



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

1. UNDERSTANDING YOUR HEALTH INFORMATION

This Notice of Privacy Practices (Notice) describes the privacy practices of the Cooper Clinic affiliated covered entity (Cooper Clinic) with respect to your Protected Health Information (PHI). An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act and its implementing regulations (HIPAA). Cooper Clinic, P.A., Cooper Medical Imaging, LLP, its employees and workforce members and other members of Cooper Clinic who are involved in providing and coordinating health care are all bound to follow the terms of this Notice. The members of Cooper Clinic will share PHI with each other for the treatment, payment and health care operations of the affiliated covered entity and as permitted by HIPAA and this Notice. For a complete list of the members of Cooper Clinic affiliated covered entity, please contact the Privacy Office.

This Notice only applies to how Cooper Clinic may use and disclose your health information. This Notice does not apply to other entities underneath the Cooper Aerobics Enterprises umbrella. This Notice will tell you about the ways in which we may use and disclose health information about you. This Notice is provided to you pursuant to HIPAA. Cooper Clinic and its workforce members who are involved in providing and coordinating your health care are all bound by the terms of this Notice.

2. YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- Request restriction on certain uses and disclosures of your health information for treatment, payment, health care operations as to certain persons, including family members involved with your care and as provided by law. While we will consider your request, we are only required to agree to restrict a disclosure to your health plan for purposes of payment or health care operations (but not for treatment) if the information applies solely to a health care item or service for which we have been paid out of pocket in full. If we do agree to a restriction, we will not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment. To request a restriction, you must submit a written request to our Privacy Officer. We will not agree to restrictions on health information uses or disclosures that are legally required or necessary to administer our business.
- Obtain a paper copy of this Notice of information practices if you previously agreed to receive it electronically.
- Inspect and obtain a copy of your health record, including laboratory results, as provided by law.

- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record.
- Obtain an accounting of disclosures of your PHI other than for treatment, payments and health care operations.
- Request communication of your health information by alternative means or at alternative locations. This request must be submitted in writing to Cooper Clinic and we will accommodate reasonable requests.
- Revoke your consent or authorization to use or disclose health information except to the extent that action has already been taken in reliance on your consent or authorization.
- Restrict disclosure of PHI to your insurer.
- Opt out of fundraising.

Send requests to the Privacy Officer at 972.560.2667, or by emailing privacy.officer@cooper-clinic.com.

3. OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a Notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this Notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures;
- Notify you in the event of a breach of your unsecured PHI.

We reserve the right to change our privacy practices and to make the new provisions effective for all PHI we maintain, including information created or received before the change. If our privacy practices change, we are not required to notify you, but we will have the revised Notice available for you upon request at Cooper Clinic.

We will not use or disclose your health information without your written authorization, except as described in this Notice.

4. EXAMPLES OF USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Except where prohibited by other laws that require special privacy protections, we may use and disclose your health information without your prior authorization as follows:

- **Treatment.** We will use and disclose your health information to provide, coordinate and/or manage your treatment and any



related services. For example, we may disclose health information about you to technicians, nurses, physicians, trainers and/or other personnel involved in your care. We may share your health information to coordinate treatment options such as prescriptions, laboratory work and X-rays. We may also share your health information with other providers involved in your care to assist in treating you once you leave Cooper Clinic, or to contact you to remind you about an upcoming appointment.

- **Payment.** Your health information will be used or disclosed, as needed, to obtain payment for the health care items and services we deliver to you. For example, we may bill your health plan for the cost of medication dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescription medications you are taking. We may also contact your health plan to determine whether it will authorize payment for your prescription or our services, or to determine the amount of your co-payment or co-insurance.
- **Health Care Operations.** We may use or disclose your health information in order to carry out our general business activities or certain business activities of other involved providers. These activities include, but are not limited to, training and education; quality assessment/improvement activities; risk management; claims management; legal consultation; physician and employee review activities; licensing; regulatory surveys; and other business planning activities. For example, we may use your health information to monitor the quality of the care we are providing to you.

5. OTHER EXAMPLES OF USES OR DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Business Associates: There are some services provided on behalf of our organization through contracts with third parties, known as business associates. Examples include the offsite storage of your medical records, copying services, consulting, accounting and attorney services. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do. In order to protect your health information we require business associates to appropriately safeguard your information. Business associates are also required by law to protect the privacy of your health information.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Required by Law: We will use and disclose your health information to the extent the use or disclosure is required by law.

Any such use or disclosure will be made in compliance with the law and will be limited to what is required under the law.

Public Health Activities: We may use your health information for public health activities such as reporting births, deaths, communicable diseases, injuries or disabilities; ensuring the safety of drugs and medical devices; and for work place surveillance or work-related illness or injury.

Family and Friends: Unless you express an objection, we may disclose your health information to a family member or friend who is involved in your medical care or to someone who helps pay for your care. We may also use or disclose your health information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care of your location, general condition or death.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

Law Enforcement: We may disclose your health information to law enforcement in limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, to report crime on our premises or in emergency treatment situations.

Judicial and Administrative Proceedings: We may disclose information about you in response to an order of a court or administrative tribunal as expressly authorized by such order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process not accompanied by an order of a court or administrative tribunal, under certain circumstances as permitted by law.

To Avert a Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also disclose information about you if it is necessary for law enforcement authorities to identify or apprehend an individual.

Disaster Relief Efforts: We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information consistent with applicable law to coroners, medical examiners and funeral directors to assist them in carrying out their duties.



Organ and Tissue Donation: We may disclose health information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation.

Research: Under certain circumstances, we may also use and disclose information about you for research purposes. All research projects are subject to a special approval process through an appropriate committee.

Fundraising: We may use certain information to contact you as part of our fundraising efforts. If you receive such a communication from us, you will be provided an opportunity to opt-out of receiving such communications in the future.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your health information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your health information to authorized federal officials for intelligence and national security purposes.

Correctional Institutions: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.

Victims of Abuse, Neglect or Domestic Violence: We may disclose your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

6. OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Cooper Clinic will not use or disclose your health information without your authorization other than in those instances described in this Notice. There will be times when an authorization in writing will be required, including: (i) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record); (ii) most uses and disclosures of your health information for marketing purposes; and (iii) disclosures of your health information that constitute the sale of your health information. You may revoke your authorization at any time in writing, except to the extent that we have already taken action in reliance on your authorization.

7. STATE LAW

We will not use or share your information if state law prohibits it. Many states have laws that are stricter than the federal privacy regulations we describe in this Notice. If a state law applies to us

and is stricter or places limits on the ways we can use or share your health information, we will follow the state law. For instance, some states may provide greater protections for genetic testing information, HIV/AIDS information, mental health and developmental disabilities records and alcohol or drug abuse records. The way that state and federal laws interact is complicated. If you would like to know more about applicable state laws, please ask our Privacy Officer.

8. FOR MORE INFORMATION OR TO REPORT A BREACH OF PRIVACY

If you have any questions or would like additional information, you may contact Cooper Clinic's Privacy Officer at 972.560.2667 or by emailing privacy.officer@cooper-clinic.com.

If you believe your privacy rights have been violated, you may file a complaint with:

- Cooper Clinic's Privacy Officer. A form will be provided to you with submission instructions.
- U.S. Department of Health and Human Services, Office for Civil Rights (OCR). The required paperwork and filing instructions are available online at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You can submit complaints to OCR by mail to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Suite 515F, HHH Bldg., Washington, D.C. 20201; or fax: 202.619.3818. Or you can email a complaint to ocrmail@hhs.gov.

9. OUR COMMITMENT TO YOUR PRIVACY

Cooper Clinic has a legal, ethical and moral obligation to protect your confidentiality. We are dedicated to maintaining the privacy of your PHI.

By supplying your contact information (phone number, email and any other personal contact information), you authorize Cooper Clinic (and our authorized representatives) to contact you directly, as needed. In some cases, a detailed message may be left on your voicemail/answering machine.

Cooper Clinic complies with all state and federal laws pertaining to your privacy rights when using your health information. By federal and state law, we must follow the terms of the Notice of Privacy Practices we have in effect at the present time.

EFFECTIVE DATE OF NOTICE: April 14, 2003

Revised Date: March 29, 2017