



NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (“Notice”) describes how medical information about you may be used or disclosed, and how you can get access to this information. Please review carefully.

Any questions about this Notice can be directed to Gloria Crenshaw at 334-232-0388. You have a right to receive a copy of this Notice.

About Us

TruCare

TruCare Family Medicine, LLC (“TruCare”) is dedicated to maintaining the privacy of your personal health information, as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices and to inform you of your rights and our obligations concerning Protected Health Information (“PHI”), which is information that identifies you and that relates to your physical or mental health condition. We are required to follow the privacy practices described below while this Notice is in effect.

TruCare’s Legal Duty

TruCare is required by law to protect the privacy of your personal health information, provide this Notice about our information practices, and follow the information practices that are disclosed.

Uses and Disclosures of Health Information

Permitted Disclosures of PHI.

We may disclose your PHI for the following reasons:

- **Treatment.** We may disclose your PHI to a physician or other health care provider providing treatment to you. For example, we may disclose medical information about you to physicians, nurses, technicians, or personnel who are involved with the administration of your care.
- **Payment.** We may disclose your PHI to bill and collect payment for the services we provide to you. For example, we may send a bill to you or a third-party payor

for payment of services provided by us. The bill may contain information that identifies you, your diagnosis, and procedures and supplies used. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

- Health Care Operations. We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use your PHI to evaluate the performance of the health care services you received. We may also provide your PHI to accountants, attorneys, consultants, and others to make sure we comply with the laws that govern us.
- Emergency Treatment. We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
- Family and Friends. We may disclose your PHI to a family member, friend, or any other person who you identify as being involved with your care or payment for care unless you object.
- Required by Law. We may disclose your PHI for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect, or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness, or missing person. We will inform you or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect, or domestic violence unless we determine that informing you or your representative would place you at risk. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a subpoena discovery request or other lawful processes, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested PHI.
- Serious Threat to Health or Safety. We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.
- Public Health. We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury, or disability, or charged

with collecting public health data.

- Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs, and compliance with civil rights laws.
- Research. We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.
- Workers' Compensation. We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs.
- Specialized Government Activities. If you are active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.
- Organ Donation. If you are an organ donor or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye, or tissue donation and transplantation.
- Coroners, Medical Examiners, Funeral Directors. We may disclose your PHI to coroners or medical examiners to identify a deceased person or determine the cause of death, and to funeral directors as necessary to carry out their duties.
- Disaster Relief. Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

Prohibited Disclosures of PHI.

We may not disclose your PHI for the following reasons:

- To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care;
- To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or
- To identify any person for such purposes described above.

These uses and disclosures are only prohibited where we have made a reasonable determination that one or more of the following conditions are met: (i) the reproductive health care is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided; (ii) the reproductive health care is protected, required, or authorized by Federal law, including the U.S. Constitution, regardless of the state in which such health care is provided; and/or (iii) the reproductive health care was provided by someone other than TruCare and can be presumed lawful.

For example, we may not disclose your PHI where we have made a reasonable determination that the reproductive health care is lawful in the state where it was provided and under the provided circumstances, if the requesting party seeks to use the PHI to conduct a criminal investigation against you for the mere act of obtaining such reproductive health care.

If the reproductive health care at issue is not lawful, then the three uses and disclosures described above are not prohibited uses and disclosures.

Redisclosure.

PHI disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure and no longer protected by the HIPAA Privacy Rule.

Disclosures Requiring Written Authorization

In any other situation not described above, we may not disclose your PHI without your written authorization. You may later revoke that authorization to stop future disclosures at any time.

- Psychotherapy Notes. We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment, or health care operation activities.
- Marketing and Sale of PHI. We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.

Disclosures Requiring Attestation

Certain requests for disclosure of your PHI must include an attestation form. The attestation requirement does not apply to all PHI requests. The requesting party must include this attestation form if the use and disclosure is for one of the four uses and disclosures described below and the PHI is potentially related to reproductive health care.

- Health oversight activities. This includes, for example, a health oversight agency auditing patient records to confirm compliance.
- Judicial and administrative proceedings. This includes, for example, requests for PHI that come in the form of a subpoena or a court order so that the PHI may be used in an administrative, criminal, or civil case.

- Law enforcement uses. This includes disclosing PHI to law enforcement to assist with identifying a fugitive or suspect, providing information about a crime victim, etc.
- Coroner and medical examiner uses. This would include disclosure of a decedent's PHI to a coroner or medical examiner for the purpose of determining cause of death.

Changes to This Notice

TruCare may change its policy at any time. When changes are made, a new Notice of Privacy Practices will be posted. You may also request an updated copy of our Notice of Privacy Practices at any time.

Acknowledgment of Receipt of Notice

We may ask you to sign an acknowledgment that you received this Notice of Privacy Practices.

Your Rights

- Right to Receive a Copy of This Notice. You have the right to receive a copy of this Notice upon request.
- Right to Access PHI. You have the right to inspect and copy your PHI for as long as we maintain your medical record. You must make a written request for access to TruCare at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to Ala. Admin. Code 540-X-9-.10. In certain circumstances we may deny your request to access your PHI, and you may request that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request, and the denial.
- Right to Request Restrictions. You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment, or health care operations, except in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.
- Right to Restrict Disclosure for Services Paid by You in Full. You have the right to restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you paid in full directly to us.
- Right to Request Amendment. You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (i) we did not create the PHI, (ii) it is not information that we maintain, (iii) it is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (iv) we determine that the PHI is accurate and complete.

- Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment, or health care operations purposes) during the 6 years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to Gloria Crenshaw, Privacy Officer, at the address listed at the end of this Notice.
- Right to Confidential Communications. You have the right to request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to TruCare at the address listed in this Notice.
- Right to Notice of Breach. You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.

Questions and Complaints

Complaint with TruCare

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your PHI, you may complain to us by contacting Gloria Crenshaw at the address and phone number provided in this Notice.

Please direct any of your questions or complaints to:

TruCare Family Medicine, LLC
Attn.: Gloria Crenshaw, Office Manager/Privacy/Compliance Officer
Mailing Address: 4282 Lomac Street Montgomery, AL 36106
Telephone: 334-232-0388

Complaint with HHS

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

This Notice is effective February 1, 2025.

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

TruCare Family Medicine, LLC (“TruCare”) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information will be collected, used, or maintained by TruCare. TruCare’s Notice of Privacy of Practices effective February 1, 2025, is attached to this Acknowledgment for your review.

In the future, if you would like another copy of this Notice of Privacy Practices, please send a written request to the Gloria Crenshaw at 334-232-0388.

By signing below, you acknowledge that a copy of TruCare’s Notice of Privacy Practices has been given to you.

Printed Name: _____

Signature: _____

Date: _____