



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED BY THE CERTUS HEALTH HEALTHCARE SAVINGS CLUB AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION (PHI):

Understanding what is in your health record and how your health information is used will help You to ensure its accuracy, allow You to better understand who, what, when, where and why others may access your health information, and assist You in making more informed decisions when authorizing disclosure to others. In using or disclosing your protected health information (PHI), it is our objective to follow the Privacy Standards of the federal Health Insurance Portability and Accountability Act, 45 CFR Part 464, even if this is not required. The law allows us to use and disclose PHI without your specific authorization for operations and other specific purposes explained on this form. This includes contacting You for appointment reminders, informing You of treatment alternatives or other health related products and services that may be of interest to You, and for verifying the fulfillment of Your health prevention plan in order to receive Club rewards. All other uses and disclosures require your specific authorization.

YOUR HEALTH INFORMATION RIGHTS ALLOW YOU TO:

- Request a restriction on the uses and disclosures of PHI as described in this notice, although we are not required to agree to the restriction You request. You should address your request in writing to the Privacy Officer. We will notify You within 30 days if we cannot agree to the restriction.
- Obtain a paper copy of this Notice and upon written request, inspect and obtain a copy of your health record for a fee of \$.60 per page and the actual cost of postage per NRS 629.061.
- Amend your health record by submitting a written request with the reasons supporting the request to the Privacy Officer. In most cases, we will respond within 30 days. We are not required to agree to the requested amendment.
- Obtain an accounting of disclosures of your health information, except that we are not required to account for disclosures for operations, or pursuant to authorization, among other exceptions.
- Request in writing to the Privacy Officer that we communicate with You by a specific method and at a specific location.
- We will typically communicate with You in person; or by letter, e-mail, fax, and/or telephone.
- Revoke an authorization to use or disclose PHI at any time except where action has already been taken.

OUR RESPONSIBILITIES AS REQUIRED BY LAW:

- Maintain the privacy of PHI and provide You with notice of our legal duties and privacy practices with respect to PHI.
- Abide by the terms of the notice currently in effect. We have the right to change our notice of privacy practices and we will apply the change to your entire PHI, including information obtained prior to the change.
- Post notice of any changes to our Privacy Policy in the lobby and make a copy available to You upon request.
- Use or disclose your PHI only with your authorization except as described in this notice.
- Follow the more stringent law in any circumstance where other state or federal law may further restrict the disclosure of your PHI.

WE MAY USE OR DISCLOSE YOUR PHI FOR THE PURPOSES DESCRIBED BELOW:

Health Care Operations:

We may use your information to assess the quality of care that you have received from our participating healthcare provider partners in an effort to improve the quality of the healthcare and service You receive or for educational and research purposes. For example, in order to conduct our operations in an efficient, secure, and legal manner, Salud Latina will need to use your demographic information, your prevention plan, and your health status in order to



improve the accessibility and costs of healthcare services to Salud Latina's Members. There may also be times in which our accountants, auditors, health information specialists or attorneys may review your PHI to meet their responsibilities.

OTHER USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION:

Legally Required Disclosures & Public Health: We may disclose PHI as required by law, or in a variety of circumstances authorized by federal or state law. For example, we may disclose PHI to government officials to avert a serious threat to health or safety or for public health purposes, such as to prevent or control communicable disease (which may include notifying individuals that may have been exposed to the disease, although in such circumstance You will not be personally identified), federal or state health oversight agencies, child abuse or neglect, domestic violence, to an employer to evaluate work related injuries, and to public officials to report births and deaths.

Marketing: We may contact You with information about treatment alternatives or other health related products and services that may be of interest to You. We may use your name and address to send You offers and general announcements. We will only send You such information if we have determined that a treatment alternative or health related product or service could help You, based on your specific medical condition. This information will explain how the product or service relates to your health, and will explain how You can opt to not receive this type of information in the future.

Research: We may also disclose PHI where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations, we may only disclose PHI for research purposes with your authorization.

Law Enforcement & Subpoenas: We may disclose PHI to law enforcement such as limited information for identification and location purposes, or information regarding suspected victims of crime, including crimes committed on our premises. We may also disclose PHI to others as required by court or administrative order, or in response to a valid summons or subpoena.

Information Regarding Decedents: We may disclose health information regarding a deceased person to: 1) coroners and medical examiners to identify cause of death or other duties, 2) funeral directors for their required duties and 3) to procurement organizations for purposes of organ and tissue donation.

Notification: We may disclose limited health information to friends or family members identified by You as being involved in your care. We may also notify a family member, or another person responsible for your care, about your location and general condition.

DISCLOSURES REQUIRING AUTHORIZATION:

The release of health information to other treating professionals outside the University System will be made with written authorization from You, which You have the right to revoke at any time, except to the extent we have already relied upon the authorization or in the event of an emergency.

FOR MORE INFORMATION OR TO REPORT A PROBLEM, CONTACT THE PRIVACY OFFICER AT:

Chief Privacy Officer
Salud Latina LLC
3522 Polk St. Ste. 205
Houston, TX 77003

If You feel your rights have been violated, You may file a complaint in writing with the Privacy Officer. If You are not satisfied with the resolution of the complaint, You may also file a complaint with the Secretary of Health and Human Services. Filing a complaint will not result in retaliation.