

### **Your Information. Your Rights. Our Responsibilities.**

Empower Health Services, LLC, is committed to protecting the privacy of your health information. Empower Health Services, LLC has policies and safeguards in place to protect your information. We are required by law to maintain the privacy and security of your protected health information and to provide you with this *Notice of 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.**

### **How is your health information used?**

The confidential health information that we collect as we provide Health and Wellness or Immunization Services is called “Protected Health Information” or “PHI”. We may use or disclose your PHI for treatment, payment or health care operations. As an example, we may provide you with your health screening results, or use your PHI to collect payment or verify your insurance. In addition, we would use your PHI for our health care operations and contact you when necessary; to evaluate and improve the quality of our services, to evaluate provider or employee performance or to store your records. We routinely use your health information for these purposes without any special permission. We can only share your PHI with your approval when you sign a valid authorization. You may cancel this authorization at any time. We do NOT use or disclose your PHI for marketing purposes and we do NOT sell PHI.

### **How else can we use or share your health information?**

We can only share information about you without your authorization if state or federal laws require it or in response to a court or administrative order, or in response to a subpoena.

### **Your Rights:**

Except in the situations noted above, we will not use or disclose your PHI without your written authorization. You do not have to sign the authorization and you may revoke your authorization at any time unless we have already acted in reliance upon it. In addition, you have the following rights regarding the use and disclosure of your PHI:

- You may request that we restrict the use or disclosure of your PHI in writing. You can also decide to end a restriction at any time.
- You may request that we amend your records if you think they are incorrect or incomplete. If we agree, we will amend the record.
- If you have paid out of pocket, in full, for your screening or immunization, you may request that we restrict certain PHI from disclosure to health plans.
- You may ask to review your PHI by a written request. We may charge a fee for copying and required payment in advance.
- You may receive an accounting of the disclosures we have made of your PHI, other than those for treatment, payment, or health care operations, disclosures required by law, or disclosures for which we have your authorization.
- If a breach of your unsecured PHI occurs, you will receive a written notification of the details of the breach at the address we have in your information on file.

### **To contact us in the future.**

If you wish to obtain or see a copy of your PHI, see an accounting of any disclosures we have made or ask to amend your PHI, or revoke your authorization, please contact Empower Health Services, LLC at 1-866-367-6974 for assistance on how to make the request.

### **Additional information or if you believe your privacy has not been protected.**

If you believe that your privacy has not been protected, you believe there has been a breach of the security of your PHI, or you wish to have additional information, please contact Empower Health Services, LLC at 1-866-367-6974. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You will not be retaliated against for filing a complaint. The privacy of your PHI is important to us. We welcome your questions and comments for our continuous improvement.

### **Changes to the Terms of this Notice**

Empower Health Services, LLC, reserves the right to change the terms of this notice, and the changes will apply to all PHI we may have about you. The new notice will be available upon request, on our web site at [empowerhealthservices.com/privacypolicy](http://empowerhealthservices.com/privacypolicy).