



Notice of Company 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.

Heal Well may use your health Information, Information that constitutes Individually identifies health information as defined in the Privacy Rule of the administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Company has established policies to guard against unnecessary disclosure of your protected health Information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment- The Company may use your health information to coordinate care within The Company and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist The Company in coordinating care. For example, physicians involved in your care will need Information about your symptoms in order to prescribe appropriate medications. However, physicians, employees, and other staff not involved in your care may not access your protected health information. The company also may disclose your health care information to individuals outside of the Company involved in our care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment- The Company may include your health Information in invoices to collect payment from third parties for the care you receive from The Company. For example, The Company may be required by your Health Insurer to provide information regarding your health care status so that the insurer will reimburse you or The Company. The Company also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for Wound Care and the services that will be provided to you.

To Conduct Health Care Operations- The Company may use and disclose health information for its own operations in order to facilitate the function of The Company and as necessary to provide quality care to all of the patients.

Health care operations includes such activities as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs.
- Protocol development and care coordination
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation
- Training of non-Health care Professions
- Accreditation, certification, licensing or credentialing activities
- Review and auditing, including compliance reviews, medical review, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of The Company.

For example, The Company may use your health information to evaluate its staff performance, combine your health information with other Company patients in evaluating how to more effectively serve all company Patients, disclose your health information to company staff and contracted personnel for training purposes or contact you as apart of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Appointment Reminders- The Company may use and disclose your health Information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives- The Company may use and disclose your health Information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

When Legally Required- The Company will disclose your health information when it is required to do so by any Federal, State, or Local Law.

When There Are Risks to Public Health- The Company may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, vital events such as birth or death and the conduct of public health surveillance, investigations and Interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements, and to conduct post marketing surveillance and compliance with requirements of the Food and Drug Administration
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect or Domestic Violence- The Company is allowed to notify government authorities if the Company believes a patient is the victim of Abuse, Neglect, or Domestic Violence. The Company will make this disclosure only when specifically required by Law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities- The Company may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Company, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative proceeding- The Company may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to subpoena, discovery request or other lawful process, but only when The Company makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes-As permitted or required by State Law, The Company may disclose your health information to a Law Enforcement Official for certain Law Enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena, or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a Law Enforcement official if The Company has a suspicion that your death was the result of criminal conduct including criminal conduct at The Company.
- In an emergency in order to report a crime

To Coroners and Medical Examiners- The Company may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by Law.

To Funeral Directors- The Company may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary, The Company may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye and Tissue Donation- The Company may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes, and tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes- The Company may, under very select circumstances, use your health information for research. Before The Company discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health or safety- The Company may, consistent with applicable law and ethical standards of conduct, disclose your health information if The Company, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions-In certain circumstances, the Federal Regulations authorized The Company to use or disclose your health information to facilitate specified government functions relating to Military and Veterans, National Security and Intelligence Activities, protective services for the President and others, medically suitability determinations and inmates and Law Enforcement Custody.

For Worker's Compensation- The Company may release your health information for workers compensation or similar programs.

Minimum Disclosure Requirement

In any event in which The Company discloses your health information for allowed purpose, The Company is required to limit the disclosure to the limited data set, as defined by HIPPA, or to the minimum necessary to accomplish the intended purpose of the disclosure.

Authorization to Use or Disclosure Health Information

Other than as stated above, The Company will not disclose your health information other than with your written authorization. If you or your representative authorizes The Company to use or disclose your health information, you may revoke that authorization in writing at any time.

Rights With Respect to your Health Information

You have the following rights regarding your health information that The Company maintains:

Right to Request Restrictions-You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the disclosure of your health information to someone who is Involved in your care or the payment of your care. The Company must comply with your request if the restriction-related to disclosure to a health plan for payment or health care operations (not for treatment) and the protected health Information relates to a health care service or product for which you pay The Company In full, out of pocket. Otherwise, The Company is not required to agree to your request for restrictions, please contact (405)-492-7229 if needed.

Right to receive Confidential Communications-you have the right to request that The Company communicate with you in a certain way. For example, you may ask that The Company only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact (405)-492-7229. The Company will not request that you provide any reasons for your request and will attempt to honor your reasonable requests confidential communication.

Right to Inspect and Copy your Health Insurance-You have the right to inspect and copy your health Information, including billing records. A request to inspect and copy records containing your health information may be made to the Administrator. If The Company keeps a requested record in electronic form, you have the right to request a copy of the record be provided to you in electronic form. If you request a copy of your health information other than electronic, The Company may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Health Care Information-You or your representative have the right to request that The Company amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by The Company. A request for an amendment of records must be made in writing to the office, 2801 Parklawn Drive Suite 302, Midwest City, OK 73110.

The Company may deny the request If it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by The Company , if the records you are requesting are not part of The Company records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect, and in the opinion of The Company, the records containing your health information are accurate and complete.

Right to an Accounting-You or your representative have the right to request an accounting of disclosures of your health information made by The Company for certain reasons, including reasons to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the office 2801 Parklawn Drive Suite 302, Midwest City, OK 73110. The request should specify the time period for the accounting starting on or after July 1, 2022. Accounting requests may not be made for periods of time in excess of six (6) years, The Company would provide the first accounting request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice-You or your representative have a right to separate paper copies of this Notice at any time even if you or your representative have received the Notice previously. To obtain a separate paper copy, please contact (405) 492-7229.

Right to Received Notice Breach-You or your representative have a right to receive written notice from The Company or its designee, if there is a breach involving your unsecured protected health information.

DUTIES OF THE COMPANY

The Company is required by law to maintain the privacy of your health information and to provide you and representative this Notice of its duties and privacy practice. The Company is required to abide by the terms of this Notice as may be amended from time to time. The Company reserves the right to change the terms of Its Notice and to make the new Notice provisions effective for all health Information that it maintains. If The Company changes its Notice, The Company will provide a new copy of the revised Notice to you or your appointed representative. You or your representative have the right to express complaints to The Company and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to The Company should be made in writing to the office, 2801 Parklawn Drive Suite 302, Midwest City, OK 73110. The Company encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON- The Company has designated the company President as its contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards. You may contact this person at: (405) 492-7229.

Effective Date: This Notice is Effective July 1,2022.