



NOVELLO INFUSION

Healthcare Reimagined.

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 CAREFULLY

WHO PRESENTS THIS NOTICE

This notice describes the privacy practices of Novello Infusion and members of its workforce. This Notice applies to services furnished to you at Novello Infusion, which involves the use of disclosure of your health information.

PRIVACY OBLIGATION

NOVELLO INFUSION is required by law to maintain the privacy of your health information (“protected health information” or “PHI”) and to provide you with this Notice of legal duties and privacy practices with respect to your PHI. NOVELLO INFUSION uses computer systems that may electronically disclose your PHI for purposes of treatment, payment, and/or health care operations as described below. When NOVELLO INFUSION uses or discloses your PHI, NOVELLO INFUSION is required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

NOTIFICATION

NOVELLO INFUSION is required by law to protect the privacy of your health information, distribute this Notice of Privacy Practices to you, and follow the terms of this Notice. NOVELLO INFUSION is also required to notify you if there is a breach of your PHI.

PREMISSIBLE USES AND DISCLOSURES WITHOUT WRITTEN AUTHORIZATION

In certain situations, your written authorization must be obtained in order to use and/or disclose your PHI. However, authorization is not required for the following uses and disclosures.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

We will use your health information for treatment:

For Example: We may disclose your protected health information to other physicians who may be treating your or consulting with us regarding your care. We may disclose your protected health information to those who may be involved in your care after you leave here, such as family members or your personal representative.

We will use your health information for payment:

For Example: We may communicate with your health insurance company to get approval for the services we render, to verify your health insurance coverage, to verify that particular services are covered under your insurance plan or demonstrate medical necessity. We may disclose your protected health information to anesthesia care providers involved in your care so they can obtain payment for their services.

We will use your health information for regular healthcare operations:

For Example: We may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may disclose PHI to doctors, nurses, tech, medical students, and other personnel for review and learning purposes. We may also use or disclose your PHI in the course of maintenance and management of our electronic health information systems.

We will use and disclose your health information as otherwise permitted or required by law. Examples of those uses and disclosures follow.

- **Business Associates:** There are some services provided in our organization through agreements with business associates. Examples include transcription services and storage services. To protect your health information, we require business associates to appropriately safeguard your information.
- **Relatives, Close Friends and Other Caregivers:** Your PHI may be disclosed to family members, other relative, a close friend or any other person identified by you who is involved in your health care or helps pay for your care. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practically be provided because of your incapacity or an emergency circumstance, NOVELLO INFUSION may exercise professional judgement to determine whether a disclosure is in your best interest. If information is disclosed to a family member, other relative or close personal friend, NOVELLO INFUSION would only disclose information believed to be directly relevant to the person’s involvement with your health care or payment related to your healthcare. Your PHI may also be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.
- **Public Health Activities:** Your PHI may be disclosed for the following public health activities: (1) to report health information to public authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under jurisdiction of the U.S Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illness and injuries or workplace medical surveillance.
- **Victims of Abuse, Neglect, or Domestic Violence:** Your PHI may be disclosed to governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is reasonable belief that you are a victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities:** Your PHI may be disclosed to a health oversight agency that oversees NOVELLO INFUSION and is charged with responsibility for ensuring compliance with rules of government health programs such as Medicare or Medicaid. We

- **Judicial and Ad** response to a legal order or other lawful process.
- **Law Enforcement Official:** Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with court order or grand jury or administrative witness, or missing person or to report a crime or criminal conduct at the facility.
- **Correctional institutions:** Your PHI may be disclosed to a correctional institution if you are inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain request to us.
- **Organ and Tissue Procurement:** Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation to facilitate such donations or transplantations.
- **Research:** Your PHI may be used or disclosed without your written consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.
- **Health or Safety:** Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- **U.S. Military:** Your PHI may be used or disclosed to U.S Military Commanders for assuring proper execution of the military mission. Military command authorities receiving protected health information are not covered entities subject to the HIPPA Privacy Rules.
- **Other Specialized Government Functions:** Your PHI may be used or disclosed to units of government with special functions, such as the U.S Department of State under certain circumstances or to the Secret Services or NSA to protect the country or President.
- **Workers' Compensation:** Your PHI may be disclosed as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- **Appointment Reminders:** Your PHI may be used to tell or remind you about appointments.
- **As Required by Law:** Your PHI may be used and disclosed when required to do so by any other law not already referred to in the proceeding categories.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Uses or Disclosures with Your Authorization. For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide written authorization on an authorization form. For instance, you will need to execute an authorization form before your PHI can be sent your life insurance company or to the attorney representing the other party in litigation in which you are involved. Except to the extent that NOVELLO INFUSION has taken actions in reliance upon it, you may revoke any written authorization obtained in connection with your PHI by delivering a written revocation statement to NOVELLO INFUSION.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of NOVELLO INFUSION, PLLC, the information belongs to you. You have the right to:

- Request restrictions on certain uses and disclosures of your PHI for treatment, payment, health care operations as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction, unless the request related to a restriction or disclosures to your health insurer regarding health care items or services for which you have paid out-of-pocket and in-full.
- Obtain a paper copy of this Notice of Privacy Practice.
- Inspect and/or receive a copy of your health record, as provided by law.
- Request that we amend your health record, provided by law. We will notify you if we are unable to grant your request.
- Obtain an accounting of disclosures of your health information, as provided by law.
- Request communication of your health information by alternative means or locations. We will accommodate reasonable request.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Privacy Officer at the contact listed below.

EFFECTIVE DATE OF THIS NOTICE IS EFFECTIVE ON 1/1/2021

Right to Change Terms of this Notice: The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that NOVELLO INFUSION maintains, including any information created or received prior to issuing the new notice. If this Notice is changed, the new Notice will be posted in waiting areas of NOVELLO INFUSION and on our website. You may also obtain any new notice by contacting the Privacy Officer.

For Additional Information or to File a Complaint: If you have a question regarding this Notice or have concern that your privacy rights may have been violated, you may contact us using the information below. You may file a complaint with the U.S Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting <https://www.hhs.gov/hippa/filing-a-complaint>. We will not retaliate against you filing a complaint.

NOVELLO INFUSION CONTACT INFORMATION:

Privacy Officer
Novello Infusion
4290 Copper Ridge Dr, Suite 130
Traverse City, MI 49684