



NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and how you can get access to this information. Please review this Notice carefully.

*This Notice of Privacy Practices (Notice) applies to all covered entities under HIPAA affiliated with SpecialtyCare, Inc.**

Our Duty to Safeguard Your Protected Health Information

We are required by federal law, entitled the Health Insurance Portability and Accountability Act and its related amendments (HIPAA), to safeguard your Protected Health Information (PHI). PHI is individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care. The distribution of this Notice and its content is governed by HIPAA and its related amendments.

Our Pledge Regarding Your Protected Health Information

We understand that health information about you is personal, and we are committed to protecting this information. This Notice applies to all of your protected health information maintained by us, including records relating to your care at a health care facility and/or health care records received by us from another source. We are required by HIPAA to:

1. Maintain the privacy of your PHI;
2. Provide you with this Notice as to our legal duties and practices with respect to PHI;
3. Notify you following a breach of unsecured PHI; and
4. Follow the terms of the Notice currently in effect.

How We May Use and Disclose Your Protected Health Information

The following categories describe different ways we may use and disclose your PHI:

For Treatment

We may use or disclose your PHI for treatment, such as to doctors, nurses, technicians, or other health care providers who are involved in taking care of you.

For Payment

We may use or disclose your PHI to seek or receive payment for services that you receive, including payment from an insurance company or government payor.

For Health Care Operations

We may use or disclose your PHI for our operations. This is necessary to manage our programs and activities. For example, we may use PHI to review our services, programs, and/or the quality of care we provide to you.

How We May Use or Disclose Your Protected Health Information

As permitted by HIPAA, we may use or disclose your PHI from our records (even after your death) without your permission in the following circumstances.

As Required by Law

We will disclose medical information about you when required to do so by federal, state, or local law. For example, we must comply with laws regarding reports of abuse or neglect.



Health Oversight Activities

We may disclose PHI about you for health oversight activities. These activities may include audits, investigations, inspections, and licensure. These activities are necessary for the state and federal government to monitor the health care delivery system.

Individuals Involved in Your Care

We may release PHI to the person you named in your advance directive and to persons involved in your care or the payment for your care.

Public Health

We may disclose PHI about you for public health activities. These activities may include the reporting of certain diseases, injuries, and disabilities.

Research

The use of health information is important to develop new knowledge and improve medical care. We may use or disclose PHI for research studies but only when they meet all federal and state requirements to protect your privacy (such as using only de-identified data whenever possible).

To Avert a Serious Threat to Health or Safety

We may use or disclose your PHI when necessary to prevent or lessen a serious threat to you or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Decedents

We may use or disclose a deceased patient's PHI as authorized by federal or state law, including based on the signed authorization of the estate's representative.

Lawsuits and Administrative Disputes

We may disclose your PHI in response to a court order, administrative order, or in response to a subpoena or discovery request.

Marketing

We may use or disclose PHI as permitted under HIPAA for certain marketing purposes. If HIPAA requires an authorization, we will obtain one from you.

Business Associates

We may use or disclose PHI to our Business Associates as allowed by HIPAA. Business Associates have written agreements with us which contain specific assurances.

Personal Representatives

We may use or disclose PHI to persons who are authorized by law to make health care decisions for you.

Affiliates

We may disclose your PHI to our affiliates in connection with your treatment, payment for our services, or other affiliate activities.

Other Uses and Disclosures

Other uses and disclosures not described in this Notice will be made only with your written authorization. For example, most uses of psychotherapy notes require an authorization. Also, most uses of PHI for marketing or sales require an authorization; if so, the authorization form will state whether we are receiving any remuneration (compensation). You have the right to revoke any authorization you have signed.

Fundraising

We may use your PHI for SpecialtyCare's fundraising purposes. You have the right to opt out of receiving such communications. If you do not want to be contacted for fundraising, please notify the Privacy Officer listed at the end of this Notice.



Appointment Reminders/Other Information

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.

For Specific Government Functions

As permitted by HIPAA, we may disclose PHI to law enforcement, to government benefit programs relating to eligibility and enrollment, and for workers' compensation, disaster relief, and the interest of national security/ protective services.

Respond To Organ and Tissue Donation Requests

We may share health information about you with organ procurement organizations.

Work With Medical Examiner or Funeral Director

We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' Compensation

We can use or share health information about you for workers' compensation claims.

Note: We will comply with applicable State laws that protect certain types of PHI such as substance abuse, mental health, genetics, and HIV/AIDS and we will not share this type of health information except as permitted by such laws, which may require your written permission.

Your Privacy Rights

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Request a Copy

In most cases, you have the right to look at or get an electronic or paper copy of your record. You must make the request in writing. You may be charged a fee for the cost of copying your records.

Right to Amend

If you feel that there is a mistake or missing information in our record of your PHI, you may ask us to correct or add to the record. Your request must be made in writing, and you must provide a reason that supports your request. We may deny your request under certain circumstances and we will tell you why in writing within 60 days. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response you provide, appended to your PHI. You may also have a right to review your denial.

Right to Know What Health Information We Have Released

You have the right to ask for a list ("an accounting") of certain disclosures made of your PHI on or after April 14, 2003. You must request this list in writing and state the period of time this list should cover for a period of no longer than six (6) years. The first list you receive within a twelve (12) month period will be free.

Right to Request Restrictions

You have the right to ask us to limit how your PHI is used and disclosed. You must make the request in writing and tell us what information you want to limit and to whom the limits apply. For example, you could request that we not disclose to your spouse a blood test you received. We are not required to agree with your request. If we agree, however, we will comply with your request unless the information is needed to provide you with emergency treatment or the information can be disclosed without your authorization.

Right to Restrict Disclosure to Health Plan

You have the right to restrict disclosure of PHI to a health plan if the disclosure is for purposes of payment or health care operations, is not required by law, and the PHI pertains only to a health care item or service for which we have been paid in full out of pocket. **We are required to agree to this request.**



Right to Confidential Communications

You have the right to ask that we communicate with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of your home address. You must make your request in writing. You will not have to explain the reason for your request. We will honor all reasonable requests.

Right to Receive Written Notice

Affected individuals have the right to receive written notice following a breach of their unsecured PHI.

Right to Receive a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time. To get a copy of this Notice:

- Print a copy from our website www.specialtycare.net;
- Ask one of our associates who can print a copy from our internal website Connections; or
- Send a request to our Privacy Officer.

We reserve the right to change our privacy practices and this Notice at any time and to make such changes effective to all PHI that we maintain. The new Notice will be available on request and on our website as indicated above.

Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before we take any action.

** This Notice applies to all covered entities under HIPAA affiliated with SpecialtyCare, Inc.: Active Diagnostics, LLC, Active Diagnostics of Nevada, LLC, Florida IONM Services, LLC, Neuro IOM Services, Inc., Remote Neuromonitoring Physicians, PC, Sentient Neurocare Services, Incorporated, Sentient Physicians, PC, SpecialtyCare Cardiovascular Resources, LLC, SpecialtyCare IOM Services, LLC, SpecialtyCare MISS Services, LLC, SpecialtyCare Surgical Assist, LLC, Surgical Monitoring Associates, LLC, and Surgical Monitoring Services, Inc. (and its subsidiaries). These separate legal entities are or may be part of an Affiliated Covered Entity (ACE) which is treated under HIPAA as one covered entity. As permitted by HIPAA, we may use one Notice of Privacy Practices and may disclose information about you within the ACE, including for treatment, payment and other purposes. References to ACE and affiliates are for HIPAA purposes only and will be periodically updated.*

How to Get More Information or Submit a Complaint

If you have any questions about this Notice or would like further information, please contact SpecialtyCare's Privacy Officer listed below. If you believe we have violated your privacy rights, you may file a written complaint with SpecialtyCare and/or the Office of Civil Rights. Both are listed below. You will not be denied care or retaliated against for filing a complaint.

SpecialtyCare

ATTN: Privacy Officer
3 Maryland Farms
Suite 200
Brentwood, TN 37027
615.345.5400
www.specialtycare.net

Office of Civil Rights

U.S. Department of Health & Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, DC 20201
877.696.6775
www.hhs.gov/ocr/privacy/hipaa/complaints

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NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS (Section 1557 of the Affordable Care Act (ACA))

SpecialtyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SpecialtyCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SpecialtyCare:

- Provides, or coordinates the provision of, free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides, or coordinates the provision of, free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Brett Burrell, SpecialtyCare's Chief Compliance Officer; his contact information is listed below:

3 Maryland Farms, Suite 200
Brentwood, TN 37027
Direct telephone: 615-345-5552
Fax: 888-959-2219
brett.burrell@specialtycare.net

If you believe that SpecialtyCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Brett Burrell, SpecialtyCare's Chief Compliance Officer, using the above contact information.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Brett Burrell, SpecialtyCare's Chief Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-868-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

April 30, 2018

TRANSLATED TAGLINES INFORMING INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-615-345-5552.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-615-345-5552。

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-615-345-5552.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-615-345-5552.

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-615-345-5552.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-615-345-5552.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-615-345-5552.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-615-345-5552.

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-615-345-5552 (رقم)

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-615-345-5552.

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-615-345-5552.

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-615-345-5552.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-615-345-5552.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-615-345-5552.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-615-345-5552.

اُردُو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال 1-615-345-5552.

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما 1-615-345-5552 تماس بگیرید.

ગુજરાતી (Gujarati)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-615-345-5552.

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ງ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-615-345-5552.

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-615-345-5552.