

## **HIPAA PRIVACY NOTICE**

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

### **INTRODUCTION**

West Technology Group, LLC and its affiliates are required by law to maintain the privacy of “protected health information.” “Protected health information” includes any identifiable information we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. This Notice applies to West Technology Group, LLC and its U.S. affiliates.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of the most current privacy notice from our Privacy and Security Office.

### **PERMITTED USES AND DISCLOSURES**

The affiliates of West Technology Group, LLC (“West”) are Business Associates of Covered Entities with which you may do business. These Covered Entities would include, for example, your insurance company, your dentist, your pharmacy, etc. In the capacity of Business Associate, the Covered Entity you use may provide access to a portion of your protected health information to West. We intend to use or disclose your protected health information for the purposes of fulfilling our obligations to the Covered Entity. In all cases, only the minimum necessary information will be used or disclosed. These uses or disclosures may include, but are not limited to, the following categories and examples:

*Treatment* – We may use protected health information provided to us by your Covered Entity to inform you of approaching events related to your healthcare. For example, we may notify you a prescription is coming up for refill; or, we may call you because it has been a while since you have ordered supplies for a medical condition and it is time to reorder.

*Payment* – We may use protected health information provided to us by your Covered Entity to inform you of issues related to payment for your healthcare. For example, we may notify you of a past due payment on a medical bill.

*Healthcare operations* – We may use protected health information provided to us by your Covered Entity to assist your Covered Entity in serving you better. For example, we may provide conference capabilities for your physician to consult with other medical staff; we may provide customer service on behalf of your insurance carrier to assist you with your insurance benefits; or, we may provide recall notifications for a recalled medical device you may use.

### **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

We may contact you, on behalf of your Covered Entity, to provide appointment reminders or information about health-related benefits and services that may be of interest to you.

We may disclose your protected health information at the direction of your Covered Entity and only as permitted by applicable law. This may include disclosure of your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment of your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If

you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care.

When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

We may contact you on behalf of your Covered Entity as part of their marketing efforts as permitted by applicable law and only with your written authorization to your Covered Entity if the marketing involves the use or disclosure of protected health information.

### **SPECIAL SITUATIONS**

Except for the special situations set forth below and the general uses and disclosures described above, we will not use or disclose your protected health information for any other purposes unless you provide a written authorization to your Covered Entity.

Worker's Compensation – We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health – When required or permitted by law, we may disclose your protected health information to public health or legal authorities responsible for preventing or controlling disease, injury or disability or performing other public health functions. In addition, we may disclose your protected health information in order to avert a serious threat to health or safety.

Specialized Government Functions – We may disclose your protected health information for military and veterans' activities, national security and intelligence activities and similar special governmental functions as required or permitted by law.

Health Oversight Agencies – We may disclose your protected health information to an appropriate health oversight agency, public health authority or attorney involved in health oversight activities.

Law Enforcement – We may disclose your protected health information for law enforcement purposes as required or permitted by law or in response to a valid subpoena, court order or other binding authority.

Judicial and Administrative Proceedings – We may disclose your protected health information for judicial or administrative proceedings as required or permitted by law or in response to a valid subpoena, court order or other binding authority.

Food and Drug Administration ("FDA") – We may disclose to the FDA, or an entity subject to FDA jurisdiction, your protected health information for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. For example, your information may be disclosed in connection with the reporting of an adverse event, product defect, product tracking or to provide post marketing surveillance information.

Disclosures Required by Law – We may use or disclose your protected health information as required by law provided such use or disclosure complies with and is limited to the relevant requirements of such law.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have a right to expect your protected health information will be kept secure and used only for legitimate purposes.

- You have a right to understand how your protected health information may be used and disclosed by West.

- You have a right to access this privacy notice that tells you how your protected health information may be used or disclosed.
- You have a right to ask questions about any health privacy issue and have those questions clearly and promptly answered.
- You have a (limited) right to know who has seen your health information, and for what purpose. If you make additional requests for such an accounting during any 12-month period, we may charge you a reasonable, cost-based fee.
- You have a right to see, and to keep a copy of, all of your health records except psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. Your request for a copy of your record must be in writing.
- You have a right to ask for correction or inclusion of a statement of disagreement for anything in your records you feel is in error. Your request must be submitted in writing and include supporting documentation.
- You have a right to authorize, or refuse, additional uses of your protected health information, such as for fundraising, marketing, or research.
- You have a right to request extra protections for protected health information you consider especially sensitive, and to request we communicate with you by alternative means.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you should immediately contact our Privacy and Security Office at [privacy@West.com](mailto:privacy@West.com). We will not take any action against you for filing a complaint. You may also file a complaint with the Secretary of Health and Human Services.

### **CONTACT PERSON**

If you have any questions or would like further information about this notice, please contact William Bradshaw at [privacy@West.com](mailto:privacy@West.com) or contact the West Legal Team by mail at PO Box 541178 Miracle Hills Drive, Omaha, NE 68154.