

NOTICE OF PRIVACY PRACTICES

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

Bright Future Pediatrics, LLC ("Company") is required by law to provide you with this Notice of Privacy Practices ("Notice") so that you understand how we may use or share your or your child's ("you" or "your") Protected Health Information ("PHI"). We are required to adhere to the terms outlined in this Notice and notify you following a breach of unsecured PHI. If you have any questions about this Notice, please contact our designated Privacy Officer.

Effective Date: 01/01/2021

Privacy Officer: Bright Future Pediatrics, LLC
ATTN: Jessica Dyer, Privacy Officer
817 S. Elm Pl., Ste. 106
Broken Arrow, Ok 74012
(918) 928-5437

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you request items, services or both from the Company, a record is made containing health and financial information about you. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may, in our sole discretion, use or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your information is used helps you to:

- ensure it is accurate
- better understand who may access your information
- make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE PROTECTED PHI ABOUT YOU

The following categories describe the ways that we are permitted to use and disclose your PHI.

- **For Treatment.** We may use or disclose PHI about you to provide you with medical treatment. We may disclose PHI about you to doctors, nurses, therapists and others who are involved in taking care of you, including your family members and home health care providers.
- **For Payment.** We may use and disclose PHI about you to bill you, an insurance company or a third party for the items and services you receive from us. For example, in order to receive payment, we may need to share with your health plan information about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose PHI about you for our day-to-day health care operations. We may use PHI about you for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. Other aspects of health care operations that may require us to use and disclose your PHI include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your PHI may be used and disclosed for the business management and general activities of the Company, including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Company. In limited circumstances, we may disclose your PHI to another entity subject to HIPAA for its own health care operations.

OTHER ALLOWABLE USES OF YOUR PHI

- **Business Associates.** There are some services we provide or obtain through contracts with business associates. Examples include outside attorneys and accountants and vendors we use in connection with our business, such as medical billing companies, print, copy and mail services and health care consultants. When these services are contracted, we may disclose your PHI to such business associates so that they can perform and receive payment for the services.
- **Treatment Alternatives.** We may use and disclose PHI about you to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities.** We will not use PHI about you to contact you in an effort to raise money as part of a fundraising effort.
- **Customer Information.** We may include information about you in an internal Company directory, address book, customer list or scheduling calendar while you are a customer. This information may be disclosed to people who ask for you by name. This is so you, your family and friends can receive general information about the items and services we provide to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose PHI about you to a friend or family member who is involved in your care. We may also disclose your PHI to someone who helps pay for your care.
- **Health Information Exchange/Regional Health Information Organization.** Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law.
- **As Required By Law.** We will disclose PHI about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose PHI to organizations that handle organ procurement to facilitate 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 authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. Before we use or disclose PHI for research, the project will have been approved through a special approval process that evaluates a proposed research project and its use of PHI, trying to balance the research needs with individuals' need for privacy of their PHI.
- **Future Communications.** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities we are participating in.
- **Workers' Compensation.** We may disclose PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting** Federal and state laws may require or permit the Company to disclose certain PHI related to the following:
 - Public Health Risks. We may disclose PHI about you for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Reporting Abuse, Neglect or Domestic Violence: Notifying the appropriate government agency if we believe a customer has been the victim of abuse, neglect or domestic violence.
- **Law Enforcement**. We may disclose PHI when requested by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our office; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors**. We may disclose PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors as necessary to carry out their duties.
- **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.
- **Correctional Institution**: If you are an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission, including using or disclosing psychotherapy notes, or using or disclosing PHI for marketing. If you permit us to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization.

YOUR RIGHTS REGARDING PHI ABOUT YOU

Although your health record is the Company's property, the information belongs to you. You have the following rights regarding your PHI:

- **Right to Inspect and Copy**. With some exceptions, you have the right to review and copy your PHI. You must submit your request in writing to our designated Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to Amend**. If you feel that PHI in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Company.

You must submit your request in writing to our designated Privacy Officer. In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the PHI kept by or for the Company; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your PHI, other than those made for purposes such as treatment, payment or health care operations.

You must submit your request in writing to our designated Privacy Officer on the form they provide to you or that is reasonably acceptable to them. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you. For example, you may request that we limit the PHI we disclose to someone who is involved in your care or the payment for your care, or you could ask that we not use or disclose PHI about you to a family member or friend.

We are not required to agree to your request.

You must submit your request in writing to our designated Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail.

You must submit your request in writing to our designated Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice of Privacy Practices even if you have agreed to receive this Notice electronically. You may ask us to give you a copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Company's office and on the website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Company or with the Secretary of the Department of Health and Human Services. To file a complaint with the Company, contact our designated Privacy Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**