

**NOTICE OF PRIVACY PRACTICES  
READY RESPONDERS, INC., INCLUDING ITS SUBSIDIARY AND  
AFFILIAITE ENTITIES (COLLECTIVELY, “READY”)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice of Privacy Practices ("Notice"), please contact Ready's Privacy Officer, whose contact information is provided at the end of this Notice.

**OUR OBLIGATION TO SAFEGUARD THE PRIVACY OF YOUR HEALTH INFORMATION**

Ready takes the protection of your personal information seriously. Ready is required by law to maintain the privacy of Protected Health Information (“PHI”), to provide you with notice of our legal duties and privacy practices with respect to your PHI, and to notify you in the event of a breach of your unsecured PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of health care products and services to you; or the payment for such services.

This Notice will tell about the ways in which Ready may use or disclose your medical information and describes your rights with respect to your PHI as required by law.

This Notice covers the privacy practices of all health care professionals, employees, contract staff, students and volunteers for Ready. Within this Notice, a reference to “Ready” and “we,” “us” and “our” is defined to include all of the individuals and entities listed above when they provide you with services. This Notice does not apply to the care you receive from health care professionals at their offices that are not located at Ready. Your physician or health care professional may have his or her own policies and procedures regarding your PHI and you should review your health care professional's notice of privacy practices for information on how your PHI will be handled outside of Ready. All the individuals at Ready listed above share your PHI with one another as necessary to perform treatment, to obtain payment or to carry out operational activities.

We are required to follow the terms of this Notice as well as any changes to it that may be in effect.

**UNDERSTANDING YOUR HEALTH RECORD/ INFORMATION**

Each time you are treated by Ready a record of your visit is made. This information, often referred to as your health or medical record, serves as a:

- Documentation of your symptoms, examinations and test results, diagnoses and treatment.

- Means of communication among the many health care providers who contribute to your care.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A source for information for public health officials charged with improving the health of the state and the nation.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure it is correct; better understand who, what, when, where and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

### **ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

You will be asked to provide a signed acknowledgement of receipt of this Notice, or you may consent to receive this Notice electronically via the email address you provided to us for this specific purpose. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and healthcare operations when necessary.

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

In some circumstances, we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. The following categories describe these different circumstances. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians or other personnel who are involved in taking care of you. For example, a Ready paramedic or EMT may share your medical information with one of our physicians providing you with a telehealth consultation. That physician may then share medical information about you in order to coordinate the different things you need, such as medications, lab work and x-rays.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive with Ready may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.

- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day operations and functions. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at our company. We may also disclose information to doctors, nurses, technicians and other Ready personnel for review and learning purposes.
- **Business Associates.** We may contract with outside businesses to provide some services for us. For example, we may use the services of transcription or collection agencies. Under such contracts, we may share your medical information with them to do the job we have asked them to do. These contracts require businesses to protect the medical information we share with them and to provide you with access to your medical information and a list of any of your medical information that they disclose.
- **Health-Related Benefits and Services.** We may contact you about health-related benefits or services that may be of interest to you.
- **Appointment Reminders, Treatment Alternatives, Health-Related Benefits, Communications.** We may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave Ready.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Inform Individuals Involved in Your Care or in Payment for Your Care; Disaster Relief.** Unless you object, we may use or disclose your PHI to a family member, other relative, a friend or any other person identified by you who is involved in your medical care or who helps pay for your care. In an emergency situation or in the event of your incapacity, we may exercise our professional judgment to determine whether a disclosure to a particular person is in your best interest. We will disclose only that information that we believe is directly relevant to the person's involvement with your health care or payment for your care. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **To Avert a Serious Threat Of Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **To Participate in Certain Health Information Exchanges.** We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

## **HOW WE MAY USE AND SHARE YOUR MEDICAL INFORMATION IN SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report to state and federal tumor registries;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- **Victims of Abuse, Neglect or Domestic Violence.** We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To report certain types of wounds;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the organization; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Judicial and Administrative Proceedings.** We may disclose health information in the course of any judicial or administrative proceeding in response to: (a) a court order, (b) a legally-valid order issued by a state or federal administrative agency or licensing board; and (c) a subpoena, discovery request, or other lawful process compliance with applicable law.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner and funeral directors as necessary to carry out their duties.
- **Specialized Government Functions.** We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State, under certain circumstances. We may also disclose your PHI to certain authorities if you are in the custody of law enforcement or are an inmate in a correctional institution.
- **Workers' Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- **Note on other Restrictions.** Please be aware that certain federal or state laws may have more strict requirements on how we use and disclose your PHI. To the extent that there are more strict requirements or restrictions, we will only use and disclose your PHI as permitted by those stricter requirements.

## USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Except as described above, disclosures of your health information will be made only with your written authorization. If you sign/provide an authorization to disclose information, except to the extent we have already relied on it, you can revoke that authorization at a later time to stop any future use and disclosure of your PHI. If you wish to revoke a prior authorization, you must do so in writing by contacting the Privacy Officer at the contact information at the end of this Notice. For example, we must obtain your written authorization for the following types of disclosures:

- **Psychotherapy Notes.** Generally speaking, psychotherapy notes are notes that are made by a mental health professional documenting or analyzing the contents of his or her conversations with you during a counseling session and that are kept separate from the rest of your medical record.
- **Marketing Purposes.** With limited exceptions set by federal and state law (*i.e.*, if the communication is face to face or is a promotional gift of nominal value provided by us), we will not use or disclose your PHI in order to make any communications to you about products or services that encourage you to purchase or use the products or services without first obtaining your written authorization.
- **Uses and Disclosures Constituting the Sale of Protected Health Information.** We will not disclose your PHI to a third party in circumstances in which we will directly or indirectly receive compensation from or on behalf of the third party in exchange for the PHI without first obtaining your written authorization.

## **YOUR RIGHTS**

You have the following rights regarding use and disclosure of PHI that we maintain about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. In addition, you have the right to request that we restrict disclosure of your medical information if the disclosure is to a health plan for the purpose of carrying out payment or health care operations (and is not for the purpose of carrying out treatment) and the medical information pertains solely to a health care item or service for which you have paid out of pocket in full. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request unless you or someone on your behalf has paid for an item or service in full and you have requested we not disclose information regarding such item or service to your health plan. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

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

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request communications, you must make your request in writing to the Ready Privacy Officer, at the address provided below. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to Access and Receive Copies of Health Information.** You have the right to look at and receive copies of health information that may be used to make decisions about your care, including information kept in an electronic health record, and/or to tell us where to send the information. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act.

You will be charged standard copy fees for copies provided. We will also charge you for our postage costs, if you request that we mail the copies to you.

If we maintain your PHI in an electronic health record, you have the right to request that we provide you, or another person designated by you, with a copy of your PHI in an electronic format. We will not charge you a fee that is greater than our labor costs to respond to your request for your PHI in an electronic format.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

- **Right to Request Amendment.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Ready.

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

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Ready;
- Is not part of the information which you would be permitted to inspect and copy;  
or
- Is accurate and complete.

To request an amendment, your request must be made in writing and submitted to the Ready Privacy Officer, at the address provided below. In addition, you must provide a reason that supports your request. If we deny your request to amend your record, a copy of your request may be added to your record if you direct us to file it. If we accept your request to amend the

PHI, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI and who need the amendment.

- **Right to an Accounting of Disclosures.** Upon request, you may obtain a list (also called an “accounting”) of certain disclosures of your PHI made by us during any period of time prior to the date of your request, provided: (a) such period does not exceed six years; (b) disclosures made for treatment, payment, health care operations and certain other purposes will not be included; and (c) disclosures that occurred prior to the date that Ready was required to comply with this HIPAA requirement.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved in advance and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to a Paper Copy of This Notice.**

You may obtain a copy of this Notice at our website: [www.getready.com](http://www.getready.com). To obtain a paper copy of this Notice, contact the Ready Privacy Officer, whose contact information is provided below. Even if you have agreed to get this Notice electronically, you still have a right to a paper copy of this Notice.

## **FOR MORE INFORMATION OR TO REPORT A CONCERN / COMPLAINT**

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to or amendment of your PHI, you may contact our Privacy Officer at the address and telephone number provided below:

Ready  
Attn: Privacy Officer  
1320 Magazine Street, Ste 203  
New Orleans, LA 70130  
Telephone: 504-321-4444

You may also file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services. The contact information for the Office for Civil Rights is: Office for Civil Rights, U. S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201; Toll Free: 1-800-368-1019.

There will be no retaliation, penalty or action against you for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

## **EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

Effective Date: August 31, 2020

We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain as well as any information we may receive in the future. Any changes to this Notice will be posted on our website and at our facility, and will be available from us upon request.