



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you will be used and disclosed and how you can get access to this information. Please review it carefully.

BluMine Health ("BMH") is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations required by law. The Notice also describes your rights with respect to PHI. We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA").

BMH is required to follow the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

Examples of how we use and disclose protected health information about you

The following categories describe different ways that we use and disclose your protected health information.

- **Treatment:** We may use your health information to provide and coordinate the treatment, medications and service you receive.
- **Payment:** We may use your health information for various payment related functions.
- **Health Care Operations:** We may use your health information for certain operational, administrative and quality assurance activities. We may disclose health information to business associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of health information.

We are permitted to use or disclose your PHI for the following purposes. However, BMH may never have reason to make some of these disclosures.

- **To communicate with individuals involved in your care or payment for your care:** We may disclose to a family member, other relative, close personal friend, or any other person you identify PHI directly relevant to that person's involvement in your care or payment related to your care.
- **Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.
- **Worker's Compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Public Health:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Law Enforcement:** We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.
- **As required by law:** We will disclose your PHI when required to do so by federal, state or local law.
- **Health Oversight Activities:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process, instituted by someone else involved in the dispute; but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.
- **Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

- Coroners, Medical Examiners, and Funeral Directors: We may release your PHI to a coroner or medical examiner.
- Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or another person responsible for your care, regarding your location and general condition.
- To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- National Security, Intelligence Activities, and Protective Services for the President and Others: We may release PHI about you to federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.
- Victims of Abuse or Neglect: We may disclose PHI about you to a government authority if we reasonably believe you are the victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
- Other Uses and Disclosures of PHI: We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.
- Your Employer or Organization Sponsoring Your Health Plan: We may disclose the protected health information and the protected health information of others enrolled in your group insurance plan to the employer or other organization that sponsors your group insurance plan to permit the plan administrator to perform plan administration functions. We may also disclose summary information about the enrollees in your group insurance plan to the administrator to use to obtain premium bids for health insurance coverage offered through your group insurance plan or to decide whether to modify, amend or terminate your group insurance plan. The summary information we may disclose will summarize claims history, claims expenses, or types of claims experienced by the enrollees in your group insurance plan. The summary information will be stripped of demographic information about the enrollees in the group insurance plan, but the plan administrator may still be able to identify you or other participants in your group health plan from the summary information. We may also disclose enrollment and disenrollment information to either the plan administrator or plan sponsor of your group insurance plan.

Your Health Information Rights

You may:

- Obtain a paper copy of the Notice upon request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from BMH site (care), mail service location or the Privacy Office.
- Inspect and obtain a copy of PHI. In most cases, you have the right to access and copy the PHI that we maintain about you. To inspect or copy your PHI, you must send a written request to the Privacy Office. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.
- Request an amendment of PHI. If you feel the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Office. You must include a reason that supports your request. In certain cases, we may deny your request for amendment.
- Receive an accounting of disclosures of your PHI. You have the right to receive an accounting of the disclosures we have made of your PHI after April 14, 2003, for most purposes other than treatment, payment, or health care operations. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To request an accounting, you must submit a request in writing to the Privacy Office.
- Incidental Disclosures. BMH will make reasonable efforts to avoid incidental disclosures of protected health information.

For more information or to report a problem please contact:

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Website: www.BluMineHealth.com

This notice is effective as of August 30, 2015.

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