

## 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”):

Aria Care Partners (“ACP”) 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, performing studies to reduce healthcare costs, legal services, and customer service).
- When disclosure is required by federal, state, or local law (e.g., a court proceeding, law enforcement, workers compensation laws).
- 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.
- To entities that provide services on behalf of ACP (“Business Associates”), provided the Business Associates have agreed in writing to safeguard any PHI they will use, maintain, or disclose on ACP’s behalf, and that they will report any practices and/or behaviors that are not in compliance with our agreements or applicable privacy laws.

### INDIVIDUAL RIGHTS:

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the ACP’s 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 reasonably request to receive communications from us by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to request a change to your PHI that you think is incorrect or incomplete. We will inform you of our decision to grant or deny the request within 60 days.
- The right to receive an accounting (i.e., a list) of when and with whom we shared your PHI for reasons other than for treatment, payment, or health care operations.
- 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 if ACP or one of our Business Associates discover a breach of your unsecured PHI. Notice of any such breach will be made in accordance with applicable federal and state requirements.

### ACP RESPONSIBILITIES:

We are required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to follow such duties and policies. 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 Compliance Officer listed below, or with the U.S. Department of Health and Human Services, Office for Civil Rights located at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 877-696-6775. You may also visit [www.HHS.gov/OCR](http://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