



Corporate Office:
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Telehealth Clinical Evals Notice of Privacy Practices

As Required by Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

1. How we may use and disclose your identifiable health information
2. Your privacy rights in your identifiable health information.
3. Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our company has created or maintained in the past, and for any of your records we may create in the future. Our organization will post a copy of our current notice in our office in a prominent location, and you may request a copy of our most current notice during any office visit.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Our privacy officer at the address and number listed at the top of this document.

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

1. Necessary Documentation for Supply of Equipment. Our company may use your identifiable health information in order to supply you with the correct equipment. For example, we may use documentation from your medical records to assess what type of equipment may be needed. People that work for our company may use or disclose your identifiable health information to others who may assist in your care, such as, but not limited to, your physician, therapists, spouse, children, or parents, or manufacturer of product requested.
2. Payment. Our company may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, any equipment provided by us. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and products.
3. Disclosure to Other Companies. We do not disclose any personal information to anyone except as is necessary in order to provide products or services to you or as we are otherwise required or permitted by law. We may disclose any of the information that we collect to companies that perform services on our behalf or to other companies with whom we have joint agreements.
4. Appointment Reminders. Our company may use and disclose your identifiable health information to contact you and remind you of service appointments or deliveries.
5. Health-Related Benefits & Services. Our company may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
6. Release of Information to Family. Our company may release your identifiable health information to a family member that is helping you pay for your health care/medical equipment, or who assists in taking care of you.
7. Disclosures Required by Law. Our company will use and disclose your identifiable health information when we are required to do so by federal, state, and local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN CIRCUMSTANCES

1. Public Health Risks. Our company may disclose your identifiable health information to public authorities that are authorized by law to collect information for the purpose of maintaining vital records, reporting abuse or neglect, preventing or controlling of disease, injury or disability, notification of problems with products or devices, or notification of product recalls.
2. Health Oversight Activities. Our company may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. Lawsuits and Similar Proceedings. Our company may use and disclose your identifiable health information in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. Law Enforcement. We may release identifiable health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations if we are unable to obtain the person's agreement.
- Concerning a death, we believe might have resulted from criminal conduct
- Regarding criminal conduct at our office in response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive, or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. **Serious Threats to Health or Safety.** Our company may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. **Military.** Our company may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

7. **National Security.** Our company may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

8. **Inmates.** Our company may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

9. **Worker's Compensation.** Our company may release your identifiable health information for worker's compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

1. **Confidential Communications.** You have the right to request that our company communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our privacy officer @ Telehealth Clinical Evals specifying the requested method of contact, or the location where you wish to be contacted. Our company will accommodate reasonable requests.

2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members. We are not required to agree with your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to our privacy officer. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our company's use, disclosure or both; and (c) to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request for your identifiable health information in writing to our privacy officer. You may also call our company at the number listed above with any questions. Our company may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our company may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

4. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our company has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to our privacy officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our company may charge you for additional lists within the same 12-month period. Our company will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

5. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our privacy officer at the number listed above.

6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our company or with the Secretary of Health and Human Services. To file a complaint with our company, contact our privacy officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. **Right to Provide an Authorization for Other Uses and Disclosures.** Our company will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note we are required to retain records of your care.

Patient Bill of Rights

I understand I have a choice of who provides my healthcare and have chosen Telehealth Clinical Evals to perform my evaluation.

As a patient of Telehealth Clinical Evals, you have the right to be fully informed verbally and/or in writing, before care is initiated, of the following:

- 1) The right to be fully informed in advance about the care, treatments, and/or services to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the plan of care.
- 2) The right to be able to identify visiting staff members through proper identification.
- 3) The right to be cared for and choose an organization that adheres to ethical care and business practices.
- 4) The right to be informed & involved in the of care, treatment, and/or service limitations.
- 5) The right to have their values and preferences, including decisions to refuse care, discontinue care, treatments, and services respected.
- 6) The right to confidentiality of the information collected about them and to control access to this information.
- 7) The right to privacy and security and to have their property respected
- 8) The right to have care, treatment, and services provided in a manner that safeguards each patient's dignity and cultural, psychosocial, and spiritual values.
- 9) The right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- 10) The right to have a complaint heard, reviewed, and, if possible, resolved.
- 11) The right to be involved in resolving conflicts, dilemmas or ethical issues about care or service decisions.
- 12) The right to formulate advance directives.
- 13) The right to be involved in decisions to withhold resuscitation and decisions to forgo or withdraw life-sustaining care.
- 14) The right to be involved in decisions when the organization's review results in a denial of care, treatment, services, or payment.
- 15) The right to choose whether to participate in research, investigational or experimental studies, or clinical trials.
- 16) The right to be communicated with, both directly and indirectly through other providers, in an ethical and efficient ~~manner~~
- 17) The right to help patients, family members, and other care providers understand and exercise their rights.
- 18) The right to have consequences of any requested modifications and actions that are not recommended explained and to have alternative care, treatments, and services explained.
- 19) The right to be provided with information about the charges for which the patient is responsible
- 20) The right to access, request amendments to, and receive an accounting of disclosures regarding their own health information as permitted under applicable law.
- 21) The right to be informed of any existing or potential conflict of interest, which includes financial benefits when referring to other organizations that can affect provision of care.
- 22) The right to voice a complaint with and/or suggest changes in health care services and/or staff without being threatened, restrained, or discriminated against