notice which will specify the date on which such revised Notice becomes effective. The revised Notice will apply to all of your health information from and after the revised date. The effective date of this notice is June 1, 2022.

Understanding Your Personal Health Information

We may use your health information and share it with others, in electronic or other format, to help treat your condition, coordinate payment for that treatment, run our business operations and as otherwise described in this Notice. The following are examples of situations where we do not need your written authorization to use your health information or share it with others:

- To provide treatment to you and to communicate to other health professionals who contribute to your care.
- To obtain payment for services we provide to you, such as verifying that services billed were provided to you.
- In connections with your health care operations, such as training programs, certification, and licensing and credentialing activities.
- Unless you object, to a family member, friend, or other person identified by you as being involved in your treatment or payment for your health care.
- To a "business associate" that needs the information to perform a function or service for our business operations, and only if the business associate signs an agreement to protect the privacy of your health information.
- To provide you with appointment assistance (such as voicemails, postcards, letters, e-mails or other similar communications). We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services, such as disease awareness or case management that may be of interest to you.

We may also use your health information and share it with others in order to comply with the law or meet important public needs described below:

- To authorized public health officials so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury, or disability.
- To government agencies authorized to conduct audits, investigations, and inspections, as well as civil, administrative or criminal investigations, proceedings, or actions. This includes those agencies that monitor programs such as Medicaid.

- To appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.
- To a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.
- If we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your health information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute.
- To law enforcement officials for certain reasons including to comply with court orders or laws that we are required to follow, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person.
- To the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- To the extent necessary to comply with workers' compensation or other programs established by law that provide benefits for work related injuries or illness without regard to fraud.
- To authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may also disclose to military authorities the health information of Armed Forces personnel under certain circumstances. If you are an inmate or you are detained by a law enforcement officer, to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined.
- In the unfortunate event of your death, we may disclose your health information to a coroner, medical examiner or funeral director as necessary.

This Notice explains the rights you have with respect to your health information under federal law. Some states provide even greater rights, including more favorable access and amendment rights, as well as protection for particularly sensitive information. To the extent such state law affords you greater rights than described in the Notice, we will comply with those laws.

Written Authorization

We may use and disclose your health information for treatment, payment, health care operations or other purposes described in this Notice. You may also give us written authorization to use your health information or to disclose it to anyone for any purpose. We cannot use or disclose your health information for any reason except this described in the Notice unless you give us written authorization to do so. For example, we require your written authorization for certain uses and disclosure of health information of psychotherapy notes, for marketing purposes, and disclosure that constitute a sale of your health information. You may obtain a form to revoke your authorization by using the contact information listed at the end of this Notice. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Your Health Information Rights

Although your health record is the physical property of AloeWell Health, the information belongs to you. You have the right to:

- Inspect or obtain copies of your health information, with limited exceptions. If we maintain your health information in electronic format, you have the right to obtain a copy of your health information in the form and format you request if the information is readily producible in that format, or, if not, a mutually agreeable alternative format. We may charge you a reasonable, cost-based fee to cover copy costs and postage. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of the Notice.
- Request that we place additional restrictions on our use or disclosure of your health information by alternative means or to alternative locations. You may obtain a form to request additional alternative communications by using the contact information at the end of this Notice. Your request must specify how or where you wish to be contacted and provide a satisfactory explanation regarding how payments will be handled if we communicate with you through the alternative means or location you request.
- Request in writing an amendment to your health information, if you believe we have health information about you that is incorrect or incomplete. You may obtain a form to request an amendment by using the contact information at the end of this Notice. Your request must explain why the information should be amended.
- Receive notifications of any breach of your unencrypted health information.
- Obtain a paper copy of this Notice, even if you receive this Notice electronically. You may make such a request by writing to the email provided at the end of this Notice.

Contact

If you have any questions regarding the information set forth in the Notice of Privacy Practices and would like additional information, or if you believe your privacy rights have been violated, or if you have any complaints, please do not hesitate to contact us at 786-677-5008 or send an email to MckreithMD@AloeWellhealth.com