

## EXODUS HEALTHCARE NETWORK NOTICE OF PRIVACY PRACTICE

This Notice of Privacy Practices describes how your personal medical information may be used and disclosed and how you can get access to this information.

### INTRODUCTION

Exodus Healthcare Network (Exodus) understands the importance of privacy and are committed to maintaining the confidentiality of your personal health information (PHI). This includes demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. If you have any questions about this Notice, please contact our Compliance Officer. Contact information is listed at the end of this notice.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time.

### OUR RESPONSIBILITIES

Exodus follows federal and state laws that govern your health information. These laws provide you with certain rights regarding your medical records. Except as outlined below, Exodus will not use or disclose your protected health information.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION PERMITTED BY LAW

When Exodus cares for you, we gather information to assist in your treatment, the payment of that treatment and the standard operations required to accommodate your treatment and/or payment. The following are examples of the types of uses and disclosures of your PHI that Exodus is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent. The law allows Exodus to use or share this information for the following purposes:

1. **Treatment:** To provide treatment and other services to you including appointment reminders, offer health information tips, or to provide other health-related information. In addition, we may disclose your PHI to another physician or healthcare provider involved in your care.
2. **Payment:** To obtain payment for services that we provide to you. This may include such activities as verifying your coverage, coordinating your benefits, or processing an insurance claim and obtaining payment.
3. **Operations:** To improve clinic operations, including business planning activities, assessing and maintaining services, and conducting clinical quality assessment activities.
4. **Business Associates:** There are some services we provide through contracts with outside persons or organizations, such as auditing, accreditation, and legal services, among others. The law requires these business associates to protect your information and obey the same privacy laws as Exodus.
5. **Others Involved in Your Healthcare:** To a family member, a close friend, or other person you identify for purposes of assisting in your care. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
6. **Marketing Communications:** To identify health-related services and products that may be beneficial to you and contact you about those services and products.
7. **Public Health Activities:** To report the following to public health authorities, government authorities, or other services authorized by law to receive such reports: (a) health information for the purpose of preventing or controlling disease, injury or disability, and exposure to a communicable disease (b) child, adult, or elder abuse or neglect, (c) domestic violence, (d) information about products under the jurisdiction of the US Food and Drug Administration, or (e) in the event of a disaster to notify family of your location.
8. **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of court or administrative tribunal (to the extent that such disclosure was authorized), in certain conditions in response to a subpoena, and/or discovery request.
9. **Employer:** To your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
10. **Health Oversight Activities:** To a health oversight agency that oversees the health care system, such as the United States Department of Labor, to ensure compliance with state and federal laws.
11. **Law Enforcement:** We may also disclose PHI for law enforcement purposes which may include: 1) legal processes, 2) limited information requests for identification and location purposes, 3) pertaining to victims of a crime, 4) suspicion of medical emergency or death has occurred as a result of possible criminal conduct, and 5) in the event that a crime occurs on the premises of the practice. In general, we may disclose PHI if we believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.
12. **Workers' Compensation:** Your PHI may be disclosed as authorized to comply with workers compensation laws.

## USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Any sharing of your health information, other than as explained above, requires your written authorization. If you authorize us to share your health information but then revoke your request, please notify Exodus's Compliance Officer. We will honor your revocation from the date of receipt.

With regard to your PHI, you may:

1. **Request a Copy:** Request and receive a paper copy of our current Notice of Privacy Practices.
2. **Request Medical Records:** Inspect and obtain a copy of your medical or billing records, as allowed by law, usually within 30 days of your written request.
3. **Right to Amend Your PHI:** You have the right to request an amendment to your PHI. We will comply with your request unless we believe that the information you are requesting be amended is accurate and complete or other special circumstances apply. In such cases we are not required to grant your request.
4. **Receive Confidential Communications:** We will grant any reasonable request to receive confidential communications of PHI by alternative means or at alternative locations, such as by mail to an address other than your home.
5. **Request PHI Restrictions:** Request additional restrictions on how we use or disclose your PHI.
6. **Restrict Health Plan Disclosure:** You have the right to request in writing that we restrict the disclosure of certain personal health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. We will accommodate your request, except where we are required by law to make a disclosure.
7. **Request an Accounting of Disclosure:** of when your identifiable health information is shared outside of Exodus for a purpose other than the treatment, payment, or operations.
8. **File a Complaint or Report a Concern:** If you are concerned that we may have violated your privacy rights, or disagree with a decision we made about your PHI, you may contact the Exodus Compliance Officer via email [compliance@Exodushealthcare.com](mailto:compliance@Exodushealthcare.com) or by calling 801.250.9638, or to the Office for Civil Rights, U.S. Department of Health and Human Services.

## WEBSITE PRIVACY POLICY

Exodus operates the [www.exodushealthcare.com](http://www.exodushealthcare.com) website. This page is used to inform website visitors regarding our policies with the collection, use, and disclosure of Personal Information.

If you choose to use our website, then you agree to the collection and use of information in relation to this policy. The Personal Information that we collect is used for improving the functionality of this website and for creating advertisements pertinent to our clientele. We will not use or share your information with anyone except as described in this Privacy Policy.

## LOG DATA

We want to inform you that whenever you visit our website, we collect information that your browser sends to us that is called Log Data. This Log Data may include information such as your computer's Internet Protocol (IP) address, browser version, pages of our Service that you visit, the time and date of your visit, the time spent on those pages, and other statistics.

## COOKIES

"Cookies" are files with small amounts of data that are commonly used and are an anonymous unique identifier. These are sent to your browser from the website that you visit and are stored on your computer's hard drive.

Our website may use these cookies to collect information and to improve our website and marketing practices. You have the option to either accept or refuse these cookies and know when a cookie is being sent to your computer. If you choose to refuse our cookies, you may not be able to use some portions of our website.

## LINKS TO OTHER SITES

Our website may contain links to other sites. If you click on a third-party link, you will be directed to that site. Note that these external sites are not operated by us. Therefore, we strongly advise you to review the Privacy Policy of these websites. We have no control over and assume no responsibility for the content, privacy policies, or practices of any third-party sites or services.

Exodus may make changes to the terms of this notice at any time. If a change is made, the clinic may offer a new policy statement and include any information created or received prior to issuing the new notice. Required changes will be posted in the clinic and on our website at [www.exodushealthcare.com](http://www.exodushealthcare.com)

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