

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.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (“PHI”):

We may use and disclose your PHI without your consent or authorization for each of the following purposes:

- Treatment, including providing, coordinating, or managing health care and related services by one or more health care providers.
 - Payment, including obtaining authorization and/or reimbursement for services, confirming coverage, billing or collection activities and utilization review.
 - Health care operations (e.g. conducting quality assessment and improvement activities, auditing functions, cost-management analysis, legal services, and customer service).
 - When disclosure is required by federal, state, or local law (e.g., a court proceeding, workers compensation laws, etc.).
 - Emergency situations and to prevent or mitigate a serious threat to the health or safety of a person or the public.
 - If there is a reasonable suspicion of abuse or neglect.
 - For public health purposes.
 - For specific government and medical research purposes.
 - For law enforcement purposes as required by law.
 - To SDC Business Associates, when they will be using, maintaining, or disclosing PHI on SDC’s behalf, once they have agreed in writing to safeguard PHI and abide by the terms of this Notice of Privacy Practices.
- patients’ protected health information; and that they have an obligation to report practices and/or behaviors that are not in compliance.

INDIVIDUAL RIGHTS:

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the SDC Privacy Officer listed below:

- The right to request restriction on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, closer personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction.
- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of certain disclosures of PHI.
- The right to obtain a paper or email copy of this notice from us upon request.
- The right to request a restriction on disclosing your PHI to a health plan or your insurance company when you pay for a health care service out-of-pocket in full, provided there are no other legal requirements for such disclosure.
- The right to be notified in the event that we (or one of SDC’s Business Associates) discover a breach of your unsecured PHI. Notice of any such breach will be made in accordance with federal requirements.

ARIA CARE PARTNERS RESPONSIBILITIES:

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the terms of this Notice of Privacy Practices and to make the new notice effective for all PHI that we maintain. You may request a written copy of the current Notice of Privacy Practices at any time.

COMPLAINTS/ADDITIONAL INFORMATION:

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our Chief Financial Officer listed to the right, or with the U.S. Department of Health and Human Services, Office for Civil Rights. The Financial Officer can provide you with the appropriate address upon request or you may visit www.HHS.gov/OCR for further information. We will not retaliate against you for filing a complaint.

If you have any questions or a complaint, please contact John Rosenbaum, Aria Care Partners Chief Compliance Officer
8500 West 110th Street, Suite 450
Overland Park, KS 66210
Phone: 1-877-674-1211