

REVISED: March 14, 2024

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PTCOA is required by law to maintain the privacy of your health information and provide you a description of our privacy practices as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See 45 CFR 164.520. This notice describes how PTCOA may use and disclose your Protected Health Information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" is information that identifies you individually, including demographic information that relates your past, present, or future physical or mental health condition and related health care services.

If you are a parent or legal guardian receiving this Notice, please understand that when we say "you" or "your" in this Notice, we are referring to your or your child's medical information. References to disclosures of information to "you" or "your" mean disclosures to the patient, a patient's parent, guardian or other persons legally authorized to receive information about the patient.

This notice applies to any health care facility that PTCOA operates. This notice applies to all PTCOA Team Members, volunteers, students, and others whose conduct, in the performance of work for PTCOA, are under the direct control of PTCOA, whether or not they are paid by PTCOA.

This notice also applies to other health care providers that offer clinically integrated health care services at PTCOA facilities, such as contracted physicians, residents, physician assistants, emergency service providers, and others. However, this notice only applies to the privacy practices of these health care providers when they are providing care at a PTCOA facility. It does not apply to the privacy practices of these providers in their own offices or other health care settings. PTCOA will share your information with these other providers as described in this notice.

YOUR RIGHTS:

You have certain rights when it comes to your health information. This section explains your rights and some of our responsibilities to help you. Several of these rights are fulfilled by our Medical Records department.

Right to Request Restrictions on What We Use or Share

You can ask us not to use or share certain health information for your treatment, our payment, or our operations. We are not required to agree to your request and we may say "no" if it would affect your care, but if we don't agree, we will tell you why in writing. Even if we agree to your request, we may not follow it in an emergency. We may also change our decision in the future, but if we do, we will tell you in writing. The change will only apply to your health information we create or receive after we notify you of the change.

If you pay for a service or health care item out-of-pocket and in full, you can ask us not to share that information with your health insurer if it is for a payment or operations purpose. The request must be in writing and we will approve your request unless we are required by law to share that information.

Right to Request Confidential Communications

You can ask us to contact you in a specific way (for example, ask us to contact you at work instead of your home) or to send mail to a different address. We will accommodate all reasonable requests.

Right to Inspect and Copy Your Medical Record

You can ask to see or request an electronic or paper copy of your medical record and other health information we have about you. We may require you to do this in writing. We will provide you with a copy of your health information or a summary if you prefer, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee.

We may deny your request for some of your health information. If we deny your request, we will inform you in writing why we denied it, how you may have the denial reviewed in certain instances, and how you may file a complaint regarding our decision.

Right to Request Amendment to Your Medical Record

You can ask us to amend health information about you that you think is incorrect or incomplete. We may deny your request, but if we do, we will tell you why in writing within sixty (60) days.

Right to Get a List of Whom We Have Shared Information

You can ask for a list (called an accounting or Accounting of Disclosures) of the times we have shared your health information for up to six (6) years from the date you ask, whom we shared it with, when, and why. We will include all the disclosures made, except for those that you have specifically requested that we restrict regarding treatment, payment, health care operations, and certain other sensitive information.

We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

Right to Receive a Copy of This Privacy Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You may print or view a copy of this privacy notice by accessing it on the PTCOA website at www.PTCOA.com.

You May Choose Someone to Act For You

You may choose someone that you trust to act on your behalf using a medical power of attorney or other document, such as a trust instrument. If someone has been appointed to be your legal guardian, or you have given someone a medical power of attorney (agent in fact), this person can exercise your rights and make choices about your health information. We may disclose your health information to your legal guardian or agent. We will not release any information until we verify that your designee has the legal authority to act on your behalf.

Right to File a Complaint

If you believe that PTCOA has failed to protect your privacy or discriminated against you, please contact privacy@PTCOA.com to report your concerns. All such reports are investigated promptly.

PTCOA Privacy Officer
108 N. Shackleford
Little Rock, AR 72211
Phone: 844-215-0731
Email: privacy@PTCOA.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at www.hhs.gov/ocr/privacy/hipaa/complaints/, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

We will not retaliate against you for filing a complaint.

YOUR CHOICES:

In certain situations, you can tell us your preferences about what information we share. If you have a clear preference for how we share your information in the situations described below, please let us know. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- If you are not able to tell us your preference (for example, if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again. We respect your privacy.

Authorization Required

In the following cases, we won't share your information unless you give us written permission:

- Marketing purposes, except if we talk with you in person or give you a promotional gift of little value from a company we work with, like a pen or notebook.
- Sell your information.
- Share your psychotherapy notes.
- Special Protections for HIV, alcohol and substance abuse, mental health, and genetic information.

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of protected health information. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine that you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

OUR USE AND DISCLOSURE:

We are permitted to use or share your health information in the following ways (We typically use or share your health information in the following ways):

To Treat You

To coordinate and manage your health care and related services, we can use your health information and share it with other healthcare professionals who are treating you. For example, information about your visit maybe provided to your primary care physician, with payers for quality management purposes related to your treatment, or with other providers or organizations to allow you to receive telemedicine services with our clinical staff.

For Healthcare Operations

We can use and share your health information to improve your care, contact you when necessary, and coordinate your care among PTCOA's care teams.

To Obtain Payment for Health Care Services

We can use and share your health information to bill and receive payment from your health plan(s), insurance provider, or other entities. For example, we may provide information about your treatment to your health insurance plan so that it will pay for your services at PTCOA. We may also call your insurance plan for pre-authorizations for your treatment, or to advocate for your treatment.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN OTHER CIRCUMSTANCES:

We are allowed, and in some cases, required, to share your information in other ways that contribute to the public good, such as public health and research. We have to meet certain conditions required by law before we can share your information for these purposes. For example, if you received COVID-19 testing at PTCOA, we are required to share positive results with the Arkansas Department of Health. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with Public Health and Safety Issues

We can share health information about you for certain public health and safety situations such as:

- Preventing disease, such as COVID-19
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to your health or safety ▪ Research

We may use or disclose your health information for research studies, but only when the researchers comply with all federal and state requirements to protect your privacy. You may also be contacted to participate in a research study or clinical trial.

Compliance with Regulatory Guidance

We will share information about you if state or federal laws require it. For example, if the federal Department of Health and Human Services wants to see that PTCOA is complying with HIPAA or HITECH (federal privacy laws), PTCOA is permitted to share your information.

Respond to Organ and Tissue Donation Requests

We can share health information about you with organ procurement, banking, or transplantation organizations to facilitate organ, eye, or tissue donation and transplantation.

Coroners, Medical Examiners, and Funeral Directors

We may share health information with a funeral director as necessary to carry out their duties including arrangements after death, or with coroners or medical examiners to identify cause of death, or as otherwise authorized by law.

Workers' Compensation, Health Oversight, and Government Authorities

We can use or share health information about you:

- With health oversight agencies for activities authorized by law;
- For special government functions such as military, national security, and presidential protective services; ▪
For workers' compensation claims; and
- To a law enforcement official for purposes such as to respond to a search warrant, identify a suspect, fugitive or missing person, report a death believed to be a result of criminal conduct, or report a crime committed on our property. We may also disclose health information to correctional institutions or law enforcement officials under certain circumstances if you are in custody.
- Lawsuits and Legal Actions

We may disclose your information in response to a valid court or administrative order. We may also disclose your information in response to certain types of subpoenas, discovery requests, or other lawful processes.

Business Associates

Some of the services provided to you are performed on our behalf by outside vendors called Business Associates. We will disclose your health information to our Business Associates to allow them to perform these services for us, provided that they comply with PTCOA policies and procedures and applicable laws. For example, we may contract with a software provider to provide you copies of your MRI images in a format that can be provided to your primary care physician or other specialists. Business Associates are required by federal law to safeguard your private health information.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services

We may use and disclose your information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment alternatives or health-related benefits and services that may be of interest to you.

Minors

We may disclose health information for a minor child to their parents or legal guardian unless such disclosure is otherwise prohibited by law.

Personal Representatives

If you have a personal representative, such as a legal guardian or power of attorney (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your health information.

OUR RESPONSIBILITIES:

We are required by law to maintain the privacy and security of your protected health information. We reserve the

right to revise this notice, and we will provide you a copy of the revised notice. We must follow the duties and privacy practices described in this notice and provide you with a copy. We will not use or share your information other than as described here, unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time about what information we can disclose by notifying us in writing. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your health information. See www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp for more information on your rights and our responsibilities.

Revisions to This Notice

We reserve the right to change the terms of this Notice at any time. If we do, the changes will apply to all information we have about you. The new Notice will be posted at our facilities and on our website, and available upon request.

Treating You Fairly

PTCOA complies with applicable federal and state civil rights laws and does not discriminate based on race, color, national origin, language, culture, ethnicity, age, religion, sex, mental or physical disability, sexual orientation, gender expression, gender identity, veteran status, socioeconomic status, or any other characteristic prohibited by federal, state, or local law.

PTCOA provides interpretation services to permit people with disabilities to communicate more effectively with their PTCOA treatment team, such as qualified sign language interpreters and qualified foreign language interpreters for patients who do not speak English. If you need any of these services, please let your PTCOA care team know.