

## **iCircle NOTICE OF PRIVACY PRACTICES**

# THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **Our Privacy Commitment to You**

At iCircle, we will protect your privacy and share information about you only with those who need to know and are allowed to see the information to assure that you receive quality services. We will respect the confidentiality of your health information and will protect your information in a responsible and professional manner.

#### **HIPAA Notice of Privacy Practices**

This notice tells you who can see your protected health information (PHI). PHI is information that may identify you and your past, present or future physical or mental health condition, services and payments for these services.

This notice tells you when we have to ask you for your permission before we share your PHI. It also tells you when we can share your PHI without asking for your OK.

We are required by law to:

- Provide you with this notice of our legal responsibility to keep your health information private and safe.
- Protect your PHI. Ways that we do this:
  - Keep paper records and information in locked offices and files.
  - Shred paper records.
  - > Have secure systems for electronic information saved on our computers.
  - > Have policies and procedures to keep PHI information private and safe.
  - Train our employees on these rules.
- Follow this notice.
- Tell you if we think your PHI has been breached.



## **Rules for How We Can Share Your Information**

If you tell us that it is OK with you we can share your PHI with your family or a person you choose.

We can use and share your PHI **<u>without</u>** your OK as follows:

- For treatment to help doctors, hospitals and others get you the care you need.
- For payment or to provide payment to doctors and other providers who provide you services.
- For operations to maintain company operations and quality assurance functions to make our company better
- For appointment reminders
- For public health reasons
- With others who help with or pay for your care
- When we are required by federal, state or local law
- To report abuse and neglect
- If we receive a court order or subpoena
- To government and regulatory authorities for inspections and audits
- Workers Compensation if you get hurt at work
- Military and Veterans if you are a member of the Armed Forces, we may release your health information to military authorities.
- Law Enforcement to help the police or other law enforcement when required.
- Coroner, Medical Examiner, Funeral Director we can provide your name and cause of death.
- Marketing we may use your name and address to send you information about iCircle activities and events.

We will share your information for other reasons only if you give us your written permission.



## You Have the Right To:

- Look at your record and get a copy.
- Ask us to change your record if you think it is wrong or something is missing.
- Ask for a list of the people who received your health information from iCircle.
- Ask iCircle not to use or share your health information in specific situations.
- Ask for a paper copy of this notice.
- Complain if you believe your privacy rights have been violated.

## How to File a Complaint:

If you believe your privacy rights have been violated you can complain to:

- iCircle Privacy Officer 1-844-694-2273 ask to speak to the Privacy Officer
- iCircle Corporate Compliance Hotline 1-833-202-5117
- Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F HHH Bldg., Washington, D.C. 20201
  - Email to <u>OCRComplaint@hhs.gov</u>,
  - or through the OCR Portal at: www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html

You will not be penalized or retaliated against by iCircle for filing a complaint.

# LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-844-694-2273 TTY/TDD 711.	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-844-694-2273 TTY/TDD 711.	Spanish
请注意:您可以免费获得语言协助服务和其他辅助服务。请致电 1-844-694-2273 TTY/TDD 711。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 2273-694-1844-1 TTY/TDD 711.	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-844-694- 2273 TTY/TDD 711 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-844-694-2273 TTY/TDD 711.	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-844-694-2273 TTY/TDD 711.	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-844-694-2273 TTY/TDD 711.	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-844-694-2273 TTY/TDD 711.	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופטTTY/TDD 711 1-844-694-2273.	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-844-694-2273 TTY/TDD 711.	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-844-694-2273 TTY/TDD 711.	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-844-694-2273 TTY/TDD	Bengali
711-এ ফোন করনা স্থান চান স্থান বিজ্ঞান	
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-844-694-2273 TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-844-694-2273 TTY/TDD 711.	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں.TTY/TDD 711 1-844-694-2273	Urdu