

## Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review this notice carefully.**

NuFACTOR, Inc. is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and for compliance with federal regulations.

By “your health information,” we mean the information that we maintain that specifically identifies you and your health status.

Some examples of health information include but are not limited to:

Name  
Address  
Phone Number  
Gender  
Ethnicity  
Date of Birth  
Personal information  
Diagnosis  
Treatment and/or Prescription Information  
Medical & Health Record Information  
Payment & Accounting information

### Summary

This Notice describes how we use your health information within NuFACTOR and disclose it outside NuFACTOR, and why.

#### The Notice covers:

- ❖ Uses or disclosures that do not require your written authorization.
  - Treatment, payment and healthcare operations.
  - Uses or disclosures of your health information to which you may object.
  - Uses or disclosures required or permitted.
- ❖ Uses or disclosures that require your written authorization.
- ❖ Uses or disclosures that are prohibited – Sale of protected health information.
- ❖ Your rights as a patient regarding privacy of your health information.
- ❖ Our duties in protecting your health information.
- ❖ Reporting Complaint Instructions

## 1. Uses or Disclosures that Do Not Require Your Written Authorization

### ➤ Treatment, Payment and Healthcare Operations

- We may use or disclose your health information to carry out your treatment, to obtain payment for your treatment, and to conduct healthcare operations. For example:
  - For treatment, we may use your health information to provide you with the required products, prescriptions, and services involving your care. We may disclose your health information for treatment purposes to physicians and other healthcare professionals and business associates, outside our company, who are involved in your care.
  - For payment, we may use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require in order to pay us.
  - For healthcare operations, we may use or disclose your health information, for example, to improve the quality of our services, to plan better ways of serving patients and to evaluate staff performance.

### ➤ Uses or Disclosures of Your Health Information to Which You May Object

- We may use or disclose your health information for the following purposes, unless you ask us not to in writing. We can supply you with a form if requested to inform NuFACTOR of what you want or do not want NuFACTOR to disclose and to whom.
  - Informing family, friends, and/or caregiver. We may disclose your health information to family, friends, caregivers or others identified by you who are involved in your care.
  - Assistance in disaster relief efforts.
  - For fundraising activities. We may contact you or your family for fundraising purposes.
  - Confirming our visits to your home or other appointments.
  - Leaving voice messages pertaining to your physicians prescription and involving your care on an answering machine, voicemail, and/or with the person(s) receiving the phone call.
  - Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you, for which we may or may not receive financial remuneration from a third party entity.
    - ❖ If you object to our use of your health information for any of these purposes or would like to opt out of receiving certain communications from our organization please contact the Regulatory and Compliance Department at 800-323-6832.

### ➤ Uses or Disclosures Required or Permitted

- Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigations, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death, or for matters involving the Food and Drug Administration.
- Accrediting agencies (ie. Joint Commission Accreditation of Health Care Organizations) for the purpose of auditing and maintenance of patient quality, care, and safety standards.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness or missing person.
- Correction Institutions: If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- Use by coroners, medical examiners or funeral directors.
- Facilitating organ, eye or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions, such as military or veterans' affairs, national security and intelligence activities.
- Workers' compensation.
- Funeral Directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

## 2. Uses or Disclosures that Require Your Written Authorization

- Your written authorization, which you may revoke in writing, is required if we use or disclose your health information for any purpose other than those stated above. In particular your authorization is required in the following case:
  - Use or disclose of your health information for marketing purposes that may involve financial remuneration.

## 3. Uses or Disclosures that are Prohibited

- We may not receive remuneration in exchange for your protected health information to any outside entity, except for the authorized treatment and payment purposes, public health purposes, and/or research use whereby the payment received is a reasonable cost-based fee to cover the cost to prepare and transmit to the health information.

## 4. Your Rights as a Patient to Privacy of Your Health Information

- Right to Request Restrictions
  - You have the right to request restrictions on our uses and disclosures of your health information.
  - If you pay for your treatment in full, you have a right to request from us not to send any medical record information to health insurance carriers. Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. Nevertheless, we will make every attempt to honor your request.
- Right to Request Confidential Communications
  - You have the right to request that we communicate with you confidentially, for example to speak with you only in private, to send mail to an address you designate, or to telephone you at a number you designate. We will make every attempt to honor your request.
- Right to Request Access to Your Health Information
  - You have the right to request access to your health information in order to inspect or copy it. You also have the right to request that an electronic copy of your medical records be provided to you. Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. Nevertheless, we will make every attempt to honor your request.
  - If you request a copy of your medical records, we reserve the right to charge a reasonable, cost-based fee for copying and transmitting the medical records to you or to the requesting authorized entity.
- Right to Request an Amendment to Your Health Information
  - You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. Nevertheless, we will make every attempt to honor your request.
- Right to Request an Accounting of Disclosures of Your Health Information
  - You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment and healthcare operations. We will make every attempt to honor your request. We are not required to provide an accounting for

disclosures prior to April 14, 2003, or for more than 6 years prior to the date of your request.

- The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

➤ **Right to Obtain a Paper Copy of this Notice**

- If you received this Notice electronically, you have the right to receive a paper copy.
- You have the right to obtain this notice in your preferred language.

❖ To exercise any of these rights please phone or write:

Regulatory and Compliance Department  
41093 County Center Drive Suite B,  
Temecula, CA 92591  
800-323-6832

## **5. Our Duties in Protecting Your Health Information**

- We are required by law to maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect your health information.
- We are required to train our personnel concerning privacy, confidentiality, and security, as well as the safeguards that must be followed to keep your health information private.
- We are required to implement a sanction policy to report and discipline those who breach privacy and confidentiality or our policies with regard thereto.
- We are required to mitigate (lessen the harm of) any breach of privacy and confidentiality.
- We are required to notify the federal and state officials as well as those person(s) affected by any privacy and security breach that has occurred within the timeframe as required by federal law.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
- We must abide by the terms of the Notice currently in effect.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from the Regulatory and Compliance Department. A copy of this notice is also available on our company website.

<http://www.nufactor.com/Patients.aspx>

## **6. Reporting Complaints Instructions**

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against, nor will your health care be affected in any way for filing a complaint.
- You may file your complaint with our company by writing:

Regulatory and Compliance Department  
41093 County Center Drive Suite B, Temecula, CA 92591

- You may file a complaint with the Joint Commission by writing to:  
Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
E-Mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
Telephone:(800) 994-6610
  
- You may file a complaint with the Office of Civil Rights Secretary of Health and Human Services by writing either through mail or email:

Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
[ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov)

To obtain the regional phone, fax number, and address that applies to your state please visit: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

- For further information, you may phone or write:  
Regulatory and Compliance Department  
41093 County Center Drive, Suite B  
Temecula, CA 92591  
(800) 323-6832

**This notice is effective June 1, 2013**