

**VAXONSITE, LLC HIPAA COVERED COMPONENT ACKNOWLEDGEMENT
OF RECEIPT OF JOINT NOTICE OF PRIVACY
PRACTICES AND NOTICE OF HEALTH CARE ARRANGEMENT**
Effective August 1, 2016

By signing below, I acknowledge that I have been provided a copy of this Joint Notice of Privacy Practices and Notice of Organized Health Care Arrangement and have thereby been advised of how my health information may be used and/or disclosed, and how I may obtain access to and control this information.

Signature of Patient (or Authorized Personal Representative)

Date

Print Name of Patient (or Authorized Personal Representative)

Authority of Personal Representative
(e.g., parent, legal guardian, health care surrogate)

**DOCUMENTATION OF GOOD FAITH EFFORT TO OBTAIN
ACKNOWLEDGEMENT OF RECEIPT OF JOINT NOTICE OF PRIVACY PRACTICES
AND NOTICE OF HEALTH CARE ARRANGEMENT**

The patient presented for his/her service on this date and was provided a copy of the Joint Notice of Privacy Practices and Notice of Health Care Arrangement. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement of receipt was not obtained because of the following reason(s):

- ☐ Patient refused to sign the Acknowledgement of Receipt.
- ☐ Patient was unable to sign or initial the Acknowledgement of Receipt.

Signature of employee completing this form

Date

Print name of employee

Medical Record Number

Or Affix Patient Label:

Scan/File Original in the Medical Record

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. PLEASE REVIEW IT CAREFULLY.

Our Pledge Regarding Health Information

Vaxonsite has agreed to abide by the terms of this notice with respect to **protected health information** (PHI). We will share PHI as necessary to carry out treatment, payment, or health care operations as permitted by applicable law. This notice applies to all of our service delivery sites and related support sites. NOTHING IN THIS NOTICE IS INTENDED TO SUGGEST THAT ANY OF US IS THE AGENT OF ANY OTHER OF US, OR THAT ANY OF US IS LIABLE FOR THE ACTS OR OMISSIONS OF ANY OTHER OF US.

Who Will Follow This Notice

As to Vaxonsite, this notice describes Vaxonsite's practices and those of:

- Any health care professional authorized to enter information into or access information from your Vaxonsite medical record (e.g. physicians and nursing staff)
- All departments and units of Vaxonsite
- All departments and units of the free standing facilities affiliated with Vaxonsite (e.g., free standing clinics, diagnostic centers, other clinical sites, etc.)
- Any member of a volunteer group Vaxonsite allows to help you while you are a patient at one of Vaxonsite's facilities
- All employees, staff and other hospital personnel

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care, whether made by personnel or treating physicians, whether in paper, electronic or other forms of media. This notice will tell you about the ways in which we may use and disclose health information about you. We also will describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that are currently in effect
- Notify you in the event of a breach of privacy regarding your private health information

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use and disclose health information. In certain circumstances we may use and disclose PHI about you without your written consent. For each category of uses or disclosures we will

explain what we mean and give some examples. 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 health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you. Different departments also may share health information about you in order to or others we use to provide services that are part of your care.

For Payment: We may use and disclose health information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company or a third party.

For Health Care Operations: We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our offices and facilities and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other personnel for review.

Business Associates: We may use or disclose your PHI to an outside company that assists us in operating our offices and facilities. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do.

Communication with Family Members and Friends: If you agree, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. After your death, we may disclose PHI to a family member, relative, or other person who was involved in your health care or payment as long as that disclosure is consistent with your prior expressed preferences. You have a right to withdraw your permission or restrict these disclosures at any time. If you are unavailable, incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care.

Health-related Benefits and Services: We may use and disclose health information to contact you about health-related benefits or services that may be of interest to you.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law.

To Avert Serious Threat to 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 to the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military 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 child abuse or neglect
- To report reactions to medications or problems with products
- 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
- To notify your employer of a work-related illness or injury, if the health care was provided at the request of the employer and the employer is required to record the information

Abuse or Neglect: If you agree or when we are required or authorized by law, we may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

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.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. **Law Enforcement:** We may release health information if asked to do so by a law enforcement official:

- 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 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
- 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

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- 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.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Health information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Receive a Copy: You have the right to inspect and receive a copy of health information that may be used to make decisions about your care. To inspect and obtain a copy of health information that may be used to make decisions about you, you must submit your request in writing to:

- Vaxonsite Customer Service, P.O. Box 1166, Odessa, FL 33556, (727) 489-4358

Right to an Accounting of Disclosures: With some exceptions, you have the right to request information relating to certain disclosures of information we may have made about your health care for the six (6) year period prior to your request. To request this list or accounting of disclosures, you must submit your request in writing to:

- Vaxonsite Customer Service, P.O. Box 1166, Odessa, FL 33556, (727) 489-4358

Right to be Notified of a Breach: You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of unsecured protected health information.

The Right to Access to Your Own Health Information: Except for certain limited circumstances, you have the right to inspect and obtain a copy of your protected health information for as long as we maintain it. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee to create the summary. If you have any questions or requests, please contact:

- Vaxonsite Customer Service, P.O. Box 1166, Odessa, FL 33556, (727) 489-4358

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. If we make a material change to the terms of this notice we will make the revised notice available to you upon request. We will post a copy of the current notice in our offices and facilities. The notice will contain on the first page, in the bottom left-hand corner, the effective date. In addition, each time you present at our offices or facilities for treatment or health care services, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint, please contact:

- Vaxonsite Customer Service, P.O. Box 1166, Odessa, FL 33556, (727) 489-4358

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Health information

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provide to you.

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