

### **Notice of Privacy Practices**

This notice describes the privacy practices of Chad P. Nevola, M.D., Inc., a member of Rhode Island Primary Care Physicians Corporation (“RIPCPC”), describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

#### **I. Our Privacy Obligations**

Chad P. Nevola, M.D., Inc. is a member of RIPCPC, a multi-specialty Independent Practice Association providing comprehensive care across Rhode Island. We are dedicated to maintaining the privacy of your health information, as required by federal and state laws. These laws require us to provide you with this Notice of our Privacy Practices and to inform you of your rights, and our obligations, concerning your protected health information (“PHI”), and to notify you in the event of a breach of your unsecured PHI. While in certain circumstances we may use and/or disclose your PHI (as detailed in Section II and Section III of this Notice), generally we may not use and/or disclose any more PHI than is necessary to accomplish our purpose for such use and/or disclosure and we are required to abide by the terms of this Notice.

This Notice also describes the privacy practices that apply to our employees (including, but not limited to, those employed health care professionals and other employed individuals with access to your medical or billing records, including the employees of RIPCPC), and all other health care professionals (such as doctors and nurses) allowed to enter or access information in your medical record when they are providing services in any of the RIPCPC-affiliated medical practices.

This notice is in effect as of May 01, 2018, and will remain in effect until we change or replace it. We may change the terms of this Notice at any time. Any change will apply to all of your PHI that we already have and will include any PHI created or received prior to our formally issuing any new Notice setting forth the change. You may also obtain any new Notice by requesting a new Notice from us or the RIPCPC affiliate where you received services or at the address or telephone number listed at the end of this Notice.

#### **II. How Health Information About You May Be Used**

During the course of our relationship with you, we may use and disclose health information about you without your written authorization to carry out activities related to treatment, payment, and healthcare operations. Examples of these activities are as follows:

Treatment. We may disclose your health information to assist providers in managing and coordinating your health care. We may make disclosures to refer you to a provider, to ensure that your medical and behavioral health providers have information necessary for your treatment, or administer care management activities in which you participate.

Payment. We may use and disclose your health information to provide you with covered benefits, or to assist your provider or another health plan in its payment activities. We may make disclosures to manage enrollment records, make coverage determinations, administer claims, and coordinate benefits

with other coverage you may have. We may also provide your health information to our business associates, such as billing companies, claims processing companies and others that process our health care claims.

Health Care Operations. We may use and disclose your health information in connection with our health care operations, including accreditation, credentialing, and fraud prevention activities. Health care operations also includes case management and care coordination and quality assessment and improvement activities. We may also provide your health information to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us.

Your Prior Written Consent. There is certain health information that we will not use or disclose without your prior written consent, in accordance with state law. For example, we cannot disclose information about substance abuse or HIV/AIDS without your prior written consent. Also, we must receive your written authorization to disclose psychotherapy notes, if any, except for limited treatment, payment or healthcare operation activities. We also will not use or disclose your health information for marketing purposes without your written authorization, nor will we sell your information.

Alcohol and Substance Use Disorder Information. The confidentiality of alcohol and drug abuse patient records maintained by us is protected by Federal law and regulations. We will not disclose information related to your treatment for alcohol or substance use disorder unless: 1) you consent to disclosure in writing; 2) the disclosure is allowed by a court order (as described below); or 3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by you in the presence of our personnel, RIPCPC personnel, or against any person who works for RIPCPC or about any threat to commit such crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

Additional Disclosure. You may specifically authorize us to use your health information for any purpose or to disclose your health information to anyone, by submitting such an authorization in writing. Upon receiving an authorization from you in writing we may use or disclose your health information in accordance with that authorization. You may revoke and authorization at any time by notifying us in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those permitted by this Notice.

Research. We may disclose your health information for medical research studies, but only if protections and protocols are in place to ensure the privacy of your information.

Disclosure to Your Family and Personal Representatives. Disclosures may be made to any of your personal representatives appropriately authorized to have access and control of your health information. If we are authorized to do so, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your health care or with payment your health care. In the event of your incapacity or in emergency circumstances, we will disclose health

information based on a determination using our professional judgement disclosing only health information that is directly relevant to the person's involvement in your health care.

Public Health and Safety Concerns. We may disclose your health information for public health and safety reasons, such as disease reporting, to public health authorities or other appropriate government agencies. Additionally, your health information may be disclosed to a health oversight agency for oversight activities authorized by law, including civil, administrative or criminal investigations. We may also disclose your health information to avert serious threat to your health or safety or the health or safety of others. In some instances, we may disclose your health information if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of a crime.

The Law May Require Certain Uses or Disclosures. We may use or disclose your health information when we are required to do so by law, including, for example, to report certain types of physical injuries. In some instances, and in accordance with applicable law, we may be required to disclose your health information to appropriate authorities in response to a court or administrative order, subpoena, discovery request or other lawful legal process.

Law Enforcement and National Security. Under certain circumstances we may disclose health information relating to members of the Armed Forces to military authorities. We may also disclose health information relating to inmates or patients to correctional institutions or law enforcement personnel having lawful custody of those individuals. We may disclose health information in response to judicial proceedings and certain law enforcement inquiries and to authorized federal officials who require health information for lawful intelligence, counterintelligence, and other national security activities.

Appointment Reminders. We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters). If we deliver a reminder by telephone and you are unavailable to receive our call, we may leave a message with a family member or other person who answers your telephone. We will exercise our professional judgement in delivering such messages in order to limit the information disclosed to the extent necessary and to assure that such disclosures are made with your best interest in mind.

### **III. How You Can Get Access To This Information**

Access to Records. Upon submission of a written request to us, you have the right to review or receive copies of your health information, with limited exceptions. You may request access by using the contact information listed at the end of this Notice. You may request that we provide copies in the format you request if it is readily available. We will charge you a reasonable cost-based fee relating to the production of such copies in accordance with applicable law. Upon written request, you have the right to receive a list of instances (during the six years prior to your request) in which we – or our business associates – disclosed your health information for purposes other than treatment, payment, health care operation and other activities authorized by you.

Restrictions You May Request. You have the right to request that we place additional restrictions on our use or disclosure of your health information for treatment, payment, and health care operations purposes as well as place additional restrictions on disclosures to individuals (family member, relative, friend, etc.) who are involved in your care or payment of your care. Depending on the circumstances of

your request we may, or may not, agree to those restrictions. If we do agree to your requested restrictions we must abide by those restrictions, except in emergency treatment scenarios. If restricted information is disclosed to a health care provider for emergency treatment, we will request that the health care provider not further use or disclose the information.

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations (e.g., at your place of business rather than your home). We will accommodate such requests, so long as they are reasonable. Such requests must be made in writing, must specify the alternative means or location, and must provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendments to Your Records. You have the right to request that we amend your health information. Such requests must be made in writing, and must explain why the information should be amended. We may deny your request under certain circumstances.

Breach. We are obligated to notify you if we or one of our business associates becomes aware of a breach of your unsecured protected health information.

#### **IV. How We Protect Your Health Information**

Your health information, whether oral, written or electronic, is protected within the organization. Only employees who need to access such information to perform the duties of their job are granted access to protected health information and must sign confidentiality agreements. Employees ensure that all protected health information in their possession, custody, or control is appropriately secured. All electronic information systems including computers, laptops and telephones are password protected. Hard copy documents are secured on locked drawers or cabinets and promptly destroyed when protected health information is no longer needed. Electronic transmissions of health information from RIPCPC member practices and RIPCPC to entities outside of RIPCPC are secured with the appropriate data encryption technology. Fax machines are in secure non-public location to prevent unauthorized access. All RIPCPC members and RIPCPC offices are secured with locked doors and buildings, providing access only to authorized individuals.

#### **V. Changes To This Notice**

We reserve the right to change this Notice and the privacy practices described within at any time in accordance with applicable law. Prior to making significant changes to our privacy practices, we will alter this Notice to reflect the changes, and make the revised Notice available to you on request. Any changes we make to our privacy practices and/or this Notice may be applicable to health information created or received by us prior to the date of the changes.

You may request a paper copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us at the information at the end of this Notice. You may also access this Notice by visiting our website at [www.ripcpc.com](http://www.ripcpc.com).

#### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about the use, disclosure, or access to your health information, you may complain to us using the contact information listed at below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

Please direct any of your questions of complaints to:

Contact:

Privacy Officer

Rhode Island Primary Care Physicians Corporation

1150 New London Avenue, Suite 20

Cranston, RI 02920

Phone: (401) 654-4000

Fax: (401) 654-4001

If you believe your rights have been violated and would like to submit a complaint directly to the U.S. Department of Health and Human Services, then you may submit a formal written complaint to the following address:

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, DC 20201

(877) 696-6775

If you believe your rights related to alcohol and substance use disorder information have been violated, you may file a complaint directly with the Department of Justice at:

United States Attorney for the District of Rhode Island

50 Kennedy Plaza, 8<sup>th</sup> Floor

Providence, RI 02903

(401) 709-5000