MEDLIFE PRIMARY & URGENT CARE

NOTICE OF PRIVACY PRACTICES

Effective Date: August 15, 2020

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.

Who we are and our responsibilities

This Notice applies to MedLife Healthcare LLC, doing business as MedLife Primary & Urgent Care, and its covered clinic operations. We are required by law to maintain the privacy and security of your protected health information (PHI), provide this Notice, follow its current terms, and notify you following a breach of unsecured PHI as required by law. We may change this Notice and make the revised terms effective for PHI we already maintain; the revised Notice will be available at our clinics and on our website.

How we may use and disclose your information without written authorization

Treatment: We may use and share PHI with physicians, nurses, specialists, laboratories, pharmacies, hospitals and other providers involved in your care, including referrals, diagnostic testing, prescriptions and care coordination.

Payment: We may use and disclose PHI to bill and collect payment, verify coverage, obtain authorizations and process insurance claims.

Health care operations: We may use and disclose PHI for quality improvement, training, auditing, compliance, credentialing, business management and patient service activities.

Appointment reminders and care communications: We may contact you about appointments, test results, follow-up care, treatment alternatives and health-related services.

Business associates: Vendors performing services for us may receive PHI under appropriate agreements and legal safeguards.

Other permitted or required disclosures

As permitted or required by law, we may disclose PHI for public health reporting; reporting abuse, neglect or domestic violence; health oversight; judicial or administrative proceedings; law enforcement; coroners, medical examiners and funeral directors; organ and tissue donation; workers' compensation; certain research; preventing or reducing a serious threat to health or safety; specialized government functions; and other disclosures required by law. Applicable legal conditions and limitations apply. We may share relevant information with family members, friends or others involved in your care or payment when permitted by HIPAA, including where you agree, have an opportunity to object, or circumstances otherwise permit disclosure.

Uses requiring your written authorization

We generally must obtain your written authorization for uses and disclosures not otherwise permitted by law, including most marketing uses, sales of PHI, and most uses or disclosures of psychotherapy notes. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it. Fundraising communications, if any, will provide a clear opportunity to opt out.

Special protections for substance use disorder records

Certain substance use disorder (SUD) records protected by 42 CFR Part 2 have additional confidentiality protections. Where Part 2 applies, we will use or disclose these records for treatment, payment and health care operations only as permitted by Part 2, including pursuant to an appropriate consent when required. A single consent may authorize future treatment, payment and health care operations disclosures. Part 2 records generally may not be used or disclosed in civil, criminal, administrative or legislative proceedings against you without your specific written consent or an appropriate court order and accompanying legal protections.

Separately maintained SUD counseling notes require special consent, subject to limited exceptions. Recipients of Part 2 records may be permitted to redisclose them under applicable HIPAA rules after an authorized treatment, payment or operations disclosure, but the restrictions on proceedings against you remain applicable. Additional rights and limits may apply if MedLife operates a Part 2 program; request details from our Privacy Officer.

Your rights regarding your health information

Access and copies: You may inspect and request paper or electronic copies of PHI in a designated record set. We generally respond within 30 days; one permitted extension may apply. A reasonable cost-based fee may apply.

Corrections: You may request an amendment to information you believe is incorrect or incomplete. We may deny the request in certain circumstances and will explain the decision.

Confidential communications: You may ask us to contact you in a particular way or at an alternative address; we will accommodate reasonable requests.

Restrictions: You may request limits on certain uses or disclosures. We are not generally required to agree, except that we must honor a request not to disclose PHI to a health plan for payment or operations when it concerns a service or item paid in full out of pocket and disclosure is not otherwise required by law.

Accounting: You may request an accounting of certain disclosures during the prior six years, subject to legal exclusions and applicable rules.

Paper copy: You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Representative: A legally authorized personal representative may exercise your rights, subject to applicable law.

Complaints: You may complain without retaliation.

Electronic records and communications

We may maintain PHI in electronic health records and share it through secure systems or health information exchange arrangements as allowed by law. Electronic messages, portal notices, calls and text reminders may be used consistent with your preferences and applicable law. Please tell us if you require confidential communications through a different channel.

Minors and specially protected information

Parents and guardians generally may act for minor patients, subject to exceptions under federal and Georgia law. Certain mental health, HIV, genetic, reproductive health, substance use disorder and other sensitive records may be subject to additional protections. We follow the stricter applicable law where required.

Questions, requests, and complaints

MedLife Primary & Urgent Care

Mailing address: 2129 Friendship Rd. Buford GA 30519

Telephone: 770-209-2787

Email: admin@medlifeclinics.com

Website: www.medlifeclinics.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr/privacy/hipaa/complaints/ or by calling 1-800-368-1019. We will not retaliate against you for filing a complaint.

Availability of this Notice

This Notice will be posted prominently at our clinics and on our patient-facing website, made available on request, and provided at the first service delivery as required by HIPAA. We will make a good-faith effort to obtain acknowledgment of receipt when required. Your signature acknowledges receipt only; it is not consent to otherwise unauthorized disclosures.