

# HIPAA Privacy Policy: IPG Notice of Privacy Practices

Effective: 03/01/2015  
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**"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."**

This Notice describes the privacy practices of Implantable Provider Group, Inc. This Notice will explain the type of information we gather about you, with whom that information may be shared, and the safeguards we have in place to protect that information.

We understand that your health information is personal and we are committed to protecting your privacy. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information, except when required by law. If the practices described herein meet your expectations, there is nothing you need to do. This Notice describes your rights to request additional restrictions on our use and disclosure of your protected health information (PHI). If you have any questions about this Notice, please contact our Privacy Officer at the address or telephone number at the end of this Notice.

## WHO WILL FOLLOW THIS NOTICE

This Notice describes Implantable Provider Group, Inc. practices regarding the use of your medical information and that of any outside health care professional authorized to enter or use information contained in your medical records maintained by Implantable Provider Group, Inc. All employees, staff, entities, locations, and Business Associates of the Implantable Provider Group, Inc. shall follow the terms of this Notice.

## OUR PLEDGE REGARDING MEDICAL INFORMATION

Protecting the privacy of your medical information is important to us. We create a record of the care and services you receive in order to provide you with quality care, to obtain payment for services rendered, and to comply with legal requirements. This Notice applies to your PHI maintained by Implantable Provider Group, Inc., whether this information was generated by Implantable Provider Group, Inc. or received by Implantable Provider Group, Inc. from another health care provider. Your personal health care provider may have different policies or notices regarding PHI about you that is created or maintained by that health care provider. This notice will tell you about the ways in which we may use and disclose your medical information. It also describes your rights regarding the use and disclosure of your medical information. If a use or disclosure of medical information described in this Notice is prohibited or materially limited by state law, it is our intent to meet the requirements of the more stringent law.

### We are required by law to:

- keep medical information that identifies you private (with certain exceptions), and
- notify you of any breach of unsecured protected health information about you;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information without your authorization, unless authorization is otherwise required by state law. We will make certain disclosures of your PHI as and when required or otherwise authorized by law, and in these instances we will limit the use or disclosure to the amount of PHI necessary to comply with and/or serve the purposes of the relevant federal, state, or local laws or ordinances, or the legitimate needs of responsible, authorized agencies in fulfilling their purposes. For each category of uses or disclosures we will describe the permitted use of your information and present some examples. Not every use or disclosure in a category will be listed.

**At Your Request.** We may disclose information when requested by you. This disclosure at your request may require your written authorization.

**For Treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other health care professionals who are involved in your care. Other health care professionals may also share medical information about you in order to coordinate and manage your treatment. We also may disclose medical information about you to authorized individuals and/or entities outside of Implantable Provider Group, Inc. who may be involved in your medical care. For example, we may discuss your PHI with your surgeon to determine the correct type and size of implantable device for you.

**For Payment.** We may use and disclose medical information about you to determine your insurance benefits, to submit charges to you or your insurance company for the care and services you receive, and to facilitate payment for the services provided to you. For example, your insurance company may need to know about the surgery you received in order to provide payment for the surgery. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for other health care operations. Health care operations include all of the functions of Implantable Provider Group, Inc. necessary to run the company and to provide services to you. For example, we may use medical information in connection with quality assurance review and improvement activities. As another example, we may share your PHI with individuals in patient relations to resolve any complaints that you may have and to ensure patient satisfaction.

**Business Associates.** We may disclose your PHI to our Business Associates to carry out treatment, payment or health care operations. For example, we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for services we provide.

**De-Identified Data and Limited Data Sets.** We may use or disclose your medical information to create de-identified information or to create Limited Data Sets of PHI. Under the HIPAA Privacy rule the method that may be used for de identification conforms to Sections 164.514(b) and(c) of the Privacy Rule contain the implementation specifications that we follow to meet the deidentification standard.

**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 to the health and safety of the general public. Any disclosure would only be to someone able to help prevent the threat.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial or Administrative Proceedings.** We may share your PHI in the course of a legal proceeding before a court or administrative tribunal in response to a legal request or order. For example, we may disclose your PHI in response to a

Judge's Order for certain health information about you. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**Law Enforcement Purposes.** We may share your PHI with the police or other law enforcement officials as required or permitted by law. For example, we may disclose medical information about you to comply with laws that require the reporting of certain kinds of wounds or other physical injuries.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Decedents.** We may share PHI with a coroner or medical examiner as authorized by law. Organ and Tissue Procurement. If you are an organ donor, we may release medical information about you to organizations that handle organ procurement.

**Research.** We may use and disclose your PHI for research purposes in certain limited circumstances. We must obtain your written authorization to use your PHI for research purposes except when our use or disclosure was approved by an Institutional Review Board or a Privacy Board, to ensure the privacy of your PHI.

**Workers' Compensation.** We may share your PHI as permitted or required by state law relating to workers' compensation claims.

**National Security.** We may release medical information about you to authorized federal officials for national security and intelligence activities. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**As Otherwise Required By Law.** We may use and disclose your PHI when required to do so by any other federal, state or local law not specifically referenced above. For example, we are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with HIPAA.

### **YOU MAY OBJECT TO CERTAIN USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**

Unless you object in writing, we may use or disclose your medical information in the following circumstances:

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

**Disaster Relief.** We may disclose your medical information to disaster relief organizations that seek your medical information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

**Fundraising Activities.** We may use or disclose your medical information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.

### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

All other uses and disclosures of your medical information other than those described above require your written permission. Examples of uses and disclosures of medical information that require your authorization include, but are not limited to, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. If you provide us permission to use or disclose

medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you under your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

**Marketing.** We must obtain your written permission prior to using your PHI to send you any marketing materials. However, we may communicate with you about products or services related to your treatment, case management, care coordination, or alternative treatments without your permission, but only if we do not receive financial remuneration from a third party in exchange for making those communications.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

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

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. If any of this medical information is maintained by us electronically, you may request an electronic copy. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address on the last page. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional chosen by Implantable Provider Group, Inc. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide the reason for amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- is not part of the medical information kept by Implantable Provider Group, Inc.;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If we deny your request, we will tell you in writing the reasons for the denial and describe your right to provide a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received information about you and must be notified of the amendment.

**Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." An Accounting of Disclosures is a list of disclosures we have made of your PHI not relating to treatment, payment, health care operations, information provided to you or disclosures that you authorized, or for other authorized purposes described above.

To request an Accounting of Disclosures, you must submit your request in writing to our Privacy Officer. You must state the time period for which you would like an Accounting but such time period must be within the last six years. The first Accounting request within a twelve (12) month period will be free of charge. For additional Accountings, we may charge you for the costs of providing the Accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. We must grant your request to a restriction on disclosure of your PHI to a health plan for purposes of payment or health care operations, but only if the disclosure relates to an item or service for which we have been paid in full (either by you or by someone, other than the health plan, acting on your behalf).

To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request How We Communicate With You.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please request one in writing from our Privacy Officer at the address below. You may also obtain a copy of this notice on our website: [www.ipg.com](http://www.ipg.com).

### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. If we make changes to this Notice, we will post an announcement that the Notice has been changed and post a copy of the updated Notice on our website. The Notice will contain the effective date and revision date in the upper left hand corner.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Implantable Provider Group, Inc. or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.**

#### Mailing address:

**Implantable Provider Group, Inc.**  
Privacy Officer  
11605 Haynes Bridge Road  
Suite 200  
Alpharetta, GA 30009  
770-753-0046

#### Secretary, Health and Human Services

Office of Civil Rights, Medical Privacy  
Complaint Division, US Department of HHS  
200 Independence Avenue, S.W.  
HHH Building, Room 509H  
Washington, DC 20201

The privacy of your health information is extremely important to us. Please contact us with any concerns or complaints that you may have.