

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

Forward Health, LLC., and its affiliated entities (“we”) are required by law to maintain the privacy of your protected health information (“PHI”), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you if a breach of your PHI occurs, in accordance with applicable law. When we use and disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure)

This Notice applies to all the information about you that we obtain that relates to your past, present, or future physical or mental health or condition, the provision of healthcare products and services to you or payment for such services. Upon request, you may obtain a paper copy of this Notice even if you have agreed to receive it electronically.

Uses and Disclosures of PHI Without Your Written Authorization:

Except as otherwise described in this notice, we may use and disclose PHI without your authorization, in order to treat you, obtain payment for your equipment and services provided to you and conduct healthcare operations.

- **Treatment** - We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, office staff, or other personnel that are involved in your care. We may also contact you to provide reminders or information about treatment or other health-related benefits and services that you may be interested in.
- **Payment** - We may use and disclose your PHI to obtain payment for equipment and services that we provide to you. We may also use and disclose your PHI to verify that your Payor will pay for the equipment and services you are requiring, this includes disclosure of your PHI to your payor’s eligibility database.
- **Healthcare Operations** - We may use and disclose your PHI in order to run our business and help ensure that you receive the healthcare you need. In some instances, third-party companies’ contract with us to help operate our business and we may disclose your PHI to such companies, subject to Business Associates agreement to protect your PHI.

We may also use your PHI to create de-identified data, which has all your information removed so you are no longer identifiable. We will not sell, trade, use or disclose your PHI for any other purpose without seeking your express written authorization.

Disclosures to Friends and Family Members:

Upon your agreement, including agreement by reasonable inference under the circumstances, or if you are not available to agree, in our professional judgement, we may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you that is involved in your care or payment for your care. We may only disclose PHI that is directly relevant to their involvement in your care or payment for that care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death. Such disclosure of your PHI may include to a disaster relief organization, for purposes of coordinating notification efforts.

Disclosures for Public Health Activities:

We may disclose your PHI for public health purposes, including (i) reports to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability, (ii) to report child abuse and neglect to the appropriate authorized authorities; (iii) reports to the U.S. Food and Drug Administration, such as to report adverse events; (iv) reports to individuals who may have been exposed to a communicable disease; and (v) reports to employers for work-related illness or injuries for workplace safety purposes

Other Uses and Disclosures Without Your Authorization:

We may use or disclose your PHI:

- To make reports on abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
- To health oversight agencies or authorities for health oversight activities, such as auditing and licensing.
- In the course of a judicial or administrative proceeding in response to a legal order or other lawful process, in

accordance with applicable law.

- To law enforcement authorities for law enforcement purposes as required or permitted by applicable law, including in response to a court order, grand jury subpoena, and investigative demand.
- To prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- To units of the government with special functions, such as the U. S. military or the U.S. Department of State under certain circumstances.
- As authorized by and to the extent necessary to comply with state law relating to workers' compensation or similar programs.
- When required to do so by federal, state, or local law.

Uses or Disclosures Requiring Authorization

Uses or Disclosures Requiring Authorization:

We must obtain your authorization prior to using or disclosing your PHI for the following:

- For marketing purposes.
- For the sale of your PHI.

All other uses and disclosures other than those described in this Notice or otherwise permitted by law, will only be made with your written authorization.

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance to the authorization.

Uses or Disclosures Certain Kinds of PHI:

There are federal and state laws that provide special protection for certain kinds of health information, including that related to sexually transmitted diseases, HIV, and other communicable diseases, drug and alcohol abuse, mental health and developmental disabilities, genetic testing, abuse, sexual assault, and family planning services, including abortion. These laws may further restrict us from making uses and disclosures of those categories of health information without your explicit written authorization. We will abide by these more protective laws, to the extent they are applicable

Mobile and Texting Information

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt in data and consent; this information will not be shared with any third parties.

Your Rights Regarding Your PHI

You have certain individual rights related to your PHI. You may exercise those rights by submitting your request in writing

Right to Request Restrictions:

You may request, in writing, restrictions on how we use and disclose your PHI for certain purposes. We will consider but are not legally required to accept most requests. After careful review of your request, we will notify you of our determination in writing. We must accept your request only if the request is to restrict the disclosure of PHI to a health plan for the purpose of payment or healthcare operations (unless such use or disclosure is required by law).

Right to Receive Confidential Communications:

You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations, such as using an alternative mailing address, e-mail address, or telephone number.

Right to Inspect and Copy Your Records:

With a few exceptions, you have the right to request in writing access to and to obtain a paper or electronic copy of the PHI that we maintain about you and to direct us to send your PHI to a third party. Under limited circumstances, we may

deny your request for access to your PHI. In some instances, if you are denied access to your PHI, you may request that the denial be reviewed. All records requested will be provided in accordance with HIPAA Privacy Rule timeline requirements.

Right to Amend Your Records:

You have the right to request in writing that we correct information in your record, which was created by us, and that you believe is incorrect or add information that you believe is missing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

Right to Receive an Accounting of Disclosures:

You have the right to request in writing to obtain an accounting of certain disclosures of your PHI made by us during the six-year period prior to the date of your request. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Further Information and Complaints.

If you have questions about this Notice, desire further information about your privacy rights, would like to request a written copy of the current notice, or are concerned that we have violated your privacy rights, you may contact us as set forth below. If you would like to file a complaint, we may request that you file the complaint in writing.

Forward Health, LLC
21 West Rd Ste 105
Towson, MD 21204
Privacy Officer
email at sheila.roberson@mvc.com
Telephone (855) 343-7799
Fax (866) 258-9465

You also may file a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. See www.hhs.gov/hipaa/index.html for information on how to file a complaint with the Office for Civil Rights. We will not retaliate against you if you file a complaint

Changes to this Notice:

We may change the terms of this Notice at any time. The new Notice will be effective for all PHI that we maintain, including any information created or received prior to the date of the new Notice. The revised Notice will be posted at our office locations and on our Company Websites at www.mvcmed.com, and www.seabreezesleep.com, and www.fwdhealthcare.com.

Effective Date: September 12, 2023