



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.

Effective 01.01.23

Covered Entities Duties:

Advantage Surgical and Wound Care (“ASWC”) is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). ASWC is required by law to keep the privacy of your protected health information (PHI). This notice describes our legal duties and privacy practices related to your PHI. We must follow the terms of the current notice and we must let you know if there is a breach of your unsecured PHI. This Notice also describes how we may use and disclose your PHI and describes your rights to access, change and manage your PHI. ASWC reserves the right to modify this notice at any time.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment.** We may use or disclose your PHI to another healthcare provider providing treatment to you. We do this to coordinate your treatment among providers and to help us with prior authorization decisions related to your benefits.
- **Payment.** We may use and disclose your PHI to make benefit payments for the healthcare services you received. We may disclose your PHI for payment purposes to another health plan, a healthcare provider, or other entity (subject to the federal Privacy Rules). Payment activities may include (but are not limited to) processing claims, determining eligibility or coverage for claims, issuing premium billings, reviewing services for medical necessity, and performing utilization review.
- **HealthCare Operations.** We may use and disclose your PHI to perform our healthcare operations. These activities may include (without limitation) providing customer services, responding to complaints and appeals, providing case management and care coordination, conducting medical review of claims and other quality assessment activities, process improvement activities, and detecting or preventing health care fraud and abuse.
- **Appointment Reminders/Treatment Alternatives.** We may use and disclose your PHI to remind you of appointments, to give you information about treatment alternatives, and/or for other health-related benefits and services.
- **As Required by Law.** If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information. The use or disclosure is limited to the requirements of the law.
- **Public Health Activities.** We may disclose your PHI to a public health authority (such as the FDA) to prevent or control disease, injury, or disability, as may be required.
- **Victims of Abuse and Neglect.** We may disclose your PHI to a local, state, or federal government authority, which includes social services or a protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings.** We may disclose your PHI in judicial and administrative proceedings or in response to an order of a court, administrative tribunal, subpoena, warrant, discovery request, or similar legal request.
- **Law Enforcement.** We may disclose your relevant PHI to law enforcement when required to do so. We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner if needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors to carry out their duties.
- **Organ, Eye and Tissue Donation.** We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of organs or tissues.
- **Threats to Health and Safety.** We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats to the health or safety of a person or the public.
- **Specialized Government Functions.** If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security, to intelligence activities, the Department of State for medical suitability determinations, or for protective services of the President or other authorized persons.

- **Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs established by law.
- **Emergency Situations.** We may disclose your PHI in an emergency situation, or if you are unable to respond or not present, which may include a family member, close personal friend, authorized disaster relief agency, or any other person identified by you. We will use professional judgment and experience to decide if the disclosure is in your best interests and will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Research.** In some cases, we may disclose your PHI to researchers when their clinical research study has been approved. They must have safeguards in place to ensure the privacy and protection of your PHI.

Verbal Authorization to Use and Disclosure Your PHI:

We may take your verbal authorization to use and disclose your PHI to other people, which includes family members, close personal friends, or any other person you identify. We limit the information to what is directly relevant to that person's involvement in your healthcare treatment or payment. We may also take your authorization or objection to use and disclose your PHI in a disaster situation and will limit the use or disclosure of your PHI in these cases to notifying a family member, personal representative or other person responsible for your care of your location and general condition.

Uses and Disclosures of Your PHI That Require Your Written Authorization:

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for purposes of (1) sale of PHI, (2) marketing purposes, and (3) psychotherapy notes. All other uses and disclosures of your PHI not described in this Notice will be made only with your written approval which may be revoked at any time in writing.

Individual Rights:

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

- **Right to Request Restrictions.** You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. Please note we are not required to agree to this request.
- **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your PHI in other ways or locations. We will comply with your request if reasonable and possible.
- **Right to Access and Received Copy of your PHI.** You have the right, with limited exceptions, to receive copies of your PHI contained in a designated record set if requested by you in writing. If we deny your request, you will be informed of the reason(s) why in writing.
- **Right to Change your PHI.** You have the right to ask that we change your PHI if you believe it has wrong information if requested in writing. We may deny your request for certain reasons; if we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision.
- **Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI within the last six-year period. If you ask for this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Right to File a Complaint.** If you feel your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with us. You can also file a complaint with the Department of Health Care Services (DHCS) Privacy Officer or to the U.S. Department of Health and Human Services (HHS). See the contact information on the HHS website at www.hhs.gov/ocr. If you request, we will provide you with the address to file a written complaint with HHS. **WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**
- **Right to Receive a Copy of this Notice.** You may ask for a copy of our Notice at any time. Use the contact information listed at the end of the Notice. If you get this Notice on our website or by email, you can request a paper copy of the Notice.

Contact Information

Advantage Surgical and Wound Care, Attn: Chief Compliance Officer
 222 N. Pacific Coast Highway Suite 1420, El Segundo, CA 90405
 Tel: (877) 878-3289