



AUTHOR HEALTH

## HIPAA 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 AND US KNOW IF YOU HAVE ANY QUESTIONS.**

### **I. Our Responsibilities**

Edge Health, P.C. (“Author Provider Group”, “we, and “our”) provides you technology-enabled behavioral health services via telehealth and in-person services provided in-home or at some other facility or community location through our engaged clinicians and support staff (the “Care Team”), with non-clinical support from our technology partner, Author Health, LLC (“Author”, and together with us, “Author Health”) (collectively, the “Services”). By providing the Services, we have access to “Protected Health Information” or “PHI” (defined below) and act a covered entity, as defined by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as amended from time to time (collectively, “HIPAA”).

We are required by HIPAA to maintain the privacy and security of your PHI and to provide you with notice of our legal duties, privacy practices and your patient rights. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your PHI to carry out treatment, payment or health care operations, and for other specified purposes that are permitted or required by law. The Notice applies to your PHI that we use and disclose in our role as a covered entity.

We will not use or disclose your PHI other than as described in this Notice unless you expressly authorize us to do so.

### **II. Definition of Protected Health Information**

PHI is information about you, including your demographic information, that relates to your physical or mental health condition or health care provided to you. PHI can include your medical history, laboratory results, insurance information and other health information that is collected, generated, used, and communicated to or by Author in course of providing you the Services. Examples of PHI include your name, date of birth, medical record number, social security number and insurance beneficiary number. PHI includes health information you or your other healthcare providers provide to us.

### **III. Uses and Disclosures of Your Protected Health Information**

Your protected health information may be used and disclosed by our health care providers, our staff, and others outside of our office that are involved in your care and treatment for the purpose of providing

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health care services to you, to support our business operations, to obtain payment for your care, and any other use authorized or required by law.

We may use or disclose your PHI for the following purposes:

- **Treatment.** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to any other healthcare provider with whom you have an existing treatment relationship to ensure the necessary information is accessible to diagnose or treat you.
- **Payment.** Your protected health information may be used to bill or obtain payment for your health care services. For example, we may use or disclose your PHI to your health insurance plan to obtain payment and in connection with processing payments for services provided to you.
- **Healthcare Operations.** We may use or disclose, as needed, your protected health information in order to support the business activities of this office. These activities include, but are not limited to, improving quality of care, providing information about treatment alternatives or other health-related benefits and services, development or maintaining and supporting computer systems, legal services, and conducting audits and compliance programs, including fraud, waste and abuse investigations.

We may also de-identify and anonymize your information such that it is no longer considered protected health information or personally identifiable information and as such, will not contain any reference to you. In that instance, we may modify or create derivative works which contain this de-identified and anonymized information and may use that information as may be necessary to enhance the services we are providing. In addition, we may use this de-identified information for non-commercial purposes including but not limited to analytics, research, preparation of case studies and other educational and research related publication and usage. Under no circumstances will we sell or commercially market your information. We may also use and disclose "partially de-identified" health information about you for research, public health or health care operations purposes if the person or entity who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

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*Individuals Involved in Your Care or Payment for Your Care.* We may release PHI about you to a family member, other relative, or close personal friend who is directly involved in your medical care if the PHI released is relevant to such person's involvement with your care. However, we will not share your treatment information to a family member, other relative, or close personal friend without your consent except in cases of an emergency. We also may release information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and general condition.

*Personal Representatives.* We may disclose your PHI to your authorized personal representative, such as your lawyer, administrator, executor, health care proxy or another authorized person responsible for you or your estate.

*Business Associates.* We may disclose your PHI to other companies or individuals, known as "Business Associates," who provide services to us. For example, we may share your PHI with other companies that provide billing services to assist with your care. Our Business Associates are required to protect the privacy and security of your PHI and notify us of any improper disclosure of PHI.

#### **IV. Uses and Disclosures That Do Not Require Your Consent**

We may use or disclose your protected health information in the following situations without your written consent. These situations include the following uses and disclosures: as required by law or regulation; for public health purposes; for health care oversight purposes; for abuse or neglect reporting; pursuant to Food and Drug Administration requirements; in connection with legal proceedings; for law enforcement purposes; to coroners, funeral directors and organ donation agencies; for certain research purposes; for certain criminal activities; for reporting threats to health and safety; for certain military activity and national security purposes; for workers' compensation reporting; relating to certain inmate reporting; and other required uses and disclosures. Under the law, we must make certain disclosures to you upon your request, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA. State laws may further restrict these disclosures.

Uses and disclosures that occur incidentally with a use or disclosure described in this Notice are acceptable provided there are reasonable safeguards in place to limit such incidental uses and disclosures.

#### **V. Uses and Disclosures That Require Your Consent:**

Uses and disclosures of PHI for purposes other than those described above (or as otherwise permitted or required by law) will not be made without a written authorization signed by you or your personal representative. Once you sign an authorization, you may revoke it at any time by contacting us, unless we have already relied upon it to use or disclose PHI. A revocation of authorization must be submitted to 754 202 2655 at the address provided at the end of this Notice.

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We never share your information in the following cases, unless you give us written permission: marketing purposes; most use and disclosure of psychotherapy notes; and sale of your information.

## VI. Your Rights

You have the following rights with respect to your PHI. To exercise any of these rights, please contact us using the contact information provided at the end of this Notice.

- **Access to PHI.** You, or your authorized representative, have the right to access and copy your PHI maintained by us. You may get your PHI by requesting a copy of your information, in which case we may charge you a reasonable fee for the costs of copying, mailing or other supplies that are necessary to fulfill your request. If we maintain an electronic health record containing your information, you have the right to request that we send a copy of your PHI in electronic format to you or a third party that you identify. We may deny access to certain information for specific reasons, for example, if the access requested is reasonably likely to endanger the life or safety of you or another person. If your request for information is denied, you may request that the denial be reviewed by filing a request at 754 202 2655.
- **Restrictions on Uses and Disclosures.** You have the right to request restrictions on our uses and disclosures of your PHI. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction except for restrictions on uses or disclosures for the purpose of carrying out payment or health care operations, where you have made payment to us "out-of-pocket" and in full. If we do agree to a requested restriction, we will not disclose your PHI in accordance with the agreed-upon restriction.
- **Alternative Confidential Communications.** You may request that we communicate with you about your PHI in a specific means or to an alternative postal mail or email address. Your request must be in writing and must specify the alternative means or location. We will accommodate reasonable requests for confidential communications. We reserve the right to verify your identity to confirm the alternative contact and address information.
- **Correct or Update Your Information.** If you believe the PHI we maintain about you contains an error, you may request that we correct or update your information. Your request must be in writing and must explain why the information should be corrected or updated. We may deny your request under certain circumstances and provide a written explanation.
- **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your PHI that we have made, paper or electronic, except for certain disclosures which were pursuant to an authorization, for purposes of treatment, payment, healthcare operations (unless the information is maintained in an electronic health record), or for certain other purposes. The request must be in writing, and the accounting will include disclosures made within the prior six (6) years. The first accounting you request within a twelve (12) month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will

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notify you of the cost involved, and you may choose to withdraw or modify your request at that time.

- **Copy of Notice.** You have the right to obtain a paper or electronic copy of this Notice upon request.
- **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure that person has this authority and can act for you before we take any action.
- **File a Complaint.** If you believe your privacy rights have been violated or if you disagree with a decision we make about your rights, such as accessing or amending your records, you may file a complaint with us at 754 202 2655 or the Contact information below. If you are not satisfied with the manner in which a complaint is handled by us, you may submit a formal complaint to the Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### VII. Breach Notification

We will notify you if a reportable breach of your unsecured protected health information is discovered. Notification will be made to you no later than 60 days from the breach discovery and will include a brief description of how the breach occurred, the protected health information involved and contact information for you to ask questions.

### VIII. Changes to Our Notice of Privacy Practices

We reserve the right to amend our privacy practices and the terms of this Notice from time to time, provided such changes are permitted by applicable law. When changes are made, we will promptly post the updated Notice on the Author website at \_\_\_\_\_, 2023 or otherwise provided an updated copy directly to you.

### IX. Questions

If you have any questions or comments about our privacy practices or this Notice, or if you would like a more detailed explanation about your privacy rights, please contact us using the contact information provided at the end of this Notice.

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#### X. Contact Information

When communicating with us regarding this Notice, our privacy practices or your privacy rights, please contact us using the following contact information:

- Call us at: **754 202 2655**
- Mail completed request form to:

**Attn: Author Health  
47 HIGH STREET, #7  
MEDFORD, MA 02155-3808**

This Notice is effective as of \_\_\_\_\_, 2023

By signing below, you indicate that you have read and understood this Notice of Privacy Practices, and that you agree to abide by its terms. Further, you certify that if you are signing as a personal representative of the patient, you have legal authority to provide consent for the treatment of the patient\*

PATIENT NAME: \_\_\_\_\_

NAME OF PERSONAL REPRESENTATIVE (IF ANY): \_\_\_\_\_

RELATIONSHIP TO MEMBER (IF ANY): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PATIENT:  PERSONAL REPRESENTATIVE:

DATE: \_\_\_\_\_

\*If you are signing this Notice of Privacy Practices on behalf of a patient who is a family member or otherwise under your legal guardianship, you agree to provide, if we make a request, a copy of the most recent power of attorney that demonstrates that you have the right to authorize care and treatment for the patient. If there are any changes in your legal status with respect to the patient, you understand that it is your responsibility to promptly notify us of any such changes.

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\*If you wish to report a complaint or grievance, you may contact us at:

**Attn: Author Health**  
**47 High Street, #7**  
**Medford, MA 02155-3808**  
**754-202-2655**  
[Compliance@authorhealth.com](mailto:Compliance@authorhealth.com)

You may also contact:

**The Florida Department of Health: 850-245-4444**  
**The United States Department of Health and Human Services, Office for Civil Rights**  
**(OCR): OCRComplaint@hhs.gov; 800-537-7697**

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**E.** [INFO@AUTHORHEALTH.COM](mailto:INFO@AUTHORHEALTH.COM)    **P.** 754-202-2655

[authorhealth.com](http://authorhealth.com)