



NOTICE OF PRIVACY PRACTICES

Effective Date: 6/01/2024
MM / DD / YYYY

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.

I. Who Presents this Notice

This Notice describes the privacy practices of SuperCare Health ("SuperCare"). This Notice applies to services furnished to you at or by SuperCare as a patient or any other services provided to you in a SuperCare-affiliated program involving the use or disclosure of your health information.

II. Privacy Obligations

SuperCare is required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of legal duties and privacy practices with respect to your Protected Health Information. When SuperCare uses or discloses your Protected Health Information, it is required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which are described below, your written authorization must be obtained in order to use and/or disclose your PHI. However, SuperCare does not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Health Care Operations: Your PHI, but not your "Highly Confidential Information", may



be used to treat you, obtain payment for services provided to you and conduct "health care operations" as detailed below:

- **Treatment:** Your PHI may be used and disclosed to provide treatment and other services to you -- for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your PHI may also be disclosed to other providers involved in your treatment.
- **Payment:** Your PHI may be used and disclosed to obtain payment for services provided to you – for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor") to verify that Your Payor will pay for health care.
- **Health Care Operations:** Your PHI may be used and disclosed for health care operations, which include internal administration and planning and various activities that improve the quality and cost-effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses and other healthcare workers. PHI may be disclosed to the SuperCare Privacy Officer and/or Chief Compliance Officer in order to resolve any complaints you may have and ensure that you have a comfortable experience.

Your PHI also may be disclosed to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance. In addition, PHI may be shared with business associates who perform treatment, payment and health care operations services on behalf of SuperCare Health.

B. Disclosure to Relatives, Close Friends and Other Caregivers:



Your PHI may be disclosed to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to the disclosure, if (1) your agreement is obtained; (2) you do not object to the disclosure after being provided an opportunity to object; or (3) it can be reasonably inferred that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, SuperCare Health may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, SuperCare Health would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

C. Public Health Activities:

Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and (6) to disclose health information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

D. Victims of Abuse, Neglect or Domestic Violence:



Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect or domestic violence.

E. Health Oversight Activities:

Your PHI may be disclosed to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

F. Judicial and Administrative Proceeding:

Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials:

Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents:

We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of SuperCare Health to funeral directors as necessary to carry out their duties.

I. Organ and Tissue Procurement:

Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Health or Safety:

Your PHI may be disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.



K. Specialized Government Functions:

Your PHI may be disclosed to units of the government with special functions, such as the U.S. Military or the U.S. Department of State under certain circumstances.

L. Workers' Compensation:

Your PHI may be disclosed as authorized by and to the extent necessary to comply with applicable state law relating to workers' compensation or other similar programs.

M. As Required by Law:

Your PHI may be disclosed when required to do so by any other law not already referred to in the preceding categories.

N. National Security and Intelligence Activities:

As required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization:

For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing:

Your written authorization ("Your Marketing Authorization") also must be obtained prior to using your PHI to send you any marketing materials. (However, marketing materials can be provided to you in a face-to-face



encounter without obtaining Your Marketing Authorization. SuperCare is also permitted to give you a promotional gift of nominal value, if it so chooses, without obtaining Your Marketing Authorization). In addition, SuperCare may communicate with you about products or services relating to your treatment, care coordination, or alternative treatments, therapies, or providers without Your Marketing Authorization.

C. Use and Disclosures of Your Highly Confidential Information:

In addition, Federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic and elder abuse; or (9) is about sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

V. Your Rights Regarding Your PHI (Protected Health Information)

A. For Further Information:

Complaints: If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact SuperCare’s Compliance Officer. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, SuperCare’s Compliance Officer will provide you with the correct address for the Director. SuperCare will not retaliate against you if you file a complaint with the Compliance Officer or the Director.



B. Right to Request Additional Restrictions:

You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be carefully considered, SuperCare is not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from SuperCare's Compliance Officer and submit the completed form to the Compliance Officer. A written response will be sent to you.

C. Right to Receive Confidential Communications:

You may request, and SuperCare will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at an alternative location.

D. Right to Revoke Your Authorization:

You may revoke your authorization, your marketing authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that SuperCare has taken action in reliance upon it, by delivering a written revocation statement to SuperCare's Compliance Officer. A form of Written Revocation is available upon request from the Compliance Officer.

E. Right to Inspect and Copy Your Health Information:

You may request access to your medical record file and billing records maintained by SuperCare in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portion of your records. You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to (for example, records pertaining to health care service for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record; or



the health care provider determines, in good faith, that access to the patient records requested by the representative would have a detrimental effect on the provider's professional relationship with the minor patient or on the minor's physical safety or psychological well-being.

If you desire access to your records, please obtain a record request form from the compliance department and submit the completed form to the Compliance Officer. If you request copies, you will be charged the reasonable cost of copies in accordance with federal and state law. You also will be charged for the postage costs, if you request that the copies be mailed to you.

F. Right to Amend Your Records:

You have the right to request that PHI maintained in your medical record file or billing records be amended. If you desire to amend your records, please obtain an amendment request form and submit the completed form to the compliance department. Your request will be accommodated unless SuperCare believes that the information would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive an Accounting of Disclosures:

Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request provided such period does not exceed seven years.

H. Right to Receive Paper Copy of this Notice:

Upon request, you may obtain a paper copy of this Notice, or you can view on SuperCare's website at www.supercarehealth.com

VI. Effective Date and Duration of this Notice

A. Effective Date: This Notice is revised effective June 1, 2024.



B. Right to Change Terms of this Notice: The terms of this Notice may be changed at any time. If this Notice is changed, the new Notice terms may be made effective for all PHI that SuperCare maintains, including any information created or received prior to issuing the new Notice. If this Notice is changed, the new Notice will be posted on SuperCare’s website. You also may obtain any new Notice by contacting the Compliance Officer.

VII. Privacy Office:

You may contact SuperCare’s compliance department by mail at:
Compliance Office – SuperCare Health
16017 Valley Blvd., City of Industry, CA 91744

You may contact SuperCare’s compliance department by phone at:
626-380-1663