



NOTICE OF PRIVACY PRACTICES

Effective Date: December 21, 2023

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

This Notice of Privacy Practices (“Notice”) applies to all protected health information about the health services you receive from myLaurel to help improve the quality of your care, including without limitation, care provided in your home and remotely. Our healthcare providers may share protected health information with each other as necessary to carry out treatment, payment, or other health care operations.

1. Organized Health Care Arrangement

myLaurel participates in an organized health care arrangement (OHCA) as defined by HIPAA in connection with the healthcare services (both in-home and via telehealth) provided to you. The following entities participate in our OHCA and share health information with each other for treatment, payment, and health care operations: myLaurel Medical Group NY, PLLC; myLaurel Medical Group NJ, PC; myLaurel Medical Group LA, LLC; myLaurel Medical Group FL, PLLC; myLaurel IPA NY, LLC; myLaurel PPO NY, LLC; Lifeline Ambulance Service, Inc.; and Empress Ambulance Service, LLC (referred to collectively as, “myLaurel”, “we”, “us”, and “our”).

2. Our Requirements

We are committed to protecting the privacy of your Protected Health Information, and we are required by state and federal law to maintain such privacy and abide by the terms of the Notice currently in effect. "Protected Health Information" (“PHI”) is information about you, including any information that may identify you (i.e., name, address, prescriptions) that relates to your past, present or future physical or mental health or conditions and related health care services. This Notice describes how we may use and disclose your PHI to carry out treatment, payment, health care operations, or other purposes allowed or required by law. It also describes your rights to access and control your PHI.

We may change the terms of this Notice at any time. Any revised Notice will be effective for all PHI

that we maintain at that time. You can request a copy of a revised Notice by calling us at (a) 866-603-7803 and asking that a revised copy be sent to you in the mail, or (b) emailing us at Compliance@mylaurelhealth.com. A copy of the current Notice is posted on our website at www.mylaurelhealth.com/privacy-policy.

3. Use and Disclosures of PHI

We may use and disclose your PHI for the following purposes **without** your written authorization, as allowed under law:

- a) **Treatment:** We may use and disclose your PHI to provide, coordinate or manage your health care and any related treatment. This includes the coordination or management of your health care with a third party that you have already given permission to access your PHI.

Example: We may disclose your PHI, as necessary, to your primary care physician. We may also disclose PHI to other specialist physicians who may be treating you.

- b) **Payment:** We may use your PHI to obtain payment for your health care services.

Example: We may provide your health insurer with PHI so they can determine your eligibility or coverage for insurance benefits, review services provided to you for medical necessity, and approve payment for health care services.

- c) **Healthcare Operations:** We may use or disclose your PHI to support our business activities. These activities may include quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

Example: We may disclose your PHI to an insurer or accreditation agency that performs chart audits.

- d) **To Keep You Informed:** We may use your PHI to communicate with you about a number of important topics. We may also contact you at the email, phone number, or address that you provide for these communications.

Example: We may contact you regarding information about appointments, your care, treatment options, or other health-related services.

- e) **To Government Agencies Providing Benefits or Services:** We may release your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits or services.

Example: We may release your PHI to Medicaid.

- f) **Business Associates:** We may share your PHI with third party "business associates" that perform various activities for our business. Whenever an arrangement between us and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Example: We may share your PHI with our electronic medical records contractor.

- b) **Public Health:** We may disclose your PHI for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI if directed by the public health authority, or to a foreign government agency that is collaborating with the public health authority.

- c) **Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

- d) **Health Oversight:** We may disclose your PHI to a governmental agency for activities authorized by law, such as audits, investigations, and inspections.

- e) **Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. Additionally, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

- f) **Product Monitoring and Recalls:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report (a) adverse events, product defects or problems, and biologic product deviations; (b) to track products; (c) to enable product recalls; (d) to make repairs or replacements; or (e) in connection with post-marketing surveillance, as required by law.

- g) **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in response to a subpoena, discovery request or other lawful process.

- h) **Law Enforcement:** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes may include (a) legal processes, (b) limited information requests for identification and location purposes, (c) purposes related to victims of a crime, (d) suspicion that death has occurred as a result of criminal conduct, (e) in the event that a crime occurs on our premises, and (f) medical emergency

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent or Authorization

We may use and disclose your PHI for the following purposes **without** your written authorization, as allowed under law:

- a) **Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law.

(not on our premises) that is likely connected to a crime.

- i) **Decedents:** PHI may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. PHI does not include health information of a person who has been deceased for more than 50 years.
- j) **Organ/Tissue Donation:** Your PHI may be used or disclosed for cadaver organ, eye, or tissue donation purposes.
- k) **Criminal Activity:** We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- l) **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for authorized military purposes, as required by law.
- m) **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
- n) **Inmates:** We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.
- o) **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services (“HHS”) to investigate or determine our compliance with the requirements of the federal privacy regulations.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Permission or Opportunity to Object

- a) **Others Involved in Your Health Care:** If you agree, we may disclose your PHI to a member of your family, a relative, a close friend or any other person you identify if it directly relates to that person's involvement in your health care. If you are unable to agree, or object to such a disclosure, we

may disclose the information as necessary if we determine that it is in your best interest based upon our professional judgment.

- b) **Information to Your Family Members:** Unless a patient communicated specific preferences, a deceased patient's PHI may be disclosed to a family or other member, or other persons who were involved in the individual's care or payment for health care prior to the individual's death, if such PHI is relevant to that person's involvement unless otherwise limited by law.
- c) **Immunization Disclosure to Schools:** Upon your agreement, which may be oral or in writing, we may disclose proof of immunization to a school where a state or other law requires the school to have such information prior to admitting the student.
- d) **Health Information Exchanges (HIEs):** We participate in HIEs such as Carequality, The New Jersey Health Information Network (NJHIN), Healthix, and HealtheConnections, and other HIEs that we may later identify. Some HIEs require your consent, and some allow for the exchange and sharing of PHI among healthcare providers unless a patient opts-out of the HIE. If you do not opt-out of certain HIEs, your PHI will be available through the HIE network in accordance with this Notice and applicable law. You can opt out at any time by sending an opt-out request to Compliance@mylaurelhealth.com.

Uses and Disclosures of PHI Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

The following uses and disclosures will be made **only with your authorization:**

- a) uses and disclosures for marketing purposes;
- b) uses and disclosures that constitute the sale of PHI;

- c) most uses and disclosures of psychotherapy notes (if we maintain psychotherapy notes); and
- d) uses and disclosures for certain research protocols.

Note: The confidentiality of substance use disorder, mental health treatment records, genetic information, and HIV-related information maintained by us if we collect such information is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited, regulated circumstances.

4. Your Rights

You have the following rights concerning your PHI:

Right to Access, Inspect, and Copy: You have the right to inspect your PHI and the right to obtain copies when requested. Where information is not readily producible in the form and format requested, the information must be provided in an alternative readable electronic format as agreed upon. We may charge a reasonable cost-based fee for labor in copying PHI and postage if you request that information be transmitted via mail or courier as allowed under applicable federal and state law.

We may deny your request to inspect a copy in very limited circumstances. If you are denied access to your health information, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please submit all requests to access, inspect or obtain a copy of your PHI in writing to Medicalrecords@mylaurelhealth.com.

Right to Request Restrictions: You have the right to request a restriction of your PHI. This means, for example you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or health care operations. You also may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

In most circumstances, your healthcare provider is not required to agree to a restriction that you may request. If your healthcare provider believes it is in your best interest not to restrict the use and disclosure of

your PHI, your PHI will not be restricted. However, if you request us to restrict disclosures to health plans that we would normally make as part of payment or health care operations, we **must** agree to that restriction if the PHI relates to health care which you have paid out of pocket in full.

If your healthcare provider agrees to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your healthcare provider.

You may request a restriction of PHI from our HIPAA Privacy Officer, or you may provide us your request in writing to Compliance@mylaurelhealth.com. Your request must include (a) the information you wish to restrict, (b) whether you are requesting to limit the applicable provider's use, disclosure, or both, and (c) to whom you want the limits to apply.

Right to Confidential Communication: You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you may ask us to contact you by mail or secure messaging, rather than by phone. You do not have to provide us with a reason for this request. We will accommodate reasonable requests. We also may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. Please submit all requests to receive confidential communications in writing to Compliance@mylaurelhealth.com.

Right to Amend: You may have the right to amend your PHI. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and provide you with a copy of any such rebuttal. Please submit all requests to amend your PHI in writing to Compliance@mylaurelhealth.com.

Right to an Accounting: You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies generally to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. However, you have the right to an accounting of disclosures for treatment, payment, or health care operations if the disclosures were made from an electronic health record. Your right to an accounting of disclosures excludes disclosures we may have made to

you, or family members or friends involved in your care, or for notification purposes.

Louisiana patients have the right to receive specific information regarding other disclosures that occurred within the last 6 years from the date the patient was last treated.

If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request. Please submit all requests for an accounting of your PHI in writing to Compliance@mylaurelhealth.com.

Right to Receive Paper Copy: You have the right to receive a paper copy of this Notice, even if you agreed to receive an electronic copy. Please submit all requests to receive a paper copy of this Notice in writing to Compliance@mylaurelhealth.com. You may review a copy of this Notice on our website at www.mylaurelhealth.com/privacy-policy.

Right to Breach Notification: We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach.

Right to Opt-Out of HIEs:

You have the right to opt-out of the electronic sharing of your PHI through HIEs. You can opt out at any time by sending an opt-out request to Compliance@mylaurelhealth.com.

5. Additional Information

Complaints: If you believe your privacy rights have been violated, you can file a complaint with our HIPAA Privacy Officer at the address below. You can also file a complaint with HHS in Washington D.C. at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

A complaint must be made in writing at the address below. Filing a complaint will not in any way affect the quality of care we provide you and you will not be punished for filing a complaint.

myLaurel

Attn: Privacy Officer and Director of Compliance
885 3rd Ave., 29th Fl, New York, NY 10022

Email: Compliance@mylaurelhealth.com

For further information or any questions about this Notice, please contact our HIPAA Privacy Officer at Compliance@mylaurelhealth.com.