

the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.

Disclosure – We may disclose information to our business associates, such as information systems consultants, insurance companies and their representatives, investment companies and their representatives, and our broker/dealer for the intended purpose of processing financial transactions, who perform services on our behalf. When we disclose information to a business associate, we will require the business associate to protect the privacy of your information through a written agreement with our Firm.

Notice – We provide you with our Notice to explain and inform you of our Privacy Practices. You may also take a copy of this Notice with you. Even if you have requested this Notice electronically, you may request a paper copy at any time. You may also view or obtain a copy of this Notice at our website: <http://hovisandassociates.com/forms/privacy-practice.pdf>

Restriction – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with us at 636-937-4343 or email privacy@hovisandassociates.com any time. You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to e-mail your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

What will happen if my private information is used or disclosed inappropriately?

You have a right to receive a notice that a breach has resulted in your unsecured private information being inappropriately used or disclosed. We will notify you in a timely manner if such a breach occurs.

We follow all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state law.

PRIVACY NOTICE CONCERNING FINANCIAL INFORMATION

We and our affiliates understand that the privacy of your personal information is important to you. We take your privacy seriously and your trust in our ability to protect your private information is very important to us. This notice describes our policy regarding the confidentiality and disclosure of personal financial information.

How do we collect information about you?

We collect information about you and your family when you schedule an appointment or complete applications. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

Breach Notification Communications

According to the rights you have under the law, we will provide you with a notification should the PHI we store about you ever be breached. A breach occurs when unsecured PHI is compromised. You have the right to receive and accordingly shall receive a notification from us with regards to any of your PHI that is breached.

www.HovisandAssociates.com
(800) 411-0737



Notice of Privacy Practices

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

Hovis and Associates ("Agency", "we", "our" or "us") is committed to protecting the privacy of your health information. In conducting our business, we will create records regarding you and the services we provide to you. A federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires Agency to take reasonable steps to ensure the privacy of your "Protected Health Information" (as defined below) and to provide you with this notice of Privacy Practices. We will abide by the terms of our Notice of Privacy Practices currently in effect.

It may be necessary to change the terms of this notice in the future. We reserve the right to make changes and to make the new notice effective for all PHI that we maintain about you, including PHI we created or maintained in the past. If we make material changes to our privacy practices, we will provide you with the revised notice, which we may provide to you in hard copy or electronically, as permitted by applicable law.

What is personal and health information?

Personal and health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number. The term

“information” in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare. We protect this information in all formats including electronic, written and oral information.

How do we protect your information?

In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

How do we use and disclose your information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services
- Where required by law.

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums
- To your plan sponsor to permit them to per-

form plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.

- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
- To public health agencies if we believe there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence
- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To assist in disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill our obligations under any workers' compensation law or contract
- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, medical examiner, or funeral director.

Will we use your information for purposes not described in this notice?

In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke

your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

What do we do with your information when you do not conduct business through us?

Your information may continue to be used for purposes described in this notice when our relationship has been terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner.

Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.

Alternate Communications – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.

Amendment – You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete.

We may deny your request if we did not create