



<b>Censeo Health LLC</b>	<b>Effective Date:</b> 2-1-10
<b>Title:</b> HIPAA Policy	<b>Date Reviewed:</b> 6-16-14
<b>Approved By:</b> Chief Compliance Officer	<b>Date Revised:</b> 6-16-14

## **HIPAA PROGRAM**

### **I. PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION**

CenseoHealth protects the confidentiality of personal health information as required by law.

#### **Our Duties & Privacy Notice**

We are required by law to maintain the privacy of individuals' protected health information and to provide them with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice but reserve the right to change the terms of the notice and to make the new notice provisions effective for all protected health information we maintain. If we change the terms of notice, we will provide applicable individuals with a copy of the revised notice by hand-delivery or mail.

#### **Protected Information**

In order to conduct operations, our designated agents or we, collect, create and/or use different types of information. This may include information about an individual such as his or her name, address, age, health status, and information about dependents. Some of this information may qualify as protected health information. Our use or disclosure of protected health information may be restricted or limited by law. *Protected health information or PHI* means individually identifiable health information that is transmitted by electronic media, maintained in electronic or computer format, or transmitted or maintained in any other form or medium. Protected health information does not include certain educational or employment records.

#### **Permitted Uses and Disclosures of Protected Health Information**

*For Payment* – Our designated agents or we may use and disclose information about an individual in managing his or her employee benefits. This may include such functions as premium payment activities, reimbursing health care providers for services, determining eligibility or coverage of an individual, performing coordination of benefits, adjudicating claims, health care data processing including claims management, collection activities, obtaining payments under a reinsurance contract, medical necessity reviews, and/or utilization review activities.

*For Health Care Operations* – Our designated agents or we may use and disclose information about an individual for health care operations. This may include information about an individual needed to review the quality of care and services he or she receives, to provide case management



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or care coordination services, provide treatment alternatives or other health-related benefits and services, and/or to perform audits, ratings, and forecasts (as limited by HIPAA standards).

*For Treatment* – Our designated agents or we may use and disclose information about an individual for treatment purposes. This may include information needed for the provision, coordination, or management of health care and related services

*As Permitted or Required by Law* – Information about an individual may be used or disclosed to regulatory agencies, for administrative or judicial proceedings, for health oversight activities, to law enforcement officials when required to comply with a court order or subpoena, and/or as authorized by and to the extent necessary to comply with workers’ compensation laws.

*Public Health Activities* – Information about an individual may be used or disclosed to a public health authority for the purposes of preventing and controlling disease, injury or disability, reporting child abuse or neglect, and/or to assist the Food and Drug Administration in tracking products and defects/problems as well as enabling product recalls and conducting post marketing activities. Information about an individual may also be used or disclosed if we reasonably believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

*Abuse, Neglect or Domestic Violence* – To the extent required or authorized by law, or with the individual’s consent, protected information about him or her may be disclosed to an appropriate government authority if we reasonably believe the individual is the victim of abuse, neglect, or domestic violence.

*In the Event Of Death* – In the event of an individual’s death, our designated agents or we may disclose the individual’s protected information to coroners, medical examiners and/or funeral directors as necessary to carry out their duties

*Organ Transplant* – Our agents or we may use or disclose an individual’s protected information to organ procurement organizations or related entities for the purpose of facilitating organ, eye or tissue donation and transplantation.

*Research Purposes* – Our agents or we may use or disclose an individual’s protected information for research provided we first obtain an authorization or waiver from the individual and representations from the researcher limiting the uses and protecting the privacy of the individual’s information.

*Correctional Institutions* – Our agents or we may use or disclose an individual’s protected information to a correctional/custodial institution or appropriate law enforcement official if the



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individual is an inmate and the disclosure is necessary for his or her health care and the health and safety of the individual, other inmates, officers or institution employees.

*Business Associates* – Where it is necessary to help carry out our health care functions, we may disclose an individual’s information to a business associate and/or allow the business associate to create or receive protected health information on our behalf. In most situations, we must first obtain satisfactory written assurances that the business associate will appropriately safeguard the information. No such assurances are required, however, where disclosure is made to the individual’s health care provider for treatment purposes.

*Minimum Disclosure Required* – When using, disclosing, or requesting an individual’s information, we are normally required to make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. This limitation does not apply in situations involving disclosures to the individual or made pursuant to his or her authorization, to a health care provider for treatment, to the Secretary of Health and Human Services (“HHS”) for HIPAA compliance and enforcement purposes, or as otherwise required by law.

*Authorization* – Other uses and disclosures of protected health information will be made only with the individual’s written permission, unless otherwise permitted or required by law. An individual may revoke in writing, any such authorization unless we have taken action in reliance on the authorization or it was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

*Disease Exposure* – Our designated agents or we may disclose an individual’s information to 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, as necessary in the conduct of a public health intervention or investigation.

*Informational Contact* – We may contact individuals to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individuals.

### **Availability of Notice on Our Website**

We will prominently post our privacy notice on our website and make it available electronically through our website.

### **Rights of Individuals**

Under the regulations, individuals have the right to:



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- Send us a written request to see or get a copy of the protected health information that we have about them.
- Send us a written request to amend their personal information that they believe is incomplete or inaccurate. The request must provide a reason to support the requested amendment.
- Request, in writing, additional restrictions on uses or disclosures of their protected health information to carry out treatment, payment, or health care operations. However, we are not required to agree to these requests.
- Receive an accounting of our disclosures of their protected health information in writing, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting.
- Receive a paper copy of this notice upon request.
- Individuals cannot be forced to waive their rights established by the privacy regulations.
- Request that we communicate with individuals about medical matters using reasonable alternative means or at an alternative address.

## **Complaints**

Individuals who believe their HIPAA privacy rights have been violated have the right to file a complaint with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or CenseoHealth's Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244. The complaint should be in writing, either on paper or in electronic format, and generally describe the acts or omissions believed to be in violation of the individual's rights. Individuals will not be retaliated against for filing a complaint.

## **Further Information**

Individuals who need further information should contact CenseoHealth's Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739.

## **II. AMENDMENT OF PROTECTED HEALTH INFORMATION**

### **Right to Amend**

Individuals have the right to request that we amend protected health information or records about them that are in our possession.

### **Form of Request**



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All requests for amendment must be submitted in writing, describe the specific amendment sought, and provide a general description of the reasons for the requested amendment.

### **Time Frame for Responding to a Request for Amendment**

Once we receive the written request to amend information, we will attempt to act on it within 60 days. If we cannot meet the 60 day deadline, we may extend the period once for up to an additional 30 days. In that event, we will give the individual advance (before the expiration of the original 60 days) written notice of the extension and provide a statement of the reason(s) for delay.

### **Granting the Requested Amendment**

*Notice to the Individual.* If we grant the requested amendment, in whole or in part, we will notify the individual of our decision and request the following from them:

- The identification of persons who have received protected health information about them and who need notice of the amendment; and
- The individual's agreement to allow us to provide notice of the amendment to (1) the persons the individual identifies and (2) persons and entities we know who have the information that is the subject of the amendment and that may have relied, or could potentially rely, on the information to their detriment.
  - In order to notify necessary third parties, we are required to take reasonable steps to obtain this information from the individual. If the individual refuses or fails to provide the information, we will document all efforts we have undertaken to obtain the information. The individual's failure or refusal to cooperate does not alter our obligation to make the appropriate amendment.

*Request Granted only in Part* – In the event that only part of the requested amendment is granted, we will follow the procedures set forth below with regard to the denial of the remaining portion of the request.

*Amending the Information* – Once we have obtained this information and the individual's agreement, we will make the appropriate amendment by identifying the records that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

*Notice to 3<sup>rd</sup> Parties* – We will provide written notice of the amendment to any person (or entity), including a business associate, who:

- Has received protected health information about the individual in the past and needs notice of amendment, and/or



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- Possesses the protected health information that is the subject of the amendment and may have relied, or could potentially rely, on the information to your detriment.

### **Denying the Requested Amendment**

*Grounds for Denial* – We may deny an individual’s request for an amendment if we determine that the protected health information or record that is the subject of the request:

- Was not created by us (unless the individual provides a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment);
- Is not part of our records;
- Is not available for the individual’s access under federal law and/or our policy regarding rights to access; or
- Is accurate and complete.

*Notice of Denial* – If we deny a request for amendment, in whole or in part, we will notify the requesting individual of our decision in writing and include a plain language description of the reason(s) for our denial, and explanation of the individual’s rights, as set forth below, in response to our denial, and a description of how the individual may lodge a complaint about the decision.

*Individual’s Right to Submit a Statement of Disagreement* – If we deny a request for an amendment, in whole or in part, the individual has the right to submit a written statement disagreeing with our denial and the reason(s) for the disagreement. The statement of disagreement should not exceed 1000 words and must be submitted to CenseoHealth’s Privacy Officer, 4055 Valley View Lane, Suite 400, Dallas, TX 75244 within 21 days of the individual’s receipt of the notice of denial. The individual will waive his or her right to file a statement of disagreement if he or she fails to comply with these requirements. We may prepare a written rebuttal to the individual’s statement of disagreement. If we do so, we will provide a copy to the individual.

*Other Rights* – if the individual does not submit a statement of disagreement, he or she may request that we provide copies of the request for amendment and the denial notice with any future disclosures of the protected health information that is the subject of the amendment.

*Record of Denial* – If we deny a request for an amendment, in whole or in part, we will maintain record that identifies the record or information that is the subject of the disputed request for



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amendment, and append to the records, or otherwise link, the individual's request for amendment, our denial, and, if applicable, the individual's statement of disagreement and our rebuttal, if any.

*Future Disclosures -- Statement of Disagreement on File* – If the Individual has submitted a statement of disagreement, we will include the information identified in the *Record of Denial* section, above, or an accurate summary of such information, with any subsequent disclosure of the information to which the disagreement relates.

*Future Disclosures -- No Statement of Disagreement Submitted* – If the individual does not submit a timely statement of disagreement, we will include the request for amendment and our denial, or an accurate summary of such information, with any subsequent disclosure of the information to which the disagreement relates.

*Future Disclosures -- Situations Where Additional Material Cannot be Provided* – If we make a subsequent disclosure using a standard transaction that does not permit additional material to be included with the disclosure, we will separately submit any required material to the recipient.

### **Our Receipt of Amendment by another Entity**

If we receive notice from another entity that the entity has amended an individual's protected health information, we will amend any applicable information in our records.

### **Complaints**

Individuals who believe their HIPAA privacy rights have been violated have the right to file a complaint with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or CenseoHealth's Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244. The complaint should be in writing, either on paper in electronic format, and generally describe the acts or omissions believed to be in violation of the individual's rights. Individuals will not be retaliated against for filing a complaint.

## **III. ACCOUNTING OF DISCLOSURES**

### **Right to an Accounting**

Individuals have a right, subject to certain limitations, to receive an accounting of our disclosures of their protected health information.

### **Covered Time Period**



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The right to an accounting of disclosures extends back six (6) years prior to the individual's request for an accounting. The individual may limit their request to a time period less than six (6) years.

### **Limitations on Right to Accounting**

Individuals do *not* have a right to an accounting of the disclosures we have made for the following reasons:

- To carry out treatment, payment and health care operations, in accordance with our privacy policies;
- To the individual in response to their request for such a disclosure;
- Incident to a use or disclosure otherwise permitted or required by law, including secondary uses or disclosures that cannot reasonably be prevented, are limited in nature, and that occur as a result of another use or disclosure that is permitted by law;
- Pursuant to a valid authorization, signed by the individual, that allows us to use or disclose their protected health information;
- For our facility directory, to persons involved in the individual's care, or for notification purposes in emergency or exigent circumstances as allowed under federal law;
- To correctional institutions or law enforcement officials in certain limited situation;
- As part of a limited data set that excluded all references to personal identification information; or
- That occurred prior to the date on which we became subject to the Department of Health and Human Services' HIPAA Privacy Rule.

### **Temporary Suspension of Right to Accounting**

We may be required to temporarily suspend an individual's right to an accounting of disclosures to a health oversight agency or law enforcement official for a certain period of time if we are notified by a health oversight agency or law enforcement official/agency that such an accounting to the individual would be reasonably likely to impede the agency's activities. If possible, we should obtain from the requesting agency/official a written statement detailing the notice of the length of time for which suspension is required. If the statement is made orally, we are still required to suspend the right, but also must:

- Document the statement, including the identity of the agency/official making the statement; and
- Limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless the agency/official provides a written statement during that time period.

### **Content of Accounting**





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The accounting of our disclosures or an individual's protected health information will include the following information:

- An itemized list of each disclosure of protected health information that occurred during the relevant time period (unless the disclosure was made pursuant to one of the exempt categories set forth above);
- The date of each disclosure;
- The name and address (if known) of the entity or person who received the information;
- A brief description of the information disclosed; and
- A brief statement of the purpose of the disclosure.

### **Abbreviated Accounting**

We may provide an abbreviated, but meaningful, summary of the disclosures if we have made multiple disclosures to the same person or entity for a single purpose. The summary must include the following information:

- The same detailed information required for an accounting of a normal disclosure, but only with respect to the first disclosure during the accounting period;
- The frequency, periodicity, or number of the disclosures made during the accounting period; and
- The date of the last such disclosure during the accounting period.

We may also provide an abbreviated, but meaningful summary, if we have made disclosures for a particular research purpose for 50 or more individuals. The summary must include the following information:

- The name of the protocol or other research activity;
- A plain language description of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
- A brief description of the type of protected health information that was disclosed;
- The date or period of time during which such disclosures occurred, including the date of the last such disclosure during the accounting period;
- The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
- A statement that the protected health information of the individual may or may not have been disclosed for a particular protocol or other research activity.

If we provide an accounting for research disclosures, and it is reasonably likely that the protected health information of the individual was disclosed for such research protocol or activity, we



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shall, at the request of the individual, assist in contacting the entity that sponsored the research and the researcher.

### **Time Frame**

Once we receive a written request, we will provide the individual with the accounting within 60 days. If we cannot meet the 60 day deadline, we may extend the period for up to an additional 30 days. In that event, we will give the individual advance written notice of the extension and provide a statement of the reason(s) for the delay.

### **Cost**

An individual will not be charged for the first accounting in any 12 month period. We may charge a reasonable, cost-based fee for each subsequent request for an accounting. In that case, we will provide the individual, in advance, with an estimate of the fee and they will be given an opportunity to withdraw or modify their request in order to avoid or reduce the fee.

### **Documentation**

We will document and retain the following information:

- Relevant details regarding our disclosures of protected health information;
- A copy of any accounting provided to an individual; and
- The titles of the persons or offices responsible for receiving and processing requests for an accounting by individuals.

### **Complaints**

Individuals who believe their HIPAA privacy rights have been violated have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or CenseoHealth's Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244. The complaint should be in writing, either in paper or in electronic format, and generally describe the acts or omissions believed to be in violation of the individual's rights. Individuals will not be retaliated against for filing a complaint.

## **IV. CREATING AND MAINTAINING PRIVACY COMPLIANCE RECORDS**

### **Creation of Compliance Records**

- **Internal Records**
  - We are required by law and our own policies to create certain records relating to implementation and maintenance of our privacy compliance program. Where possible, these records should be maintained in a central and secure location. The



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Chief Compliance Officer is responsible for ensuring our compliance with the appropriate record keeping obligations.

- **Matters that Require and Individual’s Written Submission**
  - An individual may be required to submit certain matters to us in writing, such as a complaint or request for amendment. When possible, the intake employee should provide the individual with the appropriate form. The intake employee should also ensure that the form is fully and properly completed.
- **Matters that Only Require an Individual’s Verbal Statement**
  - An individual is not always required to submit a request in written form. In those instances, the intake employee should encourage the individual to make the submission in writing and use the appropriate form. If, however, the individual refuses, the intake employee should fill in the appropriate form or otherwise document the relevant and necessary details.

### **Retention and Maintenance Record**

We are required by law to maintain copies of the following types of documents in written or electronic format:

- Policies and Procedures;
- Communications; and
- Records of actions, activities or designations, as required by law.

### **Retention Period**

We are required by CMS to retain a record for 10 years from the date of its creation or the date when the record was last in effect, whichever is later. We may be required to maintain certain records longer under applicable state law.

### **Storage and Protection**

Where possible, all compliance records should be maintained in a central and segregated location. Reasonable security measures will be taken to ensure that only authorized and necessary employees will have access to the records.

## **V. REQUESTS FOR ACCESS TO RECORDS**

### **Right to Access**



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An individual has the general right of access to inspect and obtain a copy of protected health information about the individual for as long as we maintain the designated records.

### **No Right of Access to Certain Records**

An individual does not have a right of access under federal law to certain record sets. If an individual submits a request that includes both prohibited and lawfully accessible information, we will exclude the prohibited information and give the individual access to the remaining requested information.

Access is not permitted to the following record sets or under the following circumstances:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access request is reasonably likely to endanger the life or physical safety of the individual or another person;
- The requested protected health information makes reference to another person (other than a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person;
- The request for access is made by an individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person;
- The record set contains psychotherapy notes;
- The record set includes information that is compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- When access is prohibited by the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a;
- Protected health information that is exempt from the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, pursuant to 42 CFR 493.3(a)(2);
- Where the requested information is subject to the Privacy Act, 5 U.S.C. §552a, and denial of access is proper under the Privacy Act; or
- The requested protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

### **General Process**

*Form of Request* – All requests for access must be submitted in either written or electronic form.



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*Time-Frame* – Once the individual submits a written request, we will act on it within 30 days unless the information they seek is not maintained or kept on-site. In that instance, we will act on the request within 60 days. If we are unable to act within the 30 day (or 60 day, if applicable) time frame, we may extend the period once for no more than 30 days provided that, within the original time period, we notify the individual in writing of the new response deadline and the reasons for the delay.

*Review Process* – Our Chief Compliance Officer or other designated agent will review the request and the applicable records to determine whether they are subject to access, in whole or in part. If necessary, the reviewing agent will seek the guidance of a licensed health care professional when making this determination.

*Request Granted* – If we grant the request, in whole or in part, we will notify the individual of our decision, in writing, and provide the requested copy and/or, if possible, the form of access requested.

*Cost* – If the individual requests a copy, we may charge them a reasonable, cost-based fee. In that case, we will provide the individual, in advance, with an estimate of cost.

*Information Not Maintained By Us* – If we do not maintain the information the individual seeks, but know where it is maintained, we will inform the individual where to direct his or her request for access.

*Request Denied* – If we deny the request, in whole or in part, we will notify the individual in writing and include a plain language description of the basis for the decision, the individual’s rights, if any, to a review of our decision, and a description of the complaint procedures established under federal law.

### **Individual’s Rights Following Denial**

*Denials Subject to Review* – An individual only has a right to request a review of our decision to deny access if the denial is based on one of the following reasons:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life of physical safety of the individual or another person;
- The requested protected health information makes reference to another person (other than a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person; or



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- The request for access is made by an individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

*Time for Requesting Review* – Any request for review of our denial must be submitted within 21 days of the individual’s receipt of notice of our decision to deny the request. An individual who submits a request after the expiration of 21 days will be deemed to have waived his or her rights to review and the request will be automatically denied.

*Form of Request* – The request may be made either orally or in writing, although the individual should be encouraged to complete our form. If the request is made orally, the intake employee should document date of the request, the identity of the requesting individual, the intake employee’s own name, and any other relevant information.

*Reviewing the Decision* – Following the request we will designate a licensed health care professional, who did not participate in the original decision to deny access, to act as the reviewing official and refer the matter to him/her for review and determination. We will provide or deny access in accordance with the determination.

**Complaints**

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**No Retaliation**

We will not retaliate against an individual for filing a complaint or requesting a review of our decision.

**RESOLUTION OF OBJECTIONS AND COMPLAINTS**

**Individuals’ Right to Object and Complain**

Individuals have the right to file objections or complaints regarding our handling of their protected health information. Our obligation to take action(s) in response to an objection or complaint depends on the nature of the objection or complaint.



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### Form of Complaint or Objection

Whenever possible, individuals should be urged to file complaints or objections in written or electronic format (a written complaint or objection may be required in certain instances). If the complaint or objection is made verbally, the intake employee should, as soon as possible, document the relevant facts, including the substance of the complaint or objection, the date it was submitted, the identity of the individual, the identity of the intake employee, and any other fact that might be relevant to a resolution of the complaint or objection.

### Specific Instances

- **Impermissible Use or Disclosure by a Business Associate**
  - *Form* – A complaint involving Business Associate’s alleged impermissible use or disclosure of protected health information may be made verbally or in writing, although the individual should be encouraged to provide a written complaint or objection.
  - *Investigation* – Following receipt of the complaint, our Chief Compliance Officer or other qualified and duly designated agent will conduct a thorough investigation of the complaint to determine its validity. The investigation should be commenced within 7 business days of the receipt of the complaint and be completed within 45 days, unless completion within such a time frame is unreasonable. The investigator should document all steps of the investigative process.
  - *Violation Found* – If the investigation establishes that the Business Associate improperly used or disclosed protected health information or otherwise violated the terms of its Agreement, we will take reasonable steps, depending on the situation, to end the violation and prevent similar future occurrences.
  - *Re-occurring Violation* – If the violation or similar improper use or disclosure occurs despite our having taken reasonable steps to cure the problem, we will terminate the contract or arrangement with the Business Associate. If termination of the contract or agreement is not feasible, we will report the problem to the Department of Health and Human Services Office for Civil Rights.
  - *Contractual Provisions Control* – Prior to addressing a contractual violation or impermissible use or disclosure, the applicable Business Associate should be carefully reviewed to determine the proper procedure and our obligations with regard to providing notice to the Business Associate.
  - *Notifying the Individual* – When practical, we will provide a written response to the complaint within a reasonable time period. The response should acknowledge our receipt of the complaint and generally describe an action taken in response to the complaint.



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### **Request for Amendment**

The procedures for responding to an individual's objection or complaint relating to our handling of the individual's request for amendment of protected health information are set forth in detail in our policy on Amendment Requests.

### **Request for Access**

The procedures for responding to an individual's objection or complaint relating to our handling of the individual's request for access to protected health information are set forth in detail in our policy on Requests for Access.

### **Request for Accounting of Disclosures**

The procedures for responding to an individual's objection or complaint relating to our handling of the individual's request for an accounting of our disclosures of protected health information are set forth in detail in our policy on Accounting of Disclosures.

### **General Complaints**

Complaints regarding impermissible use or disclosure by a Member of the Workforce fall into this category. Individuals who believe their HIPAA privacy rights have been violated have the right to file a complaint with the [Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201](#), or [CenseoHealth's Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739](#). The complaint should be in writing, either in paper or in electronic format, and generally describe the acts or omissions believed to be in violation of the individual's rights.

When practical, we will provide a written response to any complaint within a reasonable time period. The response should acknowledge our receipt of the complaint and generally describe any action taken in response to the complaint.

### **No Retaliation**

Individuals will not be retaliated against for filing a complaint or objection.

## **VI. SECURITY BREACHES**

### **General Policy**





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CenseoHealth will notify individuals in compliance with federal law if their unsecure protected health information is breached.

### **What Information is Subject to this Policy?**

This policy only applies to “unsecure” PHI, which includes information that is **not** either encrypted under specific standards adopted by the National Institute of Standards and Technology (“NIST”) or destroyed so that it cannot be read or reconstructed.

### **What is a Breach?**

A breach will occur if the following 3 requirements are met:

1. Information is “unsecure” as described above;
2. Information was used or disclosed in an “unauthorized” manner—this means that the information was used or disclosed in a manner that is not permitted under the HIPAA privacy rules, including a violation of the minimum necessary rule; and
3. The use or disclosure poses a significant risk of financial, reputational, or other harm to the individual.

CenseoHealth will perform a risk assessment to determine if harm has occurred and review factors such as to whom the information was disclosed, the type of information disclosed, and what steps were taken upon discovery of the use or disclosure.

### **Exceptions**

A use or disclosure does not occur if one of the following exceptions applies.

1. *Unintentional access by a covered entity’s or business associate’s employee* – This means access which is in good faith, within the employee’s course and scope of employment, and that does not result in further use or disclosure.
2. *Inadvertent disclosure from one covered entity or business associate employee to another similarly situated employee* – The information must not be further used. “Similarly situated” means both employees must be authorized to access the information. For example, a doctor and a billing employee maybe similarly situated in that they are both authorized to view PHI, but a doctor and a receptionist might not be.
3. *The recipient would not reasonably have been able to retain the information* – For example, where health information is mailed to the wrong individual. If the envelope is returned unopened, the plan could determine that the recipient did not retain the information.

### **When is Individual Notice Required?**



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If there is a breach, CenseoHealth must notify the client health plan and the individual without unreasonable delay, but no later than 60 days after the discovery of the breach. The breach will be considered discovered on the first day it is known to any member of the workforce (other than the person who committed the breach), or the date it would have been known if we had exercised reasonable diligence.

### **Form of the Notice**

The notice must be written in “plain language” and contain:

- A brief description of what happened, including the date of the breach and date of discovery;
- The types of PHI involved (such as whether full name, SSN, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
- Any steps the individual should take to prevent themselves from potential harm;
- A brief description of steps CenseoHealth is taking to investigate, mitigate losses, and protect against further breaches; and
- Contact information for questions, including a toll-free telephone number, email address, website, or postal address.

Notice must be sent to the individual’s last known address or by email if the individual agrees. Notices to minors generally can be sent to parents and notices to deceased individuals generally can be sent to next of kin or a personal representative, consistent with the HIPAA privacy rules.

### **Insufficient Contact Information or Notification is Returned as Undeliverable**

If insufficient or out-of-date contact information precludes individual notice, CenseoHealth will provide a substitute form of notice.

- *If fewer than 10 individuals are involved* – The substitute notice may be an alternative form of notice that is reasonably calculated to reach the individuals, such as by telephone, email, or posting on the covered entity’s website.
- *If 10 or more individuals are involved* – CenseoHealth will either post the notice on its homepage for 90 days or provide notice in major print or broadcast media in the geographic areas where affected individuals are likely to reside. Under either approach, CenseoHealth will maintain a toll-free number for 90 days so individuals can ask questions. For website posting, the notice will be prominent so that it is noticeable given its size, color, and graphic treatment in relation to other parts of the page, and worded to convey the nature and importance of the information. The notice will be included both on the homepage and “landing page” for existing account holders.

### **Notice to HHS**



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*Where a breach involves 500 or more people* – CenseoHealth will notify the Secretary of HHS immediately. “Immediately” means contemporaneously with the individual notice (that is, within 60 days).

*Where a breach involves less than 500 people* – CenseoHealth will maintain a log of security breaches and submit it to HHS on an annual basis. The log will be filed within 60 days after the end of the calendar year.



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## CenseoHealth LLC Notice of Individual Privacy Rights

**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.**

### **Our Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice but reserve the right to change the terms of the notice and to make the new notice provisions effective for all protected health information we maintain. If we change the terms of the notice, we will provide you with a copy of the revised notice by mail or hand-delivery. The effective date of this notice is 3-1-11. This notice will remain in effect until replaced or amended.

### **Your Protected Information**

In order to conduct operations, our designated agents or we, collect, create and/or use different types of information. This may include information about you such as your name, address, age, health status, medical or physiological conditions, and information about dependents. Some of this information may qualify as protected health information. Our use or disclosure of protected health information may be restricted or limited by law. *Protected health information* means individually identifiable health information that is transmitted by electronic media, maintained in electronic or computer format, or transmitted or maintained in any other form or medium. Protected health information does not include certain educational or employment records.

### **Permitted Uses and Disclosures of Your Protected Information**

*For Payment* – Our designated agents or we may use and disclose information about you in managing your health care. This may include such functions as

premium payment activities, reimbursing health care providers for services, determining eligibility or coverage of an individual, performing coordination of benefits, adjudicating claims, health care data processing including claims management, collection activities, obtaining payments under a reinsurance contract, medical necessity reviews, and/or utilization review activities.

*For Health Care Operations* – Our designated agents or we may use and disclose information about you for health care operations. This may include information about you needed to review the quality of care and services you receive, to provide case management or care coordination services, provide treatment alternatives or other health-related benefits and services, and/or to perform audits, ratings, and forecasts (as limited by HIPAA standards).

*For Treatment* – Our designated agents or we may use and disclose information about you for treatment purposes. This may include information about you needed for the provision, coordination, or management of health care and related services.

*As Permitted or Required by Law* – Information about you may be used or disclosed to regulatory agencies, for administrative or judicial proceedings, for health oversight activities, to law enforcement officials when required to comply with a court order or subpoena, and/or as authorized by and to the extent necessary to comply with workers' compensation laws.

*Public Health Activities* – Information about you may be used or disclosed to a public health authority for the purposes of preventing or controlling disease, injury or disability, reporting child abuse or neglect, and/or to assist the Food and Drug Administration in tracking products and defects/problems as well as enabling product recalls and conducting post marketing activities. Information about you may also be used or disclosed if we reasonably believe that the use or disclosure is necessary to prevent or lessen a



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serious and imminent threat to the health or safety of a person or the public.

*Abuse, Neglect or Domestic Violence* – To the extent required or authorized by law, or with your consent, protected information about you may be disclosed to an appropriate government authority if we reasonably believe you are the victim of abuse, neglect, or domestic violence.

*In the Event of Death* – In the event of your death, our designated agents or we may disclose your protected information to coroners, medical examiners and/or funeral directors as necessary to carry out their duties.

*Organ Transplant* – Our agents or we may use or disclose your protected information to organ procurement organizations or related entities for the purpose of facilitating organ, eye or tissue donation and transplantation.

*Research Purposes* – Our agents or we may use or disclose your protected information for research provided we first obtain an authorization or waiver from you and representations from the researcher limiting the uses and protecting the privacy of your information.

*Correctional Institutions* – Our agents or we may use or disclose your protected information to a correctional/custodial institution or appropriate law enforcement official if you are an inmate and the disclosure is necessary for your health care and the health and safety of you, other inmates, officers or institution employees.

*Business Associates* – Where it is necessary to help carry out our health care function, we may disclose your information to a business associate and/or allow the business associate to create or receive protected health information on our behalf. In most situations, we must first obtain satisfactory written assurances that the business associate will appropriately safeguard the information. No such assurances are required, however, where disclosure is made to your health care provider for treatment purposes.

*Minimum Disclosure Required* – When using, disclosing, or requesting your information, we are normally required to make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. This limitation does not apply in situations involving disclosures to you or made pursuant to your authorization, to a health care provider for treatment, to the Secretary of Health and Human Services for HIPAA compliance and enforcement purposes, or as otherwise required by law.

*Authorization* – Other uses and disclosures of protected health information will be made only with your written permission, unless otherwise permitted or required by law. You may revoke in writing, any such authorization unless we have taken action in reliance on your authorization or it was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

*Disease Exposure* – Our designated agents or we may disclose your information to 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, as necessary in the conduct of a public health intervention or investigation.

*Informational Contact* – We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Availability of Notice on our Website**

This notice is prominently posted on our website and is available electronically through our website.

**Your Rights**

Under the regulations, you will have the right to:

- Send us a written request to see or get a copy of the protected health information that we have about you.



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- Request an amendment to your personal information that you believe is incomplete or inaccurate. The request must be in writing and provide a reason to support the proposed amendment.
- Request in writing additional restrictions on uses or disclosures of your protected health information to carry out treatment, payment, or health care operations. However, we are not required to agree to these requests.
- Receive an accounting of our disclosures of your protected health information in writing, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting.
- Receive a paper copy of this notice upon request.
- You cannot be forced to waive your rights established by the privacy regulations.

- Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address.

**Complaints**

If you believe your HIPAA privacy rights have been violated, you have the right to file a complaint with either the **Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201**, or **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244**. The complaint should be in writing, either on paper in electronic format, and generally describe the acts or omissions believed to be in violation of your rights. You will not be retaliated against for filing a complaint.

**Further Information**

If you need further information, please contact **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739**.



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**ACKNOWLEDGEMENT OF RECEIPT OF CENSEOHEALTH'S NOTICE OF INDIVIDUAL PRIVACY RIGHTS**

I, \_\_\_\_\_ [NAME], acknowledge that I have been given a copy of Censeo Health LLC's ("CenseoHealth") Notice of Individual Privacy Rights and advised to review the Notice carefully.

Signature:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

Date of Birth: \_\_\_\_\_

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**FOR INTERNAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

If CenseoHealth is not successful in securing a signed receipt, the Chief Compliance Officer or other appropriate person should describe the good faith efforts to obtain the acknowledgement and the reason(s) why it was not obtained:

Signature:

\_\_\_\_\_

[NAME AND TITLE]

\_\_\_\_\_

Date



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**CONSENT FOR USES OR DISCLOSURES TO CARRY OUT TREATMENT,  
PAYMENT OR HEALTH CARE OPERATIONS**

**Reasons for Use or Disclosure**

Censeo Health LLC (“CenseoHealth”) may use or disclose your protected health information to carry out treatment, payment, or health care operations. A more complete description of your rights and our obligations is contained in CenseoHealth’s Notice of Individual Privacy Rights (“Notice”).

**Voluntary Election of Consent Policy**

We are not legally required to obtain your consent for the uses and disclosures identified in this document. Instead, we have exercised our legal right to voluntarily implement this procedure to ensure your involvement in and agreement with our basic health care operations.

**Specific Areas of Consent**

By signing this consent form, you consent to the following specific uses and/or disclosures of your protected health care information:

- For the covered entity’s own treatment, payment, or health care operations;
- For treatment activities of a health care provider;
- For disclosure to another covered entity or health care provider for the payment activities of the entity that receives the information; and
- For disclosure to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with you, the information pertains to such relationship, and the disclosure is for the purposes of health care operations or fraud and abuse detection or compliance.

**Your Rights**

*Additional information* – You have the right to review the Notice prior to signing this consent. The Notice contains a more complete description of your rights under the law and a copy of it is being

provided to you in conjunction with this Consent. The terms of the Notice may change and, in that event, you may obtain the revised version by contacting **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739.**

*Request Restrictions* – You have the right to request that we restrict how protected health information is used or disclosed to carry out treatment, payment, or health care operations, although we are not required to agree to requested restrictions. If we agree to a requested restriction, the restriction is binding on us.

*Request for Access* – You have the right to send us a written request to access the protected health information that we have about you. We will provide you with access to or a copy of the applicable information, within a specified time frame, unless the law prevents us from allowing such access.

*Request Amendment* – You have the right to request an amendment to your personal information that you believe is incomplete or inaccurate. The request must be in writing and provide a reason to support the proposed amendment.

*Receive an Accounting* – You have the right to receive an accounting of our disclosures of your medical protected health information, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting. The request must be in writing.

*Revoke Your Consent* – You have the right to revoke this consent in writing, except to the extent that we have taken action in reliance on your consent.

**Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health





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information, please contact **CenseoHealth's Chief Compliance Officer**, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739.

**Acknowledgement & Consent**

I acknowledge that I have been given a copy of CenseoHealth's Notice of Individual Privacy Rights and the opportunity to review the document. I have also reviewed and understand this document and consent to the uses and disclosures herein.

Signature:

\_\_\_\_\_  
[INDIVIDUAL'S NAME]

\_\_\_\_\_  
[DATE]



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**PROTECTED HEALTH INFORMATION USE AND DISCLOSURE AUTHORIZATION**

By signing this document you authorize Censeo Health LLC (“CenseoHealth”) and its designated agents to disclose and/or use certain protected health information about you as set forth and limited below.

**Information to be Used or Disclosed**

This information is limited to the use and/or disclosure of the following protected health information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[PROVIDE “MEANINGFUL AND SPECIFIC” DESCRIPTION OF INFORMATION TO BE USED]

The law requires that CenseoHealth’s use or disclosure of your protected information must be consistent with this authorization.

**Identity of Person Authorized to Make the Use or Disclosure:**

The person or class of persons authorized to make the requested use or disclosure is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[INCLUDE NAME & TITLE OR SPECIFIC DESCRIPTION OF CLASS]

**Identity of Person Authorized to use or Receive the Disclosure:**

The person or class of persons authorized to use or receive the requested disclosure is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[INCLUDE NAME & TITLE OR SPECIFIC DESCRIPTION OF CLASS]

**Purpose of Use or Disclosure:**

The purpose of the use or disclosure is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[DESCRIBE EACH PURPOSE – IF THE INDIVIDUAL INITIATES THE AUTHORIZATION AND DOES NOT PROVIDE A STATEMENT, IT IS ACCEPTABLE TO STATE “at the request of the individual”].

**Remuneration:**

[USE IF USE OR DISCLOSURE FOR MARKETING PURPOSES WILL RESULT IN DIRECT OR INDIRECT REMUNERATION TO CenseoHealth FROM A 3<sup>RD</sup> PARTY]

Use or disclosure of this protected information for marketing purposes will result in CenseoHealth directly or indirectly receiving compensation from a third party.

**Conditions on Execution of Authorization**

If you refuse to sign this authorization, CenseoHealth may refuse to provide you with health care that is solely for the purpose of creating protected health information for disclosure to a third party.

**Your Rights**

*Additional information* – You have the right to review CenseoHealth’s Notice of Individual Privacy Rights. The Notice contains a more complete description of your rights under the law and a copy of it is being provided to you in conjunction with this authorization. The terms of the Notice of Individual Privacy Rights may change, and in that event, you



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may obtain the revised version by contacting **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739.**

*Revocation* – You have the right to revoke this authorization by notifying, in writing, **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244.** Your revocation will not be effective to the extent that CenseoHealth has taken action in reliance on this authorization

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[ADD IF AUTHORIZATION WAS OBTAINED AS A CONDITION OF OBTAINING INSURANCE COVERAGE: OR OTHER LAW PROVIDES THE INSURER WITH THE RIGHT TO CONTEST A CLAIM UNDER THE POLICY].

*Refusal and Inspection* – You have the right to refuse to sign this authorization and to inspect or copy the protected information used or disclosed as provided in this authorization.

*Request Amendment* – You have the right to request an amendment to your personal information that you believe is incomplete or inaccurate. The request must be in writing and provide a reason to support the proposed amendment.

*Request for Access* – You have the right to send us a written request to access the protected health information that we have about you. We will provide

Signature:

---

[INDIVIDUAL’S NAME]

you with access to or a copy of the applicable information, within a specified time frame, unless the law prevents us from allowing such access.

*Receive an Accounting* – You have the right to receive an accounting of our disclosures of your medical protected health information, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting. The request must be in writing.

**Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health information, please contact **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739.**

**Possibility of Re-disclosure**

The information to be used or disclosed as authorized in this form may be subject to re-disclosure by the recipient and may no longer be protected from further disclosure.

**Expiration**

This authorization expires on [DATE] or when [IDENTIFY EXPIRATION EVENT THAT RELATES TO THE INDIVIDUAL OR THE PURPOSE OF THE USE/DISCLOSURE].

**Acknowledgement & Authorization**

I acknowledge that I have been given a copy of CenseoHealth’s Notice of Individual Privacy Rights and the opportunity to review that document. I have also reviewed and understand this document and authorize the limited uses and disclosures identified herein.

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[DATE]



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[IF SIGNED BY A PERSONAL REPRESENTATIVE, DESCRIBE REPRESENTATIVE'S AUTHORITY TO ACT FOR THE INDIVIDUAL]

[PROVIDE COPY OF THE SIGNED AUTHORIZATION TO THE INDIVIDUAL]

**NOTICE: THIS AUTHORIZATION MAY NOT BE COMBINED WITH ANY OTHER FORM, CONSENT OR NOTICE UNLESS USED FOR RESEARCH PURPOSES**



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**REVOCAION OF USE AND DISCLOSURE AUTHORIZATION**

I, \_\_\_\_\_ [NAME], hereby specifically revoke my \_\_\_\_\_ [DATE] authorization of Censeo Health LLC (“CenseoHealth”) to use and disclose certain protected health information about me.

I understand that this revocation is not effective to the extent that CenseoHealth has taken action on reliance of my authorization.

Signature:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Time

**NOTICE: THIS REVOCATION IS NOT EFFECTIVE UNLESS AND UNTIL IT IS SIGNED, DATED AND SUBMITTED TO** CenseoHealth’s Chief Compliance Officer, 4055 Valley View Lane, Suite 475, Dallas, TX 75244; 972.715.3739 **(phone)**, 214-276-1954 **(fax)**.



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### **DESIGNATION OF HIPAA PRIVACY OFFICER AND CONTACT PERSON**

Effective 5/1/12, Censeo Health LLC (“CenseoHealth”) designates J. E. Barry Greve, Jr. as its HIPAA Privacy Officer and Contact Person. As Privacy Officer, this individual is responsible for the development, implementation and enforcement of CenseoHealth’s health related privacy policies and procedures. As Contact Person, this individual is responsible for responding to requests for further information and receiving complaints regarding CenseoHealth’s health related privacy policies and procedures.



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**REQUEST FOR CONFIDENTIALITY**

I, \_\_\_\_\_ [NAME OF INDIVIDUAL], hereby request to receive all communications of protected health information from Censeo Health LLC (“CenseoHealth”):

**By the following alternative means:**

\_\_\_\_\_  
[IDENTIFY REASONABLE ALTERNATIVE MEANS, i.e. in writing only]

**At the following alternative locations:**

\_\_\_\_\_  
[IDENTIFY REASONABLE ALTERNATIVE LOCATIONS]

**Under the following specific restrictions:**

\_\_\_\_\_  
[IDENTIFY REASONABLE SPECIFIC RESTRICTIONS, i.e. my health information should not be communicated to the following individuals, etc.]

I understand that my requested alternatives and/or restrictions must be reasonable and that CenseoHealth may require me to provide an alternative address or other method of contact/communication.

Signature:

\_\_\_\_\_  
[NAME]

\_\_\_\_\_  
Date

**NOTICE: THIS REQUEST IS NOT EFFECTIVE UNLESS AND UNTIL IT IS SIGNED, DATED AND SUBMITTED TO CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**



<b>Censeo Health LLC</b>	<b>Effective Date:</b> 2-1-10
<b>Title:</b> HIPAA Policy	<b>Date Reviewed:</b> 6-16-14
<b>Approved By:</b> Chief Compliance Officer	<b>Date Revised:</b> 6-16-14

**DESIGNATION OF PERSONAL REPRESENTATIVE**

I, \_\_\_\_\_ [NAME], of  
\_\_\_\_\_ [ADDRESS], hereby appoint  
\_\_\_\_\_ [NAME OF PERSONAL  
REPRESENTATIVE], as my personal representative to act in my capacity and to any and all of  
the following:

[SELECT ONE OF THE FOLLOWING]

[GENERAL]:

- Receive or access any and all protected health information and make decisions regarding the use and/or disclosure of that information on my  
\_\_\_\_\_ [OR INSERT UNEMANCIPATED MINOR'S NAME IF APPOINTMENT IS MADE MY  
GUARDIAN/PARENT] behalf.

[SPECIFIC]

- Receive any and all protected health information and make decisions regarding the use and/or disclosure of that information on my  
\_\_\_\_\_ [OR INSERT UNEMANCIPATED MINOR'S NAME IF APPOINTMENT IS MADE BY  
GUARDIAN/PARENT] behalf specifically limited to  
\_\_\_\_\_ [INSERT LIMITING LANGUAGE SPECIFIC TO A CONDITION, COURSE OF  
TREATMENT, OR OTHER IDENTIFIABLE EVENT OR PROCESS].

The rights, power and authority of my Personal Representative, as granted herein, shall commence and be in full force and effect and shall remain in full force and effect until:

[SELECT ONE]

- Specifically rescinded by my Personal Representative or me.
- The \_\_\_\_\_ [CONDITION, COURSE OF TREATMENT OR OTHER IDENTIFIABLE EVENT OR PROCESS] has concluded.





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Signature:

\_\_\_\_\_

[NAME]

\_\_\_\_\_

Date





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**NOTICE OF PROCEDURE TO FILE A COMPLAINT OR OBJECTION**

You have the right under Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to file a complaint or objection regarding Censeo Health LLC’s (“CenseoHealth”) protection of your individual privacy rights.

**Complaints**

You have the right to file a complaint about our policies and procedures for protecting your protected health information, our compliance with these policies and procedures, or if you believe your HIPAA privacy rights have been violated.

*Where to File* – Complaints must be filed with either the **Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or complaints must be delivered to CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**

*When to File* – Complaints to the Secretary of the U.S. Department of Health and Human Services must be filed within 180 days of when you knew or should have known about the reason for your complaint,

unless this time limit is waived by the Secretary for good cause shown.

*Form & Consent* – The complaint should be in writing, either on paper or in electronic format, and generally describe the acts or omissions believed to be in violation of your rights.

*Additional Complaint Rights* – In certain situations, you may have additional rights to complain or object, including but not limited to our handling of your request for access to your protected health information, amendment of your protected health information, and an accounting of our disclosures of your protected health information. In those instances, you will be provided with written notice of the applicable complaint/objection process when you tender your request.

*No Retaliation* – You will not be penalized or retaliated against for filing a complaint.

**Further Information**

If you need further information, please contact **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**



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**REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_ [NAME], hereby request the following amendment of my protected health information:

\_\_\_\_\_  
[DESCRIBE SPECIFIC AMENDMENT REQUESTED]

**Reason for Requested Amendment**

I am requesting this amendment for the following reason(s):

**Amendment of Information Not Created by Us**

If we did not create the protected health information or record that you seek to amend, we cannot amend the information or record unless the originator of the protected health information is no longer available to act on the requested amendment. If you believe this to be the case, please explain why:

Signature: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Date of Birth: \_\_\_\_\_



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## GENERAL DESCRIPTION OF THE AMENDMENT PROCESS

### **Your Right to Amend**

You have the right to request that we amend protected health information or records about you that are in our possession.

### **General Process**

*Time Frame* – Once you submit a written request, we will act on it within 60 days. If we cannot meet the 60 day deadline, we may extend the period for up to an additional 30 days. In that event, we will give you advance written notice of the extension and provide a statement of the reason(s) for the delay.

*Request Granted* – If we grant your request, in whole or in part, we will notify you of our decision and request from you the following:

- The identification of persons who have received protected health information about you and who need notice of the amendment; and
- Your agreement to allow us to provide notice of the amendment to (1) the persons you identify and (2) persons and entities we know who have the information that is the subject of the amendment and that may have relied, or could potentially rely, on the information to their detriment.

Once we have obtained this information and your agreement, we will make the appropriate amendment by identifying the records that are affected by the amendment and appending or otherwise providing a link to the location of the amendment.

*Request Denied* – We may deny your request for an amendment if we determine that the requested health information or record that is the subject of the request:

- Was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment;
- Is not part of our records;
- Is not available for your access under federal law and/or our policy regarding your rights to access; or
- Is accurate and complete.

If we deny your request, we will notify you of our decision in writing and include a plain language description of the reason(s) for our denial and explanation of our rights in response to our denial.

### **Your Privacy Rights in General**

*Additional Information* – you have a right to review our Individual Privacy Rights Notice, which contains a more complete description of your rights under the law.

### **Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health information, please contact **CenseoHealth’s HIPAA Chief Compliance Officer**, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).



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**NOTICE OF DENIAL OF REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION**

Your [DATE] request for amendment of your protected health information has been denied.

**Basis for Denial**

Your request for amendment was denied because we determined that the protected health information or record that is the subject of your request:

[SELECT APPROPRIATE OPTION]

- Was not created by us and there is no reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment.
- Is not part of our records.
- Is accurate and complete.
- Is not available for your access under federal law and our policy regarding your rights to access because:

[PROVIDE SPECIFIC BASIS FOR DENIAL OF ACCESS – FOR FURTHER INFORMATION, SEE REQUEST FOR ACCESS POLICY]

**Your Rights**

*Statement of Disagreement* – You have the right to submit a written statement disagreeing with our denial and the reason(s) for your disagreement. Your statement of disagreement **should not exceed 1000 words** and **must be submitted to CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax), within 21 days** of your receipt of the notice of denial. You will waive your right to file a statement of disagreement if you fail to comply with these requirements. We may prepare a written rebuttal to your statement of

disagreement. If we do so, we will provide a copy to you.

*Other Rights* – If you do not submit a statement of disagreement, you may request that we provide copies of your request for amendment and the denial notice with any future disclosures of the protected health information that is the subject of the amendment.

*Complaint* – If you believe your HIPAA privacy rights have been violated, you have the right to file a complaint with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244. The complaint should be in writing, either on paper in electronic format, and generally describe the acts or omissions believed to be in violation of your rights. You will not be retaliated against for filing a complaint.

**Your Privacy Rights in General**

Additional Information - you have a right to review our Individual Privacy Rights Notice, which contains a more complete description of your rights under the law.

**Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health information, please contact **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**



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**NOTICE OF ACCEPTANCE OF AMENDMENT REQUEST**

On this day of \_\_\_\_\_ [DATE], Censeo Health LLC (“CenseoHealth”) has agreed to accept your \_\_\_\_\_ [DATE] request for amendment of your protected health information as follows:

- As requested, in its entirety
- In part, to the following extent:

\_\_\_\_\_  
[DESCRIBE TO WHAT EXTENT AMENDMENT IS ACCEPTED]

**Further Action on Your Part is Requested**

To properly implement your requested amendment, you are requested to provide us with additional information and your agreement to allow us to notify relevant persons and entities of the amendment. Please provide the information requested below, signify your agreement by signing where indicated, and return the completed form to **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**

*Identity of Others* – Please identify all persons who have received protected health information about you and who need notice of the amendment. Please include the name, address and telephone number (if known):

*Notice to Others* – We are required to provide notice of the amendment to (i) the persons you identified above and (ii) persons and entities we know who have the information that is the subject of the amendment and that may have relied, or could potentially rely, on the information to their detriment. **By signing below, you agree to allow us to provide notice to those individuals and/or entities.**

**AGREED:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Your Privacy Rights in General**

Additional Information - you have a right to review our Individual Privacy Rights Notice, which contains a more complete description of your rights under the law.



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### **Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health information, please contact **CenseoHealth's Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**



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**NOTICE OF AMENDMENT OF PROTECTED HEALTH INFORMATION**

Censeo Health LLC (“CenseoHealth”) has amended certain protected health information about the following individual:

\_\_\_\_\_  
[IDENTIFY INDIVIDUAL]

Effective \_\_\_\_\_ [DATE], this individual’s protected health information has been amended as follows:

\_\_\_\_\_  
[PROVIDE SPECIFIC AMENDMENT DETAILS OR REFERENCE ATTACHMENT THAT DETAILS AMENDMENT]

This amendment was made in response to, and after careful consideration of, a request by the individual.

We are sending you this notice as required by Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR § 164.526(c)(3) because you have been identified as a person (or entity) who:

- Has received protected health information about this individual in the past and needs notice of the amendment, and/or
- Possesses the protected health information that is the subject of the amendment and may have relied, or could potentially rely, on the information to your detriment.

**Questions Concerning This Notice**

If you have any questions concerning this notice, please contact **CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**





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## GENERAL DESCRIPTION OF THE ACCOUNTING PROCESS

### **Right to an Accounting**

You have a right, subject to certain limitations, to receive an accounting of our disclosures of your protected health information

### **Covered Time Period**

Your right to an accounting of disclosures extends back six years prior to your request for an accounting. Censeo Health LLC (“CenseoHealth”) is not obligated, however, to provide an accounting for disclosures that occurred prior to 4.14.04, the date on which CenseoHealth became subject to the Department of Health and Human Services’ HIPAA Privacy Rule.

### **Limitations on Right to Accounting**

You do *not* have a right to an accounting of the disclosures we have made for the following reasons:

- To carry out treatment, payment and health care operations, in accordance with our privacy policies;
- To you in response to your request for such a disclosure;
- Incidental to a use or disclosure otherwise permitted or required by law, including secondary uses or disclosures that cannot reasonably be prevented, are limited in nature, and that occur as a result of another use or disclosure that is permitted by law;
- Pursuant to a valid authorization, signed by you, that allowed us to use or disclose your protected health information;
- For our facility directory, to persons involved in your care, or for notification purposes in emergency or exigent circumstances as allowed for under federal law;
- For national security or intelligence purposes as provided for under federal law;
- To correctional institutions or law enforcement officials in certain limited situations;
- As part of a limited data set that excluded all references to personal identification information; or

- That occurred prior to the compliance date for the covered entity.

We may also be required to temporarily suspend your right to an accounting for a certain period of time if we are notified by a health oversight agency or law enforcement official/agency that an accounting to you would be reasonably likely to impede the agency’s activities.

### **Content of Accounting**

The accounting of our disclosures of your protected health information will include the following information:

- An itemized list of each disclosure of protected health information that occurred during the relevant time period (unless the disclosure was made pursuant to one of the exempt categories set forth above);
- The date of each disclosure;
- The name and address (if known) of the entity or person who received the information;
- A brief description of the information disclosed; and
- A brief statement of the purpose of the disclosure.

We may provide an abbreviated, but meaningful, summary of the disclosures if:

- We have made multiple disclosures to the same person or entity for a single purpose ; and
- We have made disclosures for a particular research purpose under certain circumstances.

### **Time Frame**

Once you submit a written request, we will provide you with the accounting within 60 days. If we cannot meet the 60 day deadline, we may extend the period for up to an additional 30 days. In that event, we will give you advance written notice of the extension and provide a statement of the reason(s) for the delay.



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**Cost**

You will not be charged for the first accounting in any 12 month period. We may charge a reasonable, cost-based fee for each subsequent request for an accounting. In that case, we will provide you, in advance, with an estimate of the fee and you will be given an opportunity to withdraw or modify your request in order to avoid or reduce the fee.

**Your Rights**

You have a right to review our Individual Privacy Rights Notice, which contains a more complete description of your rights under the law.

**Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health information, please contact **CenseoHealth’s Chief Compliance Officer**, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).



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## **RESPONSE TO REQUEST FOR ACCOUNTING**

### **Your Request**

Censeo Health LLC (“CenseoHealth”) is required by law to provide you with an accounting of our disclosures of your protected health information. You submitted a request for such an accounting on \_\_\_\_\_ [DATE OF REQUEST]. Your request seeks an accounting of our disclosures for the time period \_\_\_\_\_ [DATE] through \_\_\_\_\_ [DATE](no later than date of request).

### **Our Accounting**

An itemized (or detailed summary, if appropriate) accounting of our disclosures of your protected health information is attached hereto.

### **Your Rights**

You have the right to review our Individual Privacy Notice, which contains a more complete description of your rights under the law.

### **Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health information, please contact CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (**phone**), 214-276-1954 (**fax**).



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**REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_ [NAME], hereby request the following from Censeo Health LLC (“CenseoHealth”):

[SELECT ONE OR MORE OF THE FOLLOWING]

- Access to CenseoHealth’s records of protected health information about me
- A copy of CenseoHealth’s records of protected health information about me
- Access to CenseoHealth’s following specific record set of protected health information about me:

○ \_\_\_\_\_

[SPECIFY RECORD SET BY DATE, TYPE, AND/OR CATEGORY (i.e., all payment records, all treatment records, all treatment records for calendar year 2010, etc.)

- A copy of CenseoHealth’s following specific record set of protected health information about me:

○ \_\_\_\_\_

[SPECIFY RECORD SET BY DATE, TYPE AND/OR CATEGORY]

Signature:

\_\_\_\_\_

\_\_\_\_\_

**NOTICE: THIS REQUEST WILL NOT BE CONSIDERED UNLESS AND UNTIL IT IS SIGNED, DATED AND SUBMITTED TO CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**





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## **GENERAL DESCRIPTION OF THE REQUEST & ACCESS PROCESS**

### **No Right of Access to Certain Records**

You do not have the right of access under federal law to certain record sets, including but not limited to psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If you submit a request that includes both prohibited and lawfully accessible information, we will exclude the prohibited information and give you access to the remaining requested information.

### **General Process**

*Time-Frame* – Once you submit this written request, we will act on it within 30 days unless the information you seek is not maintained or kept on-site. In that instance, we will act on your request in 60 days.

*Request Granted* – If we grant your request, in whole or in part, we will notify you of our decision and provide the requested copy and/or, if possible, the form of access requested.

*Information Not Maintained By Us* – if we do not maintain the information you seek, but know where it is maintained, we will inform you where to direct

your request for access.

*Request Denied* – If we deny your request, in whole or in part, we will notify you in writing and include a description of the basis for the decision, your rights, if any, to a review of our decision, and a description of the complaint procedures established under federal law.

### **Cost**

If you request a copy, we may charge you a reasonable cost-based fee. In that case, we will provide you, in advance, with an estimate of the cost.

### **Your Rights**

*Additional Information* – You have the right to review our Individual Privacy Rights Notice, which contains a more complete description of your rights under the law.

### **Questions Concerning Your Rights**

If you need further information about your rights to protection and confidentiality of your personal health information, please contact **Censeo Health LLC's Chief Compliance Officer**, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).



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**CENSEOHEALTH’S DENIAL OF REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

On \_\_\_\_\_ [DATE], \_\_\_\_\_ [INDIVIDUAL’S NAME] filed a request for access to protected health information. After reviewing the request, Censeo Health LLC (“CenseoHealth”) has determined that the request is denied as follows:

**Extent of Denial**

- \_\_\_\_\_  
\_\_\_\_\_  
[DESCRIBE EXTENT OF DENIAL (i.e. in its entirety, to the extent it seeks psychotherapy notes, etc.)]

**Location of Information Not Maintained by Us (USE IF CENSEOHEALTH DOES NOT MAINTAIN REQUESTED INFORMATION BUT KNOWS WHERE THE INFORMATION CAN BE FOUND)**

Although we do not maintain protected health information subject to your request, we believe you may obtain access to the information by delivering your request to:

- \_\_\_\_\_  
\_\_\_\_\_  
[INSERT NAME, LOCATION AND TELEPHONE NUMBER]

**Grounds for Denial**

[IN PLAIN LANGUAGE, DESCRIBE THE BASIS FOR DENIAL: CHOOSE FROM THE FOLLOWING CATEGORIES AND ADD ADDITIONAL INFORMATION IF NECESSARY FOR A CLEAR EXPLANATION]:

- a. The information is not subject to access because it contains psychotherapy notes.
- b. The information is not subject to access because it contains information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

- c. The requested information is subject to the Privacy Act, 5 U.S.C. § 552a, and denial of access is proper under the Privacy Act.
- d. The requested protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- e. A licensed health care provider has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
- f. The requested protected health information makes reference to another person (other than a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to the other person.
- g. The request for access is made by an individual’s personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

**Your Right to a Review**

You may have the right to a review of our decision to deny your request. If you request and are entitled to a review, we will designate a licensed health care professional, who did not participate in the original decision to deny access, to act as the reviewing official and refer the matter to him/her for review and determination. We will promptly give you written notice of the determination of the reviewing official and, ultimately, provide or deny access in accordance with the determination.

Your request for review **MUST BE SUBMITTED WITHIN 21 DAYS** of your receipt of this denial. If



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it is submitted after the expiration of 21 days, you will be deemed to have waived your right to a review and your request will be automatically denied.

**Complaints**

You have the right to file a complaint about our policies and procedures for protecting your protected health information, our compliance with these policies and procedures, or if you believe your HIPAA privacy rights have been violated.

*Where to File* – Complaints must be filed with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or complaints must be delivered to **CenseoHealth’s Chief Compliance**

**Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**

*When to File* – Complaints to the Secretary of the U.S. Department of Health and Human Services must be filed within 180 days of when you knew or should have known about the reason for your complaint, unless this time limit is waived by the Secretary for good cause shown.

*Form & Consent* – The complaint should be in writing, either on paper or in electronic format, and generally describe the acts or omissions believed to be in violation of your rights.

*No Retaliation* – You will not be penalized or retaliated against for filing a complaint.

CenseoHealth’s Chief Compliance Officer or Designee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**REQUEST FOR REVIEW OF DENIAL OF REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_ [NAME OF INDIVIDUAL], hereby request a review of Censeo Health LLC's ("CenseoHealth") decision to deny my request for access to my protected health information.

Signed:

\_\_\_\_\_ Date \_\_\_\_\_  
Print Name

**This request for review MUST BE SUBMITTED WITHIN 21 DAYS of your receipt if notice that your original request for access was denied. If it is not submitted within that time period, you will be deemed to have waived your right to a review and your request will be automatically denied.**

---

**FOR INTERNAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date request was received: \_\_\_\_\_

Name & Title of Designated Reviewing Official: \_\_\_\_\_

Date of Designation: \_\_\_\_\_

Determination of Designated Reviewing Official:

- Decision to Deny Access is:
  - Upheld
  - Reversed
  - Modified as follows:
- Reason for Determination:

**Signed:**

\_\_\_\_\_ Date \_\_\_\_\_  
Name  
Designated Reviewing Official





**REQUEST FOR RESTRICTION ON USE AND DISCLOSURES**

I, \_\_\_\_\_ [NAME OF INDIVIDUAL], hereby request that Censeo Health LLC (“CenseoHealth”) restrict use or disclosure of my protected health information as follows:

[IDENTIFY SPECIFIC USES OR DISCLOSURE TO BE RESTRICTED FROM THE FOLLOWING CATEGORIES]:

- Treatment
- Payment
- Health Care Operations
- Notification of Family Member(s) or Other Responsible Individual(s)
- Emergency Treatment Purposes
- Disaster Relief Purposes

I understand that CenseoHealth is not required to agree to any or all of these restrictions, but will be bound by those to which it agrees. I also understand that CenseoHealth’s agreement to any restriction must be set forth in writing and signed by CenseoHealth’s Chief Compliance Officer.

Signed:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**NOTICE: THIS REQUEST WILL NOT BE CONSIDERED UNLESS AND UNTIL IT IS SIGNED, DATED AND SUBMITTED TO CenseoHealth’s Chief Compliance Officer, at 4055 Valley View Lane, Suite 475, Dallas, TX 75244, 972-715-3739 (phone), 214-276-1954 (fax).**