

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.

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

Revive Clinic and Spa is dedicated to protecting your health information. A federal regulation, known as the “HIPAA Privacy Rule,” requires that we provide detailed notice in writing of our privacy practices. Your Protected Health Information (PHI) is information that identifies you and that relates to your health care. We are required by law to maintain the privacy of your PHI and to give you this Notice about our legal duties and privacy practices that explains your rights as our patient and how, when, and why we may use or disclose your PHI.

Revive Clinic and Spa must inform you of any breach of your PHI that compromises your PHI and that is held or transmitted in an unsecured manner, within 60 days after Revive Clinic and Spa discovered, or by exercising reasonable diligence, should have discovered the breach.

We are required by law to follow the privacy practices described in this Notice, but we reserve the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to all PHI in our possession. If we change our privacy practices and the terms of this Notice, we will post a copy in our office in a prominent location, have copies of the revised Notice available at our offices, and provide you with a copy of the revised Notice upon your request. The new Notice also will be posted on our website, www.reviveclinicandspa.com.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices regarding the use of your medical information by Revive Clinic and Spa and by:

- Any health care professional authorized to enter information into your clinic chart at Revive Clinic and Spa, including without limitation, the members of Revive Clinic and Spa providers.
- Any pharmaceutical representative that observes or is at a training during your treatment.
- All employees, staff and other personnel who may need access to your information.
- Revive Clinic and Spa may share medical information with hired billing companies, in order to gather information for insurance purposes.

HOW WE MAY USE AND DISCLOSE YOUR PHI

1. **Treatment, payment and health care operations.** As described below, we will use or disclose your protected health information for treatment, payment, or health care

operations. The examples below do not list every possible use or disclosure in a category.

- a. Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, x-ray or other health care services. We may also use and disclose PHI about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose PHI to your new health care provider regarding whether you are allergic to any medications. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to an outside provider so that the other provider may treat you.
 - b. Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may send your insurance company a bill for services or release certain medical information to your health insurance company so that it can determine whether your treatment is covered under the terms of your health insurance policy. We also may use and disclose PHI for billing, claims management, and collection activities. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI relating to their enrollees to determine the insurance benefits to be paid for their enrollees' care.
 - c. Health Care Operations: We may use and disclose PHI in performing certain business activities which are called health care operations. Some examples of these operations include our business, accounting and management activities. These health care operations also may include quality assurance, utilization review, and internal auditing, such as reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients and providing training programs to help students develop or improve their skills. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example such health care operations may include assisting with legal compliance activities of that health care provider or company.
2. **Communications to you from our clinic**: we may use or disclose medical information in order to contact you as a reminder that you have an appointment for treatment or medical care, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to inform you about health-related benefits or services that may be of interest to you.
 3. **Communication to Others if You Agree or Do Not Object**: We may also use or disclose your PHI in the following circumstances. However, except in emergency situations, we

will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- a. Notifications to Family/Friends: We may disclose PHI to your relative, close friend or any other person identified by you if the PHI is directly related to that person's involvement in your care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.
4. **Other Uses and Disclosures Authorized By the HIPAA Privacy Rule.** We may use and disclose PHI about in you in the following circumstance, without your authorization or an opportunity to object, provided that we comply with certain legal conditions set forth in the HIPAA Privacy Rule.
- a. Required by Law: We may use or disclose PHI as required by federal, state, or local law if the disclosure complies with the law and is limited to the requirements of the law.
 - b. Public Health Activities: We may disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including to:
 - i. Prevent or control disease, injury, or disability or report disease, injury, birth, or death.
 - ii. Report child abuse or neglect.
 - iii. Report information regarding the quality, safety, or effectiveness of products or activities regulated by the federal Food and Drug Administration.
 - iv. Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease, or report to employers, under limited circumstances, information related primarily to workplace injuries or illness or workplace medical surveillance.
 - v. We may make your PHI available electronically through an electronic health information exchange/Iowa Health Information Network (HEI/IHIN). An HIE/IHIN is a system that facilitates the exchange of electronic health records or other clinical or public health information between its participants. As a participant in an HIE/IHIN, we may provide your health information to other health care providers and health purposes. Participation in an HIE/IHIN also permits us to access their information about you for our treatment, payment and healthcare operations purposes.
 - c. Abuse, Neglect, or Domestic Violence. We may disclose PHI to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

- d. Health Oversight. We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.
- e. Legal Proceedings. We may disclose PHI as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request or to obtain an order protecting the information requested.
- f. Law Enforcement. We disclose PHI to law enforcement officials under certain specific conditions where the disclosure is:
 - i. About a suspected crime victim if the person agrees or, under limited circumstances, we are unable to obtain the person's agreement because of incapacity or emergency. The alert law enforcement of a death that we suspect was the result of criminal conduct. In response to authorized legal process or required by law. To identify or locate a suspect, fugitive, material witness, or missing person about a crime or suspected crime committed on our premises, or in response to a medical emergency not occurring on our premises, if necessary to report a crime.
- g. Coroners, Medical Examiners and Funeral Directors. We may disclose PHI regarding a deceased patient to a coroner, medical examiner or funeral director so that they may carry out their jobs. We also may disclose such information to a funeral director in reasonable anticipation of the patient's death.
- h. Organ Donation. We may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate organ, eye, or tissue donation and transplantation.
- i. Threat to Health or Safety. In limited circumstances, we may disclose PHI when we have a good faith belief that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public.
- j. Specialized Government Functions. We may disclose PHI for certain specialized government functions, such as military and veteran activities, national security and intelligence activities, protective services for the president and others, medical suitability determinations, and for certain correctional institutions or in other law enforcement custodial purposes.
- k. Compliance Review. We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.
- l. Workers' Compensation. We may disclose PHI in order to comply with laws relating to workers' compensation or other similar programs.
- m. Research. For research purposes under certain limited circumstances for research projects that have been evaluated and approved through an approval process that takes into account patients' need for privacy. We must obtain a written authorization to use and disclose PHI about you for research purposes

except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

5. **With Your Written Authorization:** We may use or disclose PHI for certain reasons only after we obtain your authorization. Some examples of how we may use or disclose your protected information after your authorization are:
 - a. *Psychotherapy Notes.* We will not use or disclose any notes from a mental health professional without your authorization except to carry out certain treatment, payment or health care operations including allowing the note taker to use them for treatment, using the notes for training programs, or using the notes in defense of a legal proceeding.
 - b. *Marketing.* We will not use or disclose PHI for marketing unless you have given permission for use of photos..
 - c. *Sale of Protected Information.* We will not accept payment of any kind for PHI.

All other uses and disclosures of your PHI will be made only with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent that we have already taken action based on your authorization.

6. Right to opt-out of Health Information Exchange/Iowa Health Information Network (HIE/IHIN): Obtain and complete an opt-out form with Revive Clinic and Spa. You may directly opt-out by visiting www.iowaEHealth.org and complete the electronic form.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer. **We will not take action against you or retaliate against you in any way for filing a complaint.**

QUESTIONS

If you have any questions or need additional information about this Notice, please contact our Privacy Officer

PRIVACY OFFICER

You may contact our Privacy Officer at the following address and phone number:

Privacy Officer
Revive Clinic and Spa
1850 SW Plaza Shops Ln, STE A
Ankeny, IA 50023
515-965-5677

Effective Date: This notice was published and first became effective on December 29th, 2019.

**REVIVE CLINIC AND SPA
NOTICE OF PRIVACY PRACTICES
PATIENT ACKNOWLEDGMENT**

Patient's Name: _____ Date of Birth: _____

I understand that, under the Health Insurance Portability & Accountability Act of 1996, I have certain rights to privacy in regards to my protected health information (PHI). I have received, read and understand The Notice of Privacy Practices.

Signature: _____

Relationship to patient if under 18 or unable to sign: _____

Date: _____

I was unable to obtain the patient's signature.

Name: _____ Date: _____

Reason:

