
HEDGEHOG HEALTH, INC.

Notice of Privacy Practices

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

All items outlined in this policy apply to both paper and electronic formats of medical records and protected health information.

INTRODUCTION

HedgeHog Health, Inc. is committed to treating and using protected health information about you responsibly. We are permitted to use and disclose health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care you receive. This notice describes our privacy practices. We may change our policies and this notice at any time. You can request a paper copy of this notice, or any revised notice, at any time. This Notice is effective January 1, 2020 and applies to all protected health information as defined by federal regulations. For more information about this notice or our privacy practices and policies, please contact the person listed at the end of this document.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We are permitted to use and disclose your health information to those involved in your treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We are permitted to use and disclose your health information to bill and collect payment for the services we provided to you. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We are permitted to use and disclose your health information for the purpose of health care operations, which are the activities that support this practice and ensure that quality care is delivered. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION

These are situations in which we are permitted to use or disclose your health information without your written authorization or an opportunity to object.

Public Health: We may disclose your health information for public health activities mandated by federal, state or local government for the collection of information about disease, vital statistics or injury by a public health authority.

Abuse or Neglect: Because Florida law requires physicians to report child and elderly abuse or neglect we may disclose health information to a public agency authorized to receive reports of child abuse or neglect.

Healthcare Oversight: We may disclose your health information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections.

Law Enforcement and Legal Proceedings: We may disclose your medical information if asked by a law enforcement official. We may also release information if we believe the disclosure is necessary to prevent or lessen imminent threat to the health or safety of a person. We may disclose your health information in the course of judicial or administrative proceedings in response to an order of the court or other appropriate legal process.

Worker's Compensation: We may disclose your health information as required by worker's compensation law.

Military and National Security: We may disclose your health information for specialized governmental functions.

Research and Medical Examiners: We may release health information to researchers for research purposes. We may release your health information to a coroner or medical examiner to identify a deceased person or a cause of death.

Business Associates: We may disclose your health information to "business associates" to perform our day-to-day operations. These "associates" require your health information in order to accomplish the tasks that we ask them to provide. Some examples of "business associates" might be a billing service, collection agency, answering services and computer software/hardware provider.

Appointment Reminders: We may contact you by telephone, mail or both to provide appointment reminders.

Required by Law: We may release your health information when the disclosure is required by law.

Other Uses or Disclosures: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

YOUR RIGHTS UNDER FEDERAL LAW

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information, WE DO NOT HAVE TO AGREE TO THIS RESTRICTION.
- The right to limit disclosure to family members, relatives or friends who may or may not be involved in your care. Restrictions must be submitted in writing to the person listed at the end of this document.
- The right to request that we send communications concerning health information by alternative means or to an alternative location. The request must be submitted in writing to the person at the end of this document and we are required to accommodate only reasonable requests.
- The right to inspect and copy your protected health information that is within the designated record set. Florida law requires that request for copies are made in writing and we require requests for inspection also be made in writing. Florida law requires us to provide copies or a narrative within 15 business days from receipt of your proper request. If we deny access, we will inform you in writing. HIPAA permits us to charge a reasonable cost-based fee.
- The right to amend or submit corrections to your protected health information in the designated record set. If we refuse to allow amendment, we will inform you in writing.
- The right to receive an accounting of disclosures that are other than for treatment, payment, health care operations or made via an authorization signed by either you or your representative.
- The right to receive a printed copy of this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of HedgeHog Health, Inc. please contact:

Privacy Officer
HedgeHog Health, Inc.
918 Forestdale Rd
Royal Oak, MI 48067
(202) 972-2290

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

OFFICE FOR CIVIL RIGHTS
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C., 20201

OUR RESPONSIBILITIES- HedgeHog Health, Inc. is required by law and regulation to protect the privacy of your health information, to provide you with this notice of our privacy practices with respect to protected health information and to abide by the terms of the notice of privacy practices in effect.

HIPAA COMPLIANCE PLAN- PRIVACY RULE

PF- 2000 Acknowledgment of Receipt of Notice of Privacy Practices

HedgeHog Health, Inc., reserves the right to modify the privacy practices outlined in the notice.

I, [Name of patient] _____, acknowledge and agree that I have received a copy of the Notice of Privacy Practices from HedgeHog Health, Inc.

Patient Signature

Date

Parent/Guardian Signature

Date

Relationship to Patient