

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES READY RESPONDERS

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: November 29, 2021

This is a summary of how Ready Responders, Inc. and its managed, affiliate, and subsidiary entities (collectively “Ready,” “we,” “us,” and “our”) may use and disclose your protected health information and your rights and choices when it comes to your information.

Our Uses and Disclosures

We may use and disclose your information as we:

- Treat you.
- Bill for services.
- Run our organization.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, or other government requests.
- Respond to lawsuits and legal actions.

Your Choices

You have some choices about how we use and share information as we:

- Communicate with you.
- Tell family and friends about your condition.
- Provide disaster relief.
- Market our services.

Your Rights

You have the right to:

- Get a copy of your paper or electronic protected health information.
- Correct your protected health information.
- Ask us to limit the information we share, in some cases.
- Get a list of those with whom we've shared your information.
- Request confidential communication.

- Get a copy of this Notice of Privacy Practices.
- File a complaint if you believe we have violated your privacy rights.

Purpose

We respect your privacy. We are also legally required to maintain the privacy of your protected health information (“PHI”) under the Health Insurance Portability and Accountability Act (“HIPAA”) and other federal and state laws.

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (“Notice”). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

Contact

If you have any questions about this Notice, please submit them to our Privacy Officer at compliance@getready.com.

PHI Defined

Your PHI:

- Is health information about you:
 - which someone may use to identify you; and
 - which we keep or transmit in electronic, oral, or written form.
- Includes information such as your:
 - name;
 - contact information;
 - past, present, or future physical or mental health or medical conditions;
 - payment for health care products or services; or
 - prescriptions.

Scope

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate.

We follow and our employees and other workforce members follow the duties and privacy practices that this Notice describes and any changes once they take effect.

Changes to this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available for your review here: www.getready.com/privacy

Data Breach Notification

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI.

Uses and Disclosures of Your PHI

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose.

Uses and Disclosures for Treatment, Payment, or Health Care Operations

- **Treatment.** We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, and other healthcare personnel involved in your care. For example, we might disclose information about your overall health condition to physicians who are treating you for a specific injury or condition.
- **Payment.** We may use and disclose your PHI to bill and get payment from health plans or others. For example, we share your PHI with your health insurance plan so it will pay for the services you receive.
- **Health Care Operations.** We may use and disclose your PHI to run our practice and improve your care. For example, we may use your PHI to manage the services you receive or to monitor the quality of our health care services.

Other Uses and Disclosures

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, these other uses and disclosures may involve:

- **Health Information Exchanges.** We participate in health information exchanges (HIEs). HIEs support electronic information sharing among members for treatment, payment, and health care operations purposes. As permitted by law, your health information will be shared with an HIE in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You have the right to request that your medical information not be disclosed or shared by an HIE:
 - **Chesapeake Regional Information System for our Patients (CRISP)** – For patients located in Maryland and the District of Columbia. 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. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.
 - **Greater New Orleans HIE (GNOHIE)** – For patients located in the Greater New Orleans area. You may opt out of participation in GNOHIE by calling 504-301-9835

or by completing the Opt Out form here: <https://gnohie.org/contact-main/patient-opt-out-contact-form/>.

- HealthIE – For patients located in Nevada. You may opt out by emailing our Privacy Officer at compliance@getready.com
- Carequality – All patients. You may opt out by emailing our Privacy Officer at compliance@getready.com
- **Business Associates.** We may use and disclose your PHI to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription (Business Associates). The law requires our business associates and their subcontractors to protect your PHI in the same way we do. We also contractually require our Business Associates to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Legal Compliance.** For example, we will share your PHI if the Department of Health and Human Services requires it as part of an investigation.
- **Public Health and Safety Activities.** For example, we may share your PHI to:
 - report injuries, births, and deaths;
 - prevent disease;
 - report adverse reactions to medications or medical device product defects;
 - report suspected child neglect or abuse, or domestic violence; or
 - avert a serious threat to public health or safety.
- **Responding to Legal Actions.** For example, we may share your PHI to respond to:
 - a court or administrative order or subpoena;
 - discovery request; or
 - another lawful process.
- **Research.** For example, we may share your PHI for some types of health research that do not require your authorization, such as if an institutional review board has waived the written authorization requirement.
- **Medical Examiners or Funeral Directors.** For example, we may share PHI with coroners, medical examiners, or funeral directors when an individual dies.
- **Organ or Tissue Donation.** For example, we may share your PHI to arrange an authorized organ or tissue donation from you or a transplant for you.
- **Workers' Compensation, Law Enforcement, or Other Government Requests.** For example, we may use and disclose your PHI for:
 - workers' compensation claims;
 - health oversight activities by federal or state agencies;
 - law enforcement purposes or with a law enforcement official; or

- specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us at compliance@getready.com, and we will make reasonable efforts to follow your instructions.

You have both the right and choice to tell us whether to:

- Share information, such as your PHI, general condition, or location, with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation, such as to a relief organization to assist with locating or notifying your family, close friends, or others involved in your care.

We may share your information if we believe it is in your best interest, according to our best judgment, and:

- If you are unable to tell us your preference, for example, if you are unconscious.
- When needed to lessen a serious and imminent threat to health or safety.

Uses and Disclosures that Require Authorization

In these cases we will only share your information if you give us written permission:

- Most sharing of a mental health care professional's notes (psychotherapy notes) from a private counseling session or a group, joint, or family counseling session.
- Marketing our services.
- Selling or otherwise receiving compensation for disclosing your PHI.
- Certain research activities.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you (right to request access).
- **Make Amendments.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate.
- **Request Additional Restrictions.** You have the right to ask us to limit what we use or share about your PHI (right to request restrictions). You can contact us and request us not

to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. We may require that you submit this request in writing. For these requests:

- We are not required to agree;
- We may say "no" if it would affect your care; but
- We will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.
- **Request an Accounting of Disclosures.** You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make; and
 - We will provide one accounting per year for free, but we will charge a reasonable, cost-based fee if you ask for another accounting within 12 months.
- **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 at a specific address. For these requests:
 - You must specify how or where you wish to be contacted; and
 - We will accommodate reasonable requests.
- **Make Complaints.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
 - directly with us by contacting compliance@getready.com or sending written correspondence to the following address:

Ready Responders
Attn: Privacy Officer
1320 Magazine Street, Ste 203
New Orleans, LA 70130
 - with the Office for Civil Rights at the US Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints/.

Ready complies with applicable Federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or other protected class.