

Super Shot
HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2010

Revised 4/19/2013, 05/01/2020, 05/05/2022

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.

If you have any questions about this notice, please contact Staci Kaczmarek at 260-424-7468.

This notice describes the use and/or disclosure of your protected health information by Super Shot, Inc. and the following:

- Any health care professional authorized to enter information into your medical record on behalf of Super Shot.
- Any volunteer or member of a volunteer group we allow to help you while you are in the clinic.
- All Super Shot workforce members.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. Super Shot is committed to protecting medical information about you. We create a record of the care and services you receive at the clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Super Shot which identify you. This notice will tell you about the ways in which we may use and disclose your medical information that identifies you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- maintain the privacy of your medical information that identifies 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 SUPER SHOT MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we may use and disclose medical information that identifies you. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Other uses and disclosures will be made only with your written authorization which may be revoked as stated herein.

- **For Treatment.** We may use medical information about you to provide you with vaccination services. We may disclose medical information about you to doctors, nurses, volunteers and other individuals involved in providing you services through Super Shot. We may also disclose medical information about you to doctors, nurses and other health care providers who provide your health care unrelated to Super Shot so that we may provide you services or for the treatment activities of the other health care provider. For example, we may discuss with your physician your vaccinations history. In the course of your treatment, verbal communications between our staff members and others related to your healthcare may be overheard by non-staff members in our office. We will make our best efforts to keep your health information as private as

possible.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the clinic may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at the clinic to a third-party payer to receive reimbursement for the treatment provided by Super Shot.
- **For Health Care Operations.** We may use and disclose medical information about you for the Super Shot's health care operations. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may for auditors or other consultants to review and evaluate our operations and tell us how to improve our services. Health care operations also may include quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance; conducting training programs; certification, licensing or credentialing activities; medical review, legal services and auditing, including fraud and abuse detection and compliance; business planning and development; fundraising; and business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances and creating de-identified medical information or a limited data set. We are not required to seek your authorization before using or making a disclosure related to certain health care operations.
- **Business Associates:** There may be instances where services are provided to our office through contracts with third party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding and securing your privacy that we require of our own employees and affiliates.
- **To Contact You.** We may use and disclose medical information to contact you by phone or mail to remind you of vaccination schedules or regarding our clinics. We may leave health information related to you on your answer machine using the minimum necessary standard. We will use the phone number you provided to us.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a friend, family member or other person identified by your medical information relevant to such person's involvement with your care or payment related to your health care. To the extent possible, we will provide you with an opportunity to agree to object to the use or disclosure.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the clinic. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal,

state or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Purposes.** 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 births and deaths;
 - 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; OR
 - 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.

For example, we will report your vaccinations to the Indiana State Department of Health, Children and Hoosiers Immunization Registry Program unless you complete and file with us a written immunization data exemption form.

- We may also disclose medical information about you to notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **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, licensure and civil, criminal or administrative actions or proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial and Administrative Disputes.** If you are involved in a lawsuit or administrative dispute, we may disclose medical information about you in response to a court or administrative order. 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 in accordance with HIPAA's Privacy Regulations to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at a Super Shot clinic; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **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. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **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.
- **Marketing/Fundraising:** Marketing done internally for the sole purpose of informing our patients of our services products may be done without authorization. For example, informing you of a product or service that we offer that we think may benefit you. An example of marketing that would require your authorization would be marketing a product or service for someone (pharmaceutical company) other than our practice. You have the option of not participating in any fundraising that we may conduct, to do so, please notify our Privacy Officer of your choice not to participate.
- **Sale of PHI:** We must obtain your authorization prior to selling your health information with a few exceptions such as for the sale, transfer, merger, or consolidation of all or part of Organization. Other exceptions are disclosures permitted by HIPAA.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your medical information maintained by Super Shot. Usually, this includes medical and billing records. You do not have a right to inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. To inspect and obtain a copy of your medical information, you must submit your request in writing to our Privacy Officer or her designee. If you request a copy of the information, we may charge you a reasonable, cost-based fee for the costs of copying, including the cost of supplies for and labor of copying, mailing and/or preparing a summary or explanation of your medical information if we agree to do so. To the extent possible, we will provide you with a copy of your information in the form requested.

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. The denial of access and your request will be reviewed by another licensed health care professional chosen by Super Shot unless the request for access is denied for reasons expressly recognized under the law as not providing for an opportunity for review. 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 by or for Super Shot.

To request an amendment, your request must be made in writing and submitted in a sealed envelope, to our Privacy Officer at the address listed below. In addition, you must provide a reason that supports your request.

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;
- Is not part of the medical information kept by or for Super Shot;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you outside of treatment, payment, or health care operational purposes and without an authorization. An example of this type of disclosure would be information faxed to the wrong number.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address listed below. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You also have the right to restrict disclosure of any health information on a service you paid for out-of-pocket.

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 you emergency treatment.

To request restrictions, you must make your request in writing to any of our offices. 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, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters 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 at the address listed below. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Notification of Breach.** If a breach of your privacy occurs at Super Shot or one of our Business Associates, under certain circumstances Super Shot is obligated to inform you of the breach. For instance, if your demographic information along with your social security number was accessed by someone outside of Super Shot and there was a possibility of identity theft, Super Shot would notify you immediately and assist you with monitoring your credit.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a 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, you may obtain one at a Super Shot clinic or by contacting us at the address listed below.

CHANGES TO 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 Super Shot's clinics. The notice will contain on the first page, in the top right-hand corner, the effective date. In the event we revise this notice, we will post the revised notice and make it available to you at your next visit to Super Shot.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the clinic by contacting Staci Kaczmarek at 260-424-7468 or file with the Secretary of the Department of Health and Human Services. All complaints will have to be submitted in writing.

Complaint submission address:

Super Shot
Attn: Privacy Officer
1515 Hobson Rd.
Fort Wayne, IN 46805

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. 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 for the reasons covered by 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 care that we provided to you.