



Notice of Privacy Practices

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This Notice of Privacy Practices describes how we may use or disclose your protected health information (PHI), with whom that information may be shared, and the safeguards we have in place to protect the PHI. This notice also describes our legal duties and privacy practices, as well as, your rights regarding your PHI.

Please review this carefully.

- **"Protected health information"** is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health condition and related healthcare services. Iridescent Health is required to maintain the privacy of your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice took effect April 14, 2003 and was updated on July 21, 2014.

Acknowledgement of Receipt of this Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Uses and Disclosures of Health Information

We use or disclose your personal health information for the purposes listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within one of these categories.

1. Treatment
 - a. We may use or disclose your health information to a physician or other health care entity(ies) that provide or will provide treatment or services to you. For example, if we refer you to a physician or another health care provider for a service that we cannot provide, your health information will be disclosed to that office.
2. Payment
 - a. We may use and disclose your health information to obtain payment for services we provide to you. If an insurance company or program can pay for your service, it may be necessary to disclose your health information to that company.
3. Healthcare Operations
 - a. We may use and disclose your health information in connection with our public health and healthcare operations and practices. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner, and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
4. Provide Appointment Reminders
 - a. We may disclose limited health information to provide you with appointment reminders via voicemail, text, or email messages, postcards, or letters.



5. Persons Involved in Your Care
 - a. We may use or disclose health information to notify or assist in the notification of a family member or personal representative of your location, your general condition, or death. If you are present, then we will provide you with an opportunity to object to such uses or disclosures before they are made. In the event of your incapacity or emergency circumstance, we may disclose information that is directly relevant to the person's involvement in your healthcare.
6. Required by Law
 - a. We may disclose your health information when we are required to do so by federal, state, or local law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
7. Public Health Activities
 - a. We may use and disclose medical information about you for public health activities, including public health surveillance activities and preventing disease, help with product recalls, reporting adverse reactions to medications, reporting and notifying appropriate authorities if we suspect abuse, neglect, or domestic violence, or to prevent or reduce a serious threat to your health or safety or the health or safety of others.
8. Communicable Disease
 - a. We will report by law to the Michigan Department of Community Health Disease Surveillance and/or Center for Disease Prevention issues related to communicable diseases that would endanger public health.
9. Research
 - a. We can use or share your information for health research.
10. Health Oversight Activities
 - a. We may disclose medical information to a health oversight agency for activities authorized by law.
11. Judicial and Administrative Proceedings:
 - a. We may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request, or other lawful process.
12. Law Enforcement Purposes:
 - a. We may disclose health information to law enforcement officials when certain conditions are met.
13. Workers' Compensation:
 - a. We may release medical information about you for workers' compensation or similar programs.
14. National Security and Similar Government Functions
 - a. We may disclose to authorized federal and state officials or sanctioned individual's health information required for lawful intelligence, counterintelligence, and other national security activities, or for special government functions such as military, national security, and presidential protective services.
15. De-identified Information
 - a. We may use or disclose health information that does not contain individually identifiable information.
16. Organ and Tissue Donation Requests
 - a. We may share health information about you with organ procurement organizations.



17. Medical Examiner or Funeral Director

- a. We may share health information with a coroner, medical examiner, or funeral director when an individual die.

18. Other Uses

- a. With your authorization, other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Your Rights

1. Access

- a. You have the right, under Privacy Act of 1974, to look at or get copies of your medical information, with limited exceptions. Any request for access to your medical records must be made in writing and by sending the request as a letter to the address at the end of this Notice. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee. We may deny your request in certain very limited circumstances. If you are denied access to medical information, you may appeal.

2. Disclosure Accounting

- a. You have the right to receive a list of disclosures we made of your health information for purposes other than treatment, payment, healthcare operations, and certain other activities for a period of time up to six years prior to the date you ask, who we shared it with, and why. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for providing this.

3. Request Restrictions

- a. You have the right to request that we restrict how we use or disclose your medical information for treatment, payment, or health care operations or the disclosures we make to someone who is involved in your care or the payment of your care, such as a family member or friend. We are not required to agree to these additional restrictions, but will abide by your request to the extent possible. If you pay for a service or healthcare item out-of-pocket in full, you can request us not to share that information for the purpose of payment or our operations with your health insurer. We will abide by that request unless a law requires us to share that information.

4. Confidential Communication

- a. You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

5. Choose Someone to Act for You

- a. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authorization and can act for you before we act.



6. Amendment

- a. You have the right to request that we amend your health information. Your request must be in writing and it must give a reason for your request. We may deny your request if you ask us to amend information that was not created by us, is not part of the information kept by Iridescent Health, is not part of the information you would be permitted to inspect and copy, or is accurate and complete. Any denial will be in writing within 60 days and state the reason for the denial.

Your Choices

For certain health information, you can tell us your choices about what we share and whom we share it with. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions. A release form will be provided to you to indicate what information you want released and to whom. This form will be completed annually. **ONLY** under express written consent will any information be disclosed including whether you receive services through the agency. If this consent is provided, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share only the pertinent information needed if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety (i.e., concerns for your personal safety or the safety of others). Your information will never be shared for marketing purposes or for sale of your information.

Changes in Notice

We reserve the right to change our privacy practices and the terms of this Notice at any time. The new notice will be available upon request, in our office, and on our website. Changes will be available from the Iridescent Health office that provides your service. Any changes in our privacy practices and the new terms of our notice will be effective for all medical information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our Privacy Notice at any time. If you have questions or for more information about our privacy practices, to file a complaint, or for additional copies of this Notice, please contact us at:

Iridescent Health
629 Pioneer St. Kalamazoo, MI 49008
(269) 210-7566

You may also seek additional information from or submit a written complaint to the:
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
(877) 696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

- We will not retaliate against you for filing a complaint.



Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Federal Privacy Laws

This Iridescent Health Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies.