WELLONE PRIMARY MEDICAL AND DENTAL CARE HIPPA NOTICE OF PRIVACY PRACTICES

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.

Protected health information ("PHI") means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. This notice will tell you how we may use and disclose protected health information about you and will tell you about your rights and our duties with respect to PHI about you. In addition, it will tell you how to complain if you believe we have violated your privacy rights. WellOne is required to abide by the terms of this Notice of Privacy Practices, but reserves the right to change the Notice at any time. Any new Notice will be effective for all PHI that we maintain at that time. We will provide you with any revised Notice upon your request of our Privacy Officer.

PERMITTED USES AND DISCLOSURES PHI may be used and disclosed by your physician, our office and staff and others outside of our office that are involved in your care and treatment for the purposes of providing and paying for health care services to you. PHI may also be used and disclosed to support health care practice operations. Following are examples of the types of uses and disclosures of PHI for these purposes: **Treatment**. We may disclose PHI about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose PHI about you to doctors, nurses, hospitals and other health facilities that are involved in your care. This would include, for example, consulting with a specialist regarding your condition or treatment. WellOne is a member organization of an accountable entity (AE), Integrated Health Partners (IHP). IHP has multiple member organizations. If you are an attributed patient of IHP then WellOne may release PHI to other member organizations to coordinate and provide you with care: verbally, in writing and electronically thru a datahub, you have the right to refuse information sharing and it must be provided in writing. WellOne reserves the right to refuse this request but will work to honor your request. **Payment.** We may disclose PHI so we can be paid for the services we provide to you. This can include billing you, your insurance company, or other third party payors. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to determine if you are covered by that insurance or program. **Health Care Operations.** We may use and disclose PHI about you for our own health care operations. These are necessary for us to operate our agency and to maintain quality health care for our patients. For example, we may use PHI about you to review the services we provide and the performance of our employees in caring for you. We may disclose PHI about you to train our staff, volunteers and students working in our Agency. We also may use the information to study ways to more efficiently manage our organization. In WellOne, we may also use a sign in sheet at the registration desk and may call you by name in the waiting room when it is time to see you. We may use or disclose PHI, as necessary to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that we do not send these materials to you if you do not want to receive them.

OTHER USES AND DISCLOSURES ALLOWED: We may use or disclose PHI in the following situations without your consent, in accordance with the law: **Appointment/Visit Reminders.** Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail reminding you of an upcoming appointment. We may also contact you by text message, encrypted email or through our patient portal. **Emergency Treatment.** In emergency treatment situations, we may use or disclose your PHI. In certain situations in which we are required by law to provide treatment, we may use or disclose PHI without consent to treat you. **Fund Raising and Volunteer Service.** We may use your name & address to contact you to raise funds for WellOne or to ascertain your interest in WellOne Board or Committee service. If you do not want WellOne to contact you for fund raising or for volunteer service, you may opt-out of receiving such solicitations by notifying WellOne's Privacy Officer. WellOne will not share your medical information with anyone else so that entity may contact you for fund raising or marketing purposes. **Census Report.** We may include information such as your name, your address, your physician, and your diagnosis in general terms on a census report used within the agency. This information is used primarily for scheduling, coordination, billing and health care oversight purposes. **Individuals Involved in Your Care.** Unless you object, we may disclose to a family member, other relative, a close personal friend, or any other person identified by you, PHI about you that is directly relevant to that person's involvement with your care or payment related to your care. If there is a family member, other relative, or close personal friend who is involved in your care who you do not want us to disclose PHI about you to, please notify us. **Business Associates.** We may disclose PHI to a Business Associate as part of a contracted agreement to provide services for WellOne. Whenever an arrangement with a Business Associate involves the use or disclosure of your PHI, we will have a written contract with the Business Associate that contains terms that protect the privacy of your PHI. We will also disclose only the minimum amount of your PHI necessary for Business Associates to perform their required activities.

SPECIAL SITUATIONS ALSO ALLOWED Required by Law. We may use or disclose PHI about you when we are required to do so by law. We must make disclosures to the Secretary of the United States Department of Health and Human Services ("Secretary") to investigate or determine our compliance with the federal privacy regulations. **Public Health and Oversight Activities; Abuse Reporting.** We may disclose PHI to the Rhode Island Department of Health ("DOH") and other public health authorities for the purpose of controlling disease and other public health purposes. We may disclose PHI to any authority authorized by law to receive reports of child abuse or neglect. In addition, we may disclose PHI to the appropriate authorities if we believe that you have been a victim of abuse, neglect, or domestic violence. If we make such a report, it will be made consistent with the requirements of applicable state and federal law. We may also use or disclose PHI to a duly authorized public or private entity to assist in disaster relief efforts. We may disclose PHI to a health oversight agency, e.g., the Rhode Island Board of Medical Licensure and Discipline and DOH for activities authorized by law, such as licensure of health care professionals, investigation, and inspections. **Communicable Diseases.** We may disclose PHI to a person who may have been exposed by you to a communicable disease, to the extent authorized by law. **Food and Drug Administration ("FDA").** We may disclose PHI to the FDA to report adverse reactions to medications, product defects, and other information, required by and subject to the jurisdiction of the FDA. **Legal Proceedings.** We may disclose PHI in response to a court order or, in certain instances, in response to a subpoena so long as you have been duly notified or attempts to notify you or to obtain an order protecting the information requested have been made according to law. **Law Enforcement.** We may disclose PHI to law enforcement authorities, so long as all applicable legal requirements are met. **Medical Examiner.** We may disclose PHI to a medical examiner, e.g., for identification purposes or determining cause of death. **Criminal Activity.** We may, to the

extent permitted by law, disclose PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. **Workers Compensation.** We may disclose PHI about you to the extent necessary, to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault. **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat. **Organ and Tissue Donation.** If you are an organ donor, we may disclose PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities to the extent permitted by law. We may also release protected health information about foreign military personnel to the appropriate foreign military authority. **National Security and Intelligence Activities.** We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. **Protective Services for the President and Others.** To the extent permitted by law, we may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may, to the extent permitted by law, disclose PHI about you to the correctional institution or law enforcement officials if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution. **Current Care:** We have chosen to participate in CurrentCare, the Rhode Island health information exchange ("HIE"). CurrentCare is also affiliated with and shares data with other HIEs, including those in Alaska, Connecticut, D.C., Maryland, and West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care, and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CurrentCare by calling 888-858-4815 or completing and submitting an opt-out form to CurrentCare by mail, fax or through their website at CurrentCareRI.org. At a minimum, your protected health information may be disclosed to: Health care providers that care for them in emergencies, on a temporary basis; Public health authorities in the process of carrying out their functions, and; Health plans where information is necessary for care management, quality, and performance measure reporting

OTHER USES AND DISCLOSURES Other uses and disclosures of PHI will be made only with your written authorization, unless otherwise permitted by law. For example, most uses and disclosures of psychotherapy notes (if we have any), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. An authorization may be revoked, in writing, at any time. However, should you revoke such an authorization, you should understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records as proof of the care that we provided you.

OUR RIGHTS WITH RESPECT TO PHI ABOUT YOU: **All following requests must be in writing. Right to request restrictions on certain uses and disclosures of information about you.** However, WellOne is not required to agree to the requested restriction. You must submit your request in writing. You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. If you ask us not to disclose PHI to your health insurer for a health care item or service for payment or our health care operations, and you have paid us in full out-of-pocket for that service or item, we must comply with your request, unless we are required to disclose the information. **Right to receive confidential communication of protected health information.** For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing. We will accommodate all reasonable requests. **Right to inspect and copy protected health information.** With a few limited exceptions, you have the right to inspect and obtain a copy of PHI about you. To inspect or copy medical information about you, you must submit your request in writing. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing. You have the right to request an electronic copy of your medical record. **Right to amend protected health information. You have the right to request your PHI be amended.** If we grant the request, in whole or in part, we will seek your identification of, and agreement to, share the amendment with relevant other persons. We also will make the appropriate amendment to the PHI by appending or otherwise providing a link to the amendment. Under the law we may deny your request to amend medical information if we determine that the information is accurate and complete and for a few other reasons. If we deny your request for an amendment, you have the right to file a statement of disagreement and be provided a copy of any rebuttal statement we create. **OUR DUTIES TO YOU:** We are required by law to maintain the privacy of PHI about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time and to notify you if there is a breach of certain PHI we have about you. We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we are maintaining at the time. You have the right to a paper copy of this Notice of Privacy Practices and WellOne will provide you a copy if you request it. If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the WellOne Privacy Officer, WellOne, at phone number 401.567.0800 or write to: **Compliance Officer -WellOne Primary Medical and Dental Care, 308 Callahan Rd. North Kingstown, RI 02852** **COMPLAINTS** You may file a complaint with us and/or the Secretary if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer. Please be advised that we will not retaliate against you, in any way, for filing a complaint. We would appreciate your advising us of any of your concerns first so that we may address them. To file a complaint with us, contact Compliance Officer at WellOne. All complaints should be submitted in writing.

The address is: **Compliance Officer -WellOne Primary Medical and Dental Care, 308 Callahan Rd. North Kingstown, RI 02852** To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.

EFFECTIVE DATE OF NOTICE This notice becomes effective on April 14, 2003 rev.9/16/2013, 4/1/2022, 2/1/2025