

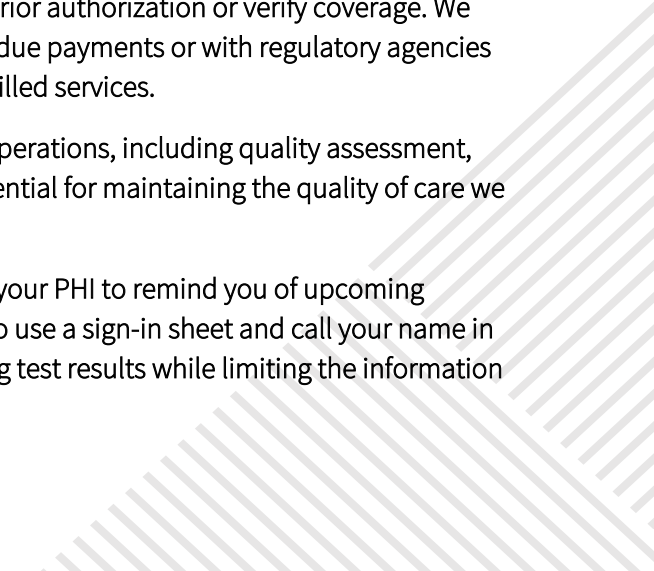
Notice of Privacy Practices

This notice explains how your medical information may be used and disclosed, and how you can access this information. Please read it carefully.

Our Commitment to Your Privacy

At Optimum Health LLC, we value your privacy and are dedicated to safeguarding your medical information. This Notice of Privacy Practices outlines how we may use and disclose your Protected Health Information (PHI) and details your rights concerning this information.

How We May Use and Disclose Your Health Information

1. **Treatment:** We may use and disclose your PHI to provide, coordinate, and manage your healthcare services. This includes sharing information with other healthcare providers involved in your care, such as pharmacists, durable medical equipment vendors, surgery centers, hospitals, rehabilitation therapists, home health providers, laboratories, nurse case managers, and worker's compensation adjusters to ensure comprehensive and effective treatment.
 2. **Payment:** We may use and disclose your PHI to secure payment for the services we provide. This may involve contacting your health insurance company to obtain prior authorization or verify coverage. We might also share information with collection agencies for overdue payments or with regulatory agencies to confirm the medical necessity and appropriateness of the billed services.
 3. **Healthcare Operations:** Your PHI may be used for healthcare operations, including quality assessment, training, and administrative purposes. These activities are essential for maintaining the quality of care we provide.
 4. **Appointment Reminders, Check-Ins, and Results:** We may use your PHI to remind you of upcoming appointments through mail, phone, email, or text. We may also use a sign-in sheet and call your name in the waiting room. Additionally, we might contact you regarding test results while limiting the information shared to what is necessary.
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5. **Treatment Alternatives and Health-Related Benefits:** We may use and disclose your PHI to inform you about treatment options, health-related benefits, and services that might be of interest to you.
6. **As Required by Law:** We will disclose your PHI when mandated by federal, state, or local laws.
7. **Public Health and Safety:** Your PHI may be disclosed to public health authorities for the prevention or control of disease, injury, or disability, and to report vital events such as births and deaths.
8. **Law Enforcement and Legal Proceedings:** We may disclose your PHI as required by law enforcement or legal proceedings.
9. **Business Associates:** We may disclose your PHI to third-party service providers (Business Associates) who perform services on our behalf, such as billing or laboratory services. These associates are legally obligated to protect your information.
10. **Minors:** If you are a minor, we may disclose your PHI to your parent or guardian unless otherwise restricted by law.
11. **Serious Threats to Health or Safety:** We may use and disclose your PHI to prevent or address serious threats to health or safety. In such cases, we will only share information with individuals or organizations capable of helping to mitigate the threat.
12. **Military, National Security, and Specialized Government Functions:** If you are in the military or involved in national security, we may disclose your PHI to authorized officials. We may also share information with federal officials for protecting high-profile individuals or conducting certain investigations.
13. **Workers' Compensation:** We will disclose the necessary PHI for workers' compensation purposes in compliance with applicable laws. This information may be reported to your employer or their representative for occupational injuries or illnesses.
14. **Deceased Patients:** We may disclose your PHI to medical examiners or coroners for identifying deceased individuals or determining the cause of death. We may also provide PHI to funeral directors as required.
15. **Other Uses and Disclosures:** Any uses or disclosures of your PHI not covered by this notice will only be made with your written authorization. You can revoke this authorization at any time, except where we have already acted upon it.

Your Rights Regarding Your Health Information

1. **Right to Inspect and Copy:** You have the right to inspect and obtain copies of your PHI, including medical and billing records. To request access, submit a written request to our office. We may charge a reasonable fee for copying and mailing records.
2. **Right to Request Amendments:** If you believe your PHI is incorrect or incomplete, you may request an amendment in writing, explaining why it is necessary. We may deny your request if the information is accurate or was not created by us.
3. **Right to an Accounting of Disclosures:** You can request a list of certain disclosures of your PHI made in the past six years, excluding those related to treatment, payment, healthcare operations, or those made with your authorization.

4. **Right to Request Restrictions:** You may request restrictions on the use or disclosure of your PHI for treatment, payment, or healthcare operations. While we are not obligated to agree, if we do, we will comply unless the information is needed for emergency treatment.
5. **Right to Request Confidential Communications:** You may request that we communicate with you in a specific manner or location, such as by mail or phone. We will accommodate reasonable requests.
6. **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, even if you have agreed to receive it electronically.

Additional Information

1. **Patient Portal and Electronic Correspondence:** We may use secure patient portals to allow you to view, download, and transmit medical and billing information and communicate with healthcare providers.
2. **Your Contact Information:** If you provide us with contact information, we assume it is accurate and consent to using it for communication regarding your treatment, payment, and healthcare operations. Notify us of any changes to your information. We may use third parties to update this information as needed.
3. **Email or Downloading PHI:** Sending PHI via private email or downloading it to unsecured media may not be secure. We recommend using the patient portal for communication. If you request that we email PHI to a private email address, we will do so in an encrypted manner unless otherwise requested. We are not responsible for the security of PHI if sent in an unsecured manner or misused by authorized recipients.
4. **Sensitive Health Information:** Certain types of health information, such as psychotherapy notes or substance use disorder information, are protected by federal and state laws and may be disclosed only under specific conditions.
5. **Incidental Disclosures:** Despite our efforts to protect your privacy, incidental disclosures may occur, such as overhearing conversations or seeing you in treatment. These incidental disclosures are not considered violations of HIPAA.

Using Technology to Improve Healthcare

Health Information Exchange (HIE) allows secure electronic sharing of your health information among providers. This can enhance care by providing comprehensive health data, improving emergency treatment, and reducing risks associated with paper records.

Your Choices Regarding HIE

- **Agree:** If you consent to share your information through HIE and have a current Authorization and Consent to Treat form on file, no further action is needed.

- Opt-Out: If you prefer not to participate in HIE, follow the instructions on the HIE Opt-Out Form. Providers may still request information through other legal methods.
- Change Your Mind: You can change your decision about HIE participation at any time by following the instructions on the opt-out or reinstatement forms.

For questions about HIE, please email maryen.tamariz@youroh.com.

Changes to This Notice

We reserve the right to amend this Notice of Privacy Practices. Any changes will apply to all PHI we hold, including information received in the future. The current Notice will be posted in our office and on our website. You may request a copy of the current Notice at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights at the U.S. Department of Health and Human Services. Contact us using the information below. We will not retaliate against you for filing a complaint.

Contact Information

For questions about this Notice of Privacy Practices, please contact:

Privacy Officer
Optimum Health LLC
6354 Walker Lane, Suite 350
Alexandria, VA 22310
Phone: 703-722-6700
Email: maryen.tamariz@youroh.com

Optimum Health Notice of Privacy Practices Effective August 2024

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