



Original Effective Date: April 14, 2003
Revised Effective Date: September 23, 2013

NOTICE OF PRIVACY PRACTICES

This Notice describes how health and service information about you may be used and disclosed and how you can get access to this information. You should read this Notice or have someone read it to you. Please review it carefully.

Who Will Follow this Notice. This Notice describes the privacy practices of Mosaic and Ease-E Medical, Inc. (collectively referred to as "Mosaic" or "we" in this Notice).

- I. **Our Duty to Safeguard Your PHI.** This Notice describes our privacy practices and explains how, when and why we may use or disclose your "Protected Health Information" or "PHI." It also describes your rights and certain obligations we have regarding the use and disclosure of your PHI. PHI includes individually identifiable information about your past, present, or future health condition, the provision of health care to you, and payment for these services. We are required by law to:
- Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
 - Make sure that PHI that identifies you is kept private.

Except in specified circumstances, we will disclose *only the minimum necessary* PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, although we reserve the right to change our privacy practices and the terms of this Notice at any time. The new Notice provisions will be effective for all PHI we maintain. If we change our privacy practices, we will post a copy of the changed Notice on our website at www.mosaicinfo.org, with the effective date clearly displayed. You may also request a paper copy of the new Notice from the Mosaic Corporate Privacy Officer, whose address appears at the end of this Notice.

Where State or other federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law.

- II. **How We May Use and Disclose Your PHI Without Your Authorization.** Mosaic collects PHI about you and stores it in files and/or on a computer, which we call a "record." Although the PHI is yours, the record is our property. We protect the privacy of your PHI, but the law permits us to use or disclose your PHI for the following purposes. These are general descriptions only and do not cover every example of disclosure within a category.
- A. **Treatment:** We will use and disclose your PHI to provide, coordinate, and manage your health care and any related services. For example, your PHI may be shared with emergency response personnel or others at Mosaic involved in your care.

- B. Payment:** We may use or disclose your PHI in order to bill and collect payment for our services. For example, we may release portions of your PHI to Medicaid agencies, a private insurance plan, or other state offices to get paid for services delivered to you. Release of your PHI to the county, state, or Medicaid agency might also be necessary to determine your eligibility for publicly funded services. We may *also* disclose your PHI to other health care providers for their payment activities, or to health care programs or insurance carriers such as Medicaid and Medicare in order to coordinate benefits if you have other health insurance or coverage.
- C. Health Care Operations:** We may use or disclose your PHI in the course of day-to-day operations within our organizations. For example, we may use your PHI in evaluating the quality of services provided to you by our staff. In some cases, we will furnish other qualified parties with your PHI for *their* health care operations. An ambulance company, for example, may also want information on your condition to evaluate whether it has done an effective job of providing care.
- D. Business Associates:** We contract with service providers—called "business associates"—to perform various functions on our behalf. For example, Mosaic may contract with attorneys or accountants for audit purposes. To provide certain contracted services, business associates may receive, create, maintain, use or disclose your PHI, but only after Mosaic and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information. We may disclose your PHI to business associates in order to allow them to perform services for us.
- E. Treatment Alternatives:** We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- F. Appointment Reminders:** We may contact you to provide appointment reminders.
- G. When Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures. For example, we may disclose PHI when a law requires that we report information about suspected abuse or neglect. We must also disclose PHI to authorities who monitor compliance with these privacy requirements.
- H. Legal Proceedings:** If you are involved in a judicial or administrative proceeding, we may disclose your PHI in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if reasonable efforts have been made to notify you of the request or to obtain a court order protecting the information requested.
- I. Law Enforcement:** We may disclose PHI if asked to do so by a law enforcement official for a law enforcement purpose, such as where disclosure is:
- Required by law;
 - In response to a court order, subpoena, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About you *if* you are the victim of a crime and we obtain your agreement, or, under limited circumstances, if we are unable to obtain your agreement;
 - To alert authorities if we suspect that death has occurred as a result of criminal conduct;

- Believed to be evidence of a crime occurring on our premises; or
- In emergency circumstances, to report a crime, the location of a crime or victims, or the identity, description, or location of a person believed to have committed a crime.

J. Threats to Health or Safety: Consistent with applicable federal and state law, we may disclose your PHI if we 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 and is to a person or agency reasonably able to prevent or lessen the threat (including the target), or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

K. Public Health Activities: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. These activities may include, for example:

- To a public health authority authorized by law to receive such information for the purpose of preventing or controlling disease, injury, or disability;
- To a person or company regulated by the Food and Drug Administration ("FDA") for monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products or activities (e.g. to report adverse events, product defects, or problems; biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct required post-marketing surveillance);
- If authorized by law, to notify a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition; or
- With parent or guardian permission, to send proof of required immunization to a school.

L. Health Oversight Activities: We may disclose your PHI to agencies legally responsible for audits, investigations, inspections, licensure, accreditation, and other oversight activities. Oversight agencies seeking this information may include government agencies that oversee health care systems, government benefit programs, other government regulatory programs that monitor compliance with civil rights laws.

M. Specialized Government Functions: If you are a member of the military, we may disclose your PHI to military authorities under certain circumstances. We may also disclose your PHI to federal officials for conducting national security and intelligence activities authorized by law or for protective services of the President.

N. Decedents: We are required to apply safeguards to protect your PHI for 50 years following your death. Following your death, we may disclose your PHI to coroners, medical examiners, or funeral directors as necessary for them to carry out their duties and to a personal representative (e.g. the executor of your estate). We may also release your PHI to a family member or other person who acted as your personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

O. Organ, Eye, or Tissue Donation: We may disclose your PHI to organ procurement organizations where relevant to organ, eye, or tissue donations or transplants after your death or in reasonable anticipation of death.

P. Research: We may disclose your PHI to researchers whose research has been approved by an institutional review board which has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

- Q. Workers' Compensation:** We may disclose your PHI as necessary to comply with workers' compensation laws.
- R. Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the institution, its agents, or the law enforcement official your health information necessary for your health and the health and safety of other individuals.
- S. Fundraising:** We may contact you as part of a fundraising effort. We may also use or disclose to a business associate or The Mosaic Foundation—a nonprofit charitable corporation closely affiliated with Mosaic which also conducts fundraising—certain medical information about you so that we or they may contact you to raise money for Mosaic. This information includes your name, address, phone number; dates you received treatment or services; treating physician; outcome information; and department of service. Any time you are contacted for our fundraising purposes, whether in writing, by phone, or by other means, you have the right to "opt out" of receiving further fundraising materials related to the specific campaign or appeal for which you are being contacted, unless we have already sent a communication prior to receiving notice of your election to opt out. You also have the right to opt out of receiving any fundraising materials. The Privacy Officer will provide you with a form to sign should you chose to opt out.
- T. Electronic Health Record System:** To improve care, quality outcomes, and access to your health records by other health care providers, we provide connectivity to our Electronic Health Record system to other health care providers. In addition, Mosaic may provide access to your health records through our Electronic Health Record system to business associates, regulatory oversight agencies, and others authorized to access your PHI under the law. As a condition of such access, these individuals/entities each agree to abide by appropriate privacy and security measures, including compliance with federal and state laws regarding the privacy and security of your health information. For any questions concerning our role in providing electronic access to these individuals/entities, please contact Mosaic's Privacy Officer as provided in Section VI, below.

III. Uses and Disclosures for which You Have an Opportunity to Object. We may use and disclose your PHI in the following described instances, for which you have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your services you receive from us will be disclosed.

- A. Personal Involvement:** We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person involved in your care of your location, general condition, or death.
- B. Disaster Relief:** We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

IV. Uses and Disclosures Requiring Your Authorization. There are many uses and disclosures we will only make with your written authorization. These include:

- A. Uses and Disclosures Not Described Above:** In all instances not otherwise described above in this Notice, we will obtain your written authorization to disclose PHI.

- B. Psychotherapy Notes:** These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses and disclosures of psychotherapy notes require your authorization.
- C. Marketing:** We will not use or disclose your PHI for marketing purposes without your authorization, except where permitted by law. Further, if we will receive any financial payment from a third party in connection with marketing, we will tell you that in our authorization form.
- D. Sale of Medical Information:** We will not sell your PHI to third parties without your authorization, except where permitted by law. Any such authorization will state that we will receive payment in the transaction authorized.

If you provide authorization, you may revoke it at any time in accordance with our authorization policy to stop future uses or disclosures. Your revocation will not be effective to the extent that we have already acted in reliance upon your prior authorization.

V. Your Rights Regarding Your PHI. You have the following rights relating to your PHI:

- A. Restrictions on Uses or Disclosures:** You have the right to ask that we limit how we use or disclose your PHI for treatment, payment, or health care operations, or to persons involved in your care. We are not required to agree to your request, with one exception explained below, and we will notify you if we are unable to agree to your request.

We are required to agree if you request that we not disclose certain PHI to your health plan/insurance company for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to the service prior to your request and disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan/insurance company, we will assume that you have withdrawn your request for restriction.

- B. Choosing How We Contact You:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request if it is reasonable and specifies the alternative means or location. For example, in most cases it will be impossible for us to hand deliver information or to overnight it via Federal Express or a similar mailing company.

- C. Access to PHI:** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain it, with certain exceptions (e.g. psychotherapy notes under therapeutic privilege; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding).

If you want copies of your PHI, we may charge you a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your PHI to another person, we will do so, provided that your signed, written direction clearly designates the recipient and location for delivery. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

If we maintain your PHI electronically in one or more designated record sets and you request an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the requested form and format, we will produce it in another readable electronic form we both agree to.

- D. Amendment of Your PHI:** You have a right to request that we amend your PHI if it is incomplete or incorrect. We are not required to change your PHI. If we cannot amend your PHI in accordance with your request, we will provide you with written information

about the denial and how you can appeal our decision.

- E. Accounting of Disclosures:** You have a right to receive a report of when, to whom, for what purpose, and what content of your PHI has been released by us or by our business associates *other than* disclosures made for treatment, payment, health care operations, and certain other purposes (e.g. disclosures made for national security purposes, to law enforcement officials, or to correctional facilities) *for the 6 years prior to your request*. We will respond to your request for a report within 60 days of receiving the request. There will be no charge for one such report made each year. There may be a reasonable charge for more frequent reports.
 - F. Notice Following a Breach of Unsecured PHI:** You have a legal right to be notified of any breach of your unsecured PHI. We will notify you without unreasonable delay, but in no case later than sixty (60) days after we discover a breach.
 - G. Receipt of this Notice:** You have a right to receive a paper copy of this Notice.
 - H. How to Exercise These Rights:** All requests to exercise these rights must be in writing. We will respond to your request in a timely manner in accordance with our written policies and as required by law.
- VI. How to Complain about our Privacy Practices.** If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, including any decisions about your rights, you may file a complaint verbally or in writing with our Privacy Officer, whose address appears below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you if you make a complaint.

Privacy Officer to contact for information or to submit a complaint: If you have questions about this Notice or wish to make a complaint about our privacy practices, please contact the Mosaic Corporate Privacy Officer at:

4980 S. 118th St.
Omaha, NE 68137
Telephone: 1-877-366-7242 or 1-800-443-4899
Email: integrity@mosaicinfo.org