NOTICE OF PRIVACY PRACTICES (NPP)

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

Please review this notice carefully.

Esta información está disponible en español. (This information is available in Spanish.)

This notice applies to all protected health information* ("PHI") maintained by Sequoia Integrative Medical Services, LLC, and Sequoia Health Services ALF, LLC (collectively, "Sequoia"). This notice will be followed by all members of Sequoia's Workforce, including employees, medical staff members, students and volunteers, with respect to PHI maintained by Sequoia. If you have any questions after reading this Notice, please contact Sequoia's HIPAA Privacy Officer or designee.

* Protected Health Information (or PHI) is any individually identifiable health information, whether oral, written, or electronic, transmitted or maintained in any form or medium that is created or received by a health care provider, a health plan, or a health care clearinghouse; and relates to an individual's past, present, or future physical or mental health condition or health care treatment, or the past, present or future payment for health care services to the individual; and either identifies an individual (for example, name, social security number or medical record number) or can reasonably be used to find out the person's identity (address, telephone number, birth date, e-mail address, and names of relatives or employers).

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We are committed to the protection of PHI in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. This information may consist of paper, digital or electronic records but could also include photographs, videos and other electronic transmissions or recordings that are created during your care and treatment. We may use a secure AI tool to audio record your visit and assist with documentation of your visit. Your provider reviews and approves all notes. You are free to decline the use of AI in documenting your visits. If you do not want us to use this technology, please advise your provider. Audio recordings are temporarily saved in a secure manner until note summaries and quality checks are complete, and then they are automatically deleted. A record of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Notify you in the event of a breach of your Unsecured PHI.
- Follow the terms of this Notice that are currently in effect.

When releasing your PHI, Sequoia will follow a "Minimum Necessary" standard, whereby we will make reasonable efforts to limit the use & disclosure of your PHI in order to accomplish the intended purpose or job.

Uses and disclosures of health information not covered by this Notice or the laws that apply to Sequoia will be made only with your authorization.

In certain circumstances Sequoia may use and disclose PHI about you without your written consent as follows:

- **Treatment**: We will use health information about you to provide you with medical treatment or services. We will disclose PHI about you to doctors, nurses, technicians, students in health care training programs, or other

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personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.

- **Payment**: We will use and disclose your PHI to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may provide your name, address and insurance information to other health care providers related to your care. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. For billing information, contact Clarity Health RCM at sequoiabilling@clarityhealthrcm.com, (708) 529-6521 or (920) 204-6754.
- **Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost-effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students in caring for you. We may use or disclose your PHI to an outside company that assists us in operating our facilities. For example, when your provider dictates a summary of the visit with you, an outside company types up the document for our medical records. These outside companies are called "business associates," who have contracted with us to keep any PHI received from us confidential in the same way we do.
- **Family Members and Friends:** We may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.
- **Future Communications:** We may use your name, address, e-mail and phone number to contact you to provide you information about new programs or other services we offer. An example of this would be mailers to all patients regarding a walk or run for breast cancer. This same information may be used to develop new programs as part of promoting health.
- **Public Health and Government Functions:** We will disclose your PHI in certain circumstances to:
    - Control or prevent a communicable disease, injury or disability, to report births and deaths, and for public health oversight activities or interventions.
    - The Food and Drug Administration (FDA), to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law.
    - A state or federal government agency to facilitate their functions.
- **Required or Permitted by Law:** We will disclose your PHI when required to do so by federal, state, or local law. We are permitted, and required in some cases, to release your PHI in certain circumstances to:
    - Report suspected elder or child abuse to law enforcement or other governmental agencies responsible to investigate or prosecute abuse.
    - Respond to a valid court order.
    - The Department of Health Services (DHS), the Department of Children and Families (DCF), a protection or advocacy agency, and law enforcement authorities investigating abuse, neglect, physical injury, death, and suspicious wounds, burns, or gunshot wounds.
    - Your court-appointed guardian or agent you have appointed under a health care power of attorney.

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  - A prisoner's health care provider.
  - A medical examiner, coroner, and funeral director regarding a death.
  - Law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons.
- **Workers' Compensation:** We will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or the Department of Workforce Development or its representative.
- **Employer-Sponsored Health and Wellness Services:** We maintain PHI about employer-sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care. For employer-sponsored services provided at your employment site, summary, de–identified information may be provided to your employer for planning purposes. If you wish to have detailed health information provided to your employer, you must complete an authorization for release of PHI.

YOUR PROTECTED HEALTH INFORMATION RIGHTS

- **Right to Request Restrictions:** You have the right to request certain restrictions of our use or disclosure of PHI for treatment, payment, or health care operations. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care or the payment for your care. We are not required to agree to your request in most cases. If we agree to the restriction, it will comply with your request unless the information is needed to provide you emergency treatment. We must, however, agree to your request to (1) restrict our disclosure of your PHI to your health plan when you have paid us out–of–pocket in full for the health care item or service we provided you and (2) restrict our disclosure of your immunization data to the Wisconsin Immunization Registry. A request for restriction should be made in writing. To request a restriction, please contact Sequoia.
- **Right to Access:** You have the right to access PHI about you that may be used to make decisions about your health. A request to inspect your records may be made to Sequoia. Your request must be in writing, and we may request that you use our form. There may be a charge for copies.
- **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as we maintain the information. Requests for amending your PHI should be made in writing to Josie Lenz, Admissions Manager. Sequoia will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of instances in which we or our Business Associates disclosed your PHI for purposes other than treatment, payment, health care operations, disclosures authorized by you or made to you, and certain other activities. To request this accounting of disclosures, you must submit your request in writing to Josie Lenz, Admissions Manager. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.
- **Right to Request Alternate Means of Communication:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. We will accommodate all reasonable requests. You must make any such request in writing submitted to Josie Lenz, Admissions Manager.

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- **Right to Require Authorization:** Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI.
- **Right to Revoke Authorization:** If you authorize Sequoia to use or disclose your PHI, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization you must contact Josie Lenz, Admissions Manager.
- **Right to Complain:** If you believe your privacy rights have been violated, you may file a complaint with Sequoia or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Sequoia, you must put your complaint in writing and address it to Katelyn Wery, LPN, Director of Clincial Services. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your care and treatment.
- **Right to Require Authorization:** Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI.

Important Notice: We reserve the right to revise or change this Notice and to make the new Notice provisions effective for all PHI Sequoia maintains. The most current copy of this Notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.

How to Contact Us:
Sequoia Integrative Medical Services
Attn: Josie Lenz, Admissions Manager
1746 Paul Drive
Kaukauna, WI 54130
Phone: (920) 372-4168
Fax: (920) 543-5288
Email: admissions@sequoiaintegrativemedicalservices.com

Office for Civil Rights, Region V
U.S. Department of Health and Human Services
233 North Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone: 800-368-1019
Fax: 202-619-3818
TTD: 800-537-7697
Email: ocrmail@hhs.gov

EFFECTIVE DATE: January 14, 2020

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