

# FLEXTOGETHER

## NOTICE OF PRIVACY PRACTICES

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

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*PLEASE REVIEW IT CAREFULLY*

Last Updated: January 1, 2023

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### **FLEXTOGETHER'S RESPONSIBILITIES TO YOU**

This notice applies to information and records about your health, health status, health care, and services you receive from us in your file. This notice is not an authorization—it describes the information privacy practices followed by our employees, staff, administrative personnel, affiliated healthcare professionals, and other business associates. It will tell you how we may use and disclose health information about you and describe your rights and our obligations regarding using and disclosing that information. The law requires us to notify you of our legal duties and privacy practices concerning your health information. We are also required to maintain the privacy of your protected health information in our custody. If there is a breach involving your protected health information, we will notify you no later than 60 days after discovering the breach. We are required to abide by the terms of the notice that are currently in effect.

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### **USES AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

Protected Health Information (PHI) is information that identifies you individually, including demographic information that relates to your past, present, or future physical or mental health condition and related health care services. **We may use and disclose your PHI in the following ways:**

- **Treatment** - to provide medical treatment or services and manage and coordinate your care. For example, we may disclose your PHI with other healthcare providers to ensure that the healthcare providers have the necessary health information to provide services to you.
- **Payment** - to obtain payment for your health care services.
- **Operations** - to evaluate the performance of our staff in caring for you and to help us decide what additional services we should offer, how we can become more efficient, or whether new treatments are effective. We may also use your PHI to remind you about a scheduled appointment, inform you of potential treatment alternatives or options, or notify you of health-related benefits you may find interesting.

**We may not use or disclose your PHI in the following circumstances without your authorization:**

- **Marketing** - except face-to-face communication or promotional gifts to the individual.
- **Sale of Information** - to a third party for money unless you consent.

**Special situations allow us to use or disclose your PHI without your permission. These situations include:**

- **As Required by Law** - if federal, state, local, or international law requires us to do so.

- **To Avert Serious Threat to Health or Safety** - to prevent a serious threat to the health and safety of yourself, the public, or another person. We may disclose information to a family member or a close friend to assist you in a life-threatening emergency.
- **Abuse, Neglect, and Domestic Violence** - if there is a belief that you have been or are currently the victim of abuse, neglect, or domestic violence.
- **Judicial and Administrative Proceedings** - for litigation, including disputes and lawsuits, in response to a court or administrative order or subpoena, request for discovery, or other legal processes, including our legal defense in the event of a lawsuit.
- **Law Enforcement:** - for law enforcement purposes, if required to do so by a law enforcement official, including identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order or warrant, and grand jury subpoena or similar processes, subject to all applicable legal requirements.
- **Coroners, Medical Examiners, and Funeral Directors** - to assist in fulfilling their work responsibilities and investigations.
- **Public Health Risks** - to public health or other authorities charged with preventing or controlling disease, injury, or disability. We may also disclose your information to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with FDA-regulated products, or notification of recalls of products.
- **Health Oversight Activities** - such as audits, investigations, inspections, licensures, and other activities authorized by law.
- **Inmates** - if you are or become an inmate of a correctional facility or under the custody of the law, to the correctional facility if the disclosure is necessary for your institutional health care, to protect your health and safety, or to protect the health and safety of others within the correctional facility.
- **Current or Previous Military, National Security, and other Specialized Government Functions** - when required by military command or other government authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation** - as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. Such programs provide benefits for work-related injuries or illnesses.
- **Ownership Change** - if our company is sold, acquired, or merged with another entity, your PHI will become the new owner's property. However, you will still have the right to request copies of your records and have copies transferred to another health care provider.

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## YOUR PROTECTED HEALTH INFORMATION CHOICES

For certain health information, you can tell us your choices. Talk to us if you have a clear preference for how we share your information. Tell us what you want us to do, and we will follow your instructions.

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Contact you for fundraising efforts.
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

If you cannot tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

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## YOUR PROTECTED HEALTH INFORMATION RIGHTS

The following are statements of your rights, subject to certain limitations, concerning your PHI:

- **You have the right to inspect and make copies (reasonable fees may apply)** - you can request to inspect and copy your protected health information. We will respond to your request, in writing, within 30 days of receiving the request, permitting only one extension (an additional 30 days) if accompanied with a written statement for reasons of the delay and providing the date by which we will complete the action on your request. We may deny your request in certain limited circumstances. However, if we deny your request, we will provide you with a timely, written denial explaining the basis of the denial. Reasonable copy fees shall apply.
- **You have the right to obtain an electronic or paper copy of your health records** - we will provide a copy or a summary of your health information, usually within 30 days of your request. If the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. Reasonable copy fees shall apply.
- **You have the right to request a correction or change to your PHI** - if you believe your health information is incorrect or incomplete, you can request a correction and include a reason to support the request. We may deny your request if you ask us to change information that: a) we did not create unless the person or entity that created the information is no longer available to make the amendment, b) is not part of the health information that we keep or c) you would not be permitted to inspect and copy. Otherwise, we will tell you why we denied your request in writing within 60 days.
- **You have a right to receive an accounting of certain disclosures** - you can ask for a list (accounting) of the times we've shared your health information for 6 years before the date you ask, who we shared it with, and why. We will include all the disclosures except treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). You must submit your request in writing. We will provide one free copy of the accounting a year. For each additional request, we may charge you reasonable fees for the cost of providing the list, whether it is delivered electronically or by paper copy. However, you may choose to withdraw or modify your request before you incur any costs.
- **You have the right to request to receive PHI communications by alternative means or at alternative locations** - provided that such alternative mode of communication or location is reasonable.
- **You have the right to request restrictions or limitations of your PHI** - you can ask us **not** to use or share certain health information for treatment, payment, or our operations. Your request must be in writing, including the specific restriction or limitation requested and why. We are not required to agree to your request, but if we do agree, we will comply with your request unless the information is needed to provide emergency treatment, or a law requires us to share that information. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer.
- **You have the right to choose someone to act for you** - if you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ensure the person has this authority and can act for you before taking action.

*All requests under this section must be in writing to [compliance@flextogether.com](mailto:compliance@flextogether.com).*

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## **CHANGES TO THIS NOTICE**

We can change the terms of this notice, and changes will apply to all the health information we have about you. Any updated notice will be available on our website at <https://www.flextogether.com/> or upon request to [compliance@flextogether.com](mailto:compliance@flextogether.com).

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## **COMPLAINTS**

You can complain if you feel we have violated your rights by emailing us at [compliance@flextogether.com](mailto:compliance@flextogether.com) or sending a letter to 32656 Golden Lantern St. STE B 270, Dana Point, CA 92629.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-800-368-1019 or TDD 1-800-537-7697, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.