



PRIVACY NOTICE

The following notice describes how your protected health information may be used and disclosed, and how you can get access to this information. Medical information that identifies you is known as **Protected Health Information (PHI)**. PHI includes demographic, clinical, and financial information that relates to treatment or payment for treatment.

WE ARE REQUIRED BY LAW TO:

1. Make sure that your PHI is kept secure and private;
2. Give you this Notice of our duties and privacy practices and your rights;
3. Follow the terms of the Notice that is currently in effect;
4. Use or share your information only as described in this Notice, unless we obtain your consent; and
5. Notify you if there is a breach of your unsecured PHI.

HOW WE MAY USE AND DISCLOSE PHI WITHOUT YOUR WRITTEN AUTHORIZATION:

This section describes how we may use your PHI for treatment, payment and health care operations purposes without your written authorization.

1. We may use and disclose your PHI to provide quality treatment and other services to you. For example, we may consult with other health care providers to coordinate your care. We may recommend alternative treatments, therapies, or health care providers. We may also contact you as a reminder that you have an appointment.
2. We may use or disclose your PHI to obtain payment for our services. For example, we may disclose your PHI to Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of your health care. We may also share PHI with your other health care providers if they need this information to receive payment for services they provide to you.
3. We may use or disclose your PHI for our health care operations, which include internal administration and planning and activities that improve the quality and cost effectiveness of care. For example, we may use your PHI to evaluate the quality and competence of our staff and other health care professionals.
4. We may disclose your PHI to a family member, friend, spouse, caregiver or other person involved in your medical care or helps pay for your care to the extent necessary to help with your healthcare, but only if you agree that we may do so. If you are not present or are unable to agree (for example, if we receive a telephone call from a family member or other caregiver), we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information under these circumstances, we will disclose only information that is relevant to the person's involvement with your care. You may also ask us to not share information with individuals who are involved in your care such as a family member or friend.
5. We may participate in a Health Information Exchange (HIE) through which we may receive or disclose your health information, as permitted by law. An HIE allows doctors, nurses, pharmacists, other health care providers or authorized users to access and share medical information electronically to improve the speed, quality, safety and cost of patient care.
6. We will disclose your PHI if we are required to do so by federal, state, or local law.



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7. We may disclose your PHI to public health authorities to prevent or control communicable disease or injury such as reporting exposure to a contagious disease. We may report information about medical devices and medications to the manufacturer or the U.S. Food and Drug Administration, such as to report adverse events, product defects or participate in product recalls.
8. We may disclose your PHI to public or law enforcement as required to report child abuse and neglect, or if we reasonably believe that you are a victim of abuse, neglect, crime or domestic violence.
9. We may disclose your PHI to other healthcare providers in the event you need emergency care.
10. We may disclose your PHI to a health oversight agency and is responsible for ensuring compliance with the rules of government health programs, such as Medicare or Medicaid.
11. We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness. We may disclose PHI to your employer for purposes of workplace medical surveillance, if your employer provides notice to you and requires this information to comply with the Occupational, Safety & Health Administration (OSHA) rules or similar state laws.
12. We may disclose your PHI in response to a court or administrative order, subpoena, warrant, discovery request or other lawful due process of lawsuits, disputes, and administrative proceedings.
13. We may disclose your PHI to the police or other law enforcement officials as required by law or to comply with a court order.
14. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the institution or officials as permitted by law so that the institution may provide you with health care and protect the health and safety of others.
15. If you are a member of the United States or foreign armed forces, we may disclose your PHI as required by law.
16. We may contact you to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you via phone, text, email or mail.

USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION:

1. In addition to our use of your PHI for treatment, payment, healthcare operations, or any reason listed above, you may give written authorization to use your health information or to disclose it to anyone for any purpose.
2. Uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization.
3. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission.
4. Your confidential healthcare information may be released, for purposes other than the above, only after receiving written authorization from you. If you give us authorization, you may revoke it at any time by



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sending a request in writing to the facility. However, your revocation will not affect any actions that we took in reliance on your authorization before it was revoked.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION WHICH YOU CAN EXERCISE BY PRESENTING A WRITTEN REQUEST TO:

1. You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you.
2. You have the right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
3. You have the right to inspect and copy your protected health information. .
4. You have the right to receive an accounting of disclosures of protected health information.
5. You have the right to obtain a copy of this notice from us upon request. This copy can be in the form of an electronic transmission or on paper.
6. You have the right to receive confidential communication about your health status.
7. You have the right to request an amendment to your information. However, the office can refuse requests in writing stating reason for denial.
8. You have the right to know who has accessed your confidential healthcare information and for what purpose for other than treatment, payment, and healthcare operations.
9. You have the right to possess a copy of this privacy notice upon request.
10. You have the right to receive notifications of breaches of your unsecured protected health information.

The office will abide by the terms of this notice. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at each Endovascular Center location. If the notice changes, a copy will be available to you upon request.

If you believe your rights to privacy have been violated, you have a right to file a complaint. If you feel your privacy rights have been violated, please mail your complaint to:

EndoVascular Health Services, LLC
285 Wilmington West Chester Pike
Chadds Ford, PA 19317

You may also file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services at:

The US Department of Health & Human Services Office of Civil Rights
200 Independent Ave,
S.W. Washington, D.C. 20201
Toll Free: 1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you for filing a complaint.