



HIPAA Notice of Privacy Practices

Quantum Health, LLC

February 2024

This Notice of Privacy Practices outlines the utilization and disclosure of medical information pertaining to you, as well as the avenues for accessing this information. We urge you to review it attentively.

We acknowledge that the medical data we generate, store, or transmit concerning your care at Quantum Health is personal. We are dedicated to preserving the privacy and security of your medical information. By law, we are mandated to safeguard the privacy of health information related to your past, present, or future physical or mental health, the provision of healthcare to you, or payment for such healthcare that may reveal your identity. As part of this obligation, we provide you with a copy of this Notice of Privacy Practices, which delineates our organization's health information privacy practices concerning the healthcare services we offer.

You can obtain a copy of this notice from our staff or by visiting our Notice of Privacy Practices website at <https://quantumhealthnetwork.org/hipaa/>. We are obliged to adhere to the terms of this notice, including any future amendments described below. For any queries about this notice or if you require further information, please contact the compliance director at care.quantumhealth@gmail.com.

PROTECTED HEALTH INFORMATION (PHI)

We are committed to safeguarding the privacy of information gathered about you while providing health-related services. Examples of **PHI** include but are not limited to:

- Indications that you are receiving treatment or other health-related services.
- Information about your health condition, such as any diseases you may have.
- Details about healthcare products or services you have received or may receive in the future.
- Information regarding your healthcare benefits under an insurance plan, such as coverage for prescriptions.

Certain types of health information, such as psychotherapy notes, alcohol and substance abuse treatment records, and genetic information, receive special protections. Additional authorization is required for some uses or disclosures of these types of health

information. Therefore, certain sections of this general Notice of Privacy Practices may not pertain to these specific types of health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We are committed to protecting the privacy of your health information as mandated by law. However, we may use and disclose your health information when we provide you with healthcare services. Below is a description of how we may use and disclose your health information:

Treatment, Payment, and Healthcare Operations

- **Treatment:** We may use or share your health information with various healthcare providers involved in your care.
- **Payment:** Your health information may be used or shared with others to facilitate payment for healthcare services rendered.
- **Healthcare Operations:** Your health information may be used or shared with others to conduct certain healthcare operations, such as evaluating staff performance or engaging with third parties for medical record transcription services.

OTHER STANDARD PRACTICES AND DISCLOSURES

Agency Directory: If you do not object or request to limit the disclosure of your health information after being given the opportunity to do so, or in an emergency situation, we may utilize your health information and disclose it from the Agency directory. Your preferences will be respected unless mandated otherwise by law.

Fundraising Activities: We may utilize or disclose your health information, as needed, to reach out to you for fundraising purposes. You have the right to decline to receive fundraising communications, and we will provide you with the option to do so. To opt out of fundraising activities, please send an email to the Director of Compliance at care.quantumhealth@gmail.com.

Family And Friends Involved In Your Care: With your agreement and upon signing an authorization, we may use or disclose your health information to notify or involve a family member, personal representative, or another individual responsible for your care regarding your location and general condition. Additionally, if you consent and sign an authorization, we may disclose your health information to individuals involved in your care, such as relatives, personal friends, or other individuals you have designated, to the extent pertinent to their involvement in your care. In the event of an emergency or if you are incapacitated, we may seek information from your next-of-kin to ensure the best possible care or to transfer your care to another healthcare facility, as deemed appropriate. In the unfortunate event of your passing, we will adhere to the more stringent provisions outlined in federal or state law regarding the further release of your medical information.

De-identified Information: We may utilize and disclose your health information to eliminate identifiers or potential identifiers, rendering the health information “de-identified.” De-identified information is not subject to the restrictions on our uses and

disclosures detailed in this notice. Additionally, we may remove direct identifiers (such as name, address, social security number, etc.) and utilize and disclose this information for public health and research purposes or for healthcare operations, provided that the recipient signs an agreement to safeguard the privacy of the health information and restrict its uses and disclosures to the intended purpose.

Research: Before using your health information for research purposes or sharing it with others, we will seek your written authorization unless direct identifiers have been removed and the recipient agrees, as explained above. Under certain circumstances and for certain types of research, we may use and disclose your health information without your written authorization if approved by a third-party organization with formal oversight authority through a special process to ensure minimal risk to your privacy.

Incidental Disclosures: While we take reasonable measures to protect the privacy of your health information, certain incidental disclosures may occur during or as an unavoidable consequence of our otherwise permissible uses or disclosures of your health information.

Business Associates: Individuals or entities providing services to our organization that require access to health information may act as our business associates. These business associates may create, receive, maintain, or transmit protected health information while performing functions on our behalf. We may disclose your protected health information to a business associate who requires this information to provide services for us. Business associates are bound by written agreements to appropriately safeguard the health information necessary to provide services to us.

Health Information Exchanges: We may participate in state or private health information exchanges aimed at enhancing healthcare quality by facilitating the secure exchange of electronic health information among multiple healthcare providers or entities. These exchanges contribute to improved and more coordinated healthcare outcomes for our patients, including in emergency care situations. Consequently, we may share information we obtain or create about you with other healthcare providers or entities or receive information they create or obtain about you.

For additional information on your state health information exchange or any private health information exchange in which Quantum Health participates, or to learn how to opt out of these exchanges, please contact Quantum Health's Director of Compliance at care.quantumhealth@gmail.com.

PUBLIC INTEREST

As Mandated by Law: We may utilize or disclose your health information if mandated by law. We will also inform you of these uses and disclosures if required by law.

Public Health Initiatives: Your health information may be disclosed to authorized public health officials or collaborating foreign government agencies to facilitate their public health endeavors. For instance, we may share your health information with governmental entities responsible for disease control, injury prevention, or disability

management. Additionally, if permitted by law, we may disclose your health information to individuals potentially exposed to a communicable disease or health hazard for prevention or containment purposes.

Protection of Vulnerable Individuals: We may release your health information to a public health authority authorized to receive reports of abuse, neglect, or domestic violence. While we endeavor to obtain your consent before disclosing this information, certain circumstances may necessitate action without your explicit permission.

Oversight and Regulatory Activities: Your health information may be disclosed to government agencies empowered to conduct audits, investigations, and inspections of our Agency. These entities monitor healthcare system operations, government benefit programs like Medicare and Medicaid, and compliance with regulatory frameworks and civil rights statutes.

Product Surveillance and Recall: We may disclose your health information to entities regulated by the Food and Drug Administration (FDA) for purposes such as reporting product defects or malfunctions, recalling hazardous products, or monitoring product performance post-approval.

Legal Proceedings: Your health information may be disclosed if ordered by a court or administrative tribunal handling a legal dispute, provided it's not protected by healthcare provider-patient privilege. Additionally, disclosures may occur in response to subpoenas or similar requests, with your authorization, or as permitted by court orders limiting such disclosures.

Law Enforcement: We may disclose your health information to law enforcement under specific circumstances, including compliance with court orders or laws, assistance in identifying suspects or missing persons, or investigating crimes or emergencies.

Mitigation of Threats: In situations where there is a serious and imminent threat to your health, safety, or that of others, we may use or disclose your health information as necessary. This includes informing law enforcement about your involvement in violent crimes or escapes from lawful custody, if applicable.

National Security Measures: Your health information may be disclosed to federal officials engaged in national security or intelligence activities, as well as those providing protective services to high-ranking officials.

Correctional Facilities: If you become incarcerated or detained, we may disclose your health information to prison or law enforcement officials for healthcare provision, safety, or maintaining order.

Workers' Compensation: Your health information may be disclosed for workers' compensation or similar programs addressing work-related injuries, contingent upon valid consent in certain cases.

Post-Mortem Procedures: In the event of your demise, your health information may be disclosed to coroners, medical examiners, or funeral directors to determine the cause of death or funeral arrangements, with consent where required.

Organ and Tissue Donations: Following your passing, your health information may be disclosed to organizations handling organ or tissue procurement to assess donation suitability under applicable laws, subject to consent as appropriate.

Written Authorization Requirement for Additional Uses and Disclosures: Certain uses and disclosures of your health information will necessitate your written authorization, including most marketing activities, the sale of health information, or certain communications for treatment or healthcare operations where financial remuneration is involved. Revocation of written authorization is permissible unless already relied upon to a significant extent.

YOUR PRIVACY RIGHTS REGARDING YOUR HEALTH INFORMATION

Access and Control Rights: Access to Records: You have the right to inspect and obtain copies of specific health information pertinent to your treatment and decisions, including medical and billing records, for as long as they are in our possession. While we may refuse certain requests, you can submit a written request to the Director of Compliance, specifying the desired information, access method, and format. Electronic records can be provided as requested, and fees may apply for paper or electronic copies. You may also request direct transmission of your health information to another party, clearly stating the recipient and address.

Amendment Requests: If you believe the health information we hold is inaccurate or incomplete, you may request amendments. This right extends to information within our records, subject to limitations. Contact the Director of Compliance to initiate the amendment process, providing reasons for your request. We will respond within 30 days or 60 days under certain circumstances and notify you of any delays.

Accounting of Disclosures: You can request an “accounting of disclosures” detailing entities to which we’ve disclosed your health information for specific purposes within the past six years. Submit your request, specifying the relevant timeframe, to the Director of Compliance.

Further Restrictions: You may request additional restrictions on how we use and disclose your health information for treatment, payment, or healthcare operations. Requests for limitations on disclosures to family or friends can also be made. Write to us detailing the information to be restricted, the desired scope of limitation, and the recipients affected. While we’re not obligated to comply, certain exceptions apply, such as “self-pay” services.

Confidential Communications: You have the right to request more discreet communication methods regarding your medical matters. Contact the Director of Compliance to make such requests, specifying preferred communication channels and

payment arrangements for healthcare services communicated through alternative means or locations.

OTHER RIGHTS

Copy of Notice: You're entitled to a copy of this notice, available in paper form upon request, regardless of previous electronic receipt agreements. Contact the Director of Compliance or request a copy from our staff.

Revised Notice: We may update our privacy practices, with revisions reflected in a new notice. Copies of revised notices will be available upon request from our staff, with effective dates noted.

Complaint Filing: If you believe your privacy rights have been violated, contact the Director of Compliance or email care.quantumhealth@gmail.com. Retaliation for filing a complaint is prohibited. You also have the right to file a complaint with the Department of Health and Human Services' Office for Civil Rights.

Breach Notification: In case of unauthorized access to or disclosure of your health information, we will notify you as required by law, except in specific circumstances outlined by law.