

**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.**

Wayspring, a business unit of Axial Healthcare, Inc. and its affiliated covered entities (referred to as "Wayspring", "Axial Healthcare," "our," "we," or "us" in this notice) are required to grant you certain rights to your Health Information, to maintain the privacy of your Health Information, and to provide you with a notice of our privacy practices. In this Notice you will find information about:

- [Your Rights](#)
- [Our Uses and Disclosures](#)
- [Our Responsibilities](#)
- [How to Contact Us](#)

*Protected Health Information* (referred to as "*Health Information*") is information that individually identifies you and pertains to your past, present, or future health care or payment.

We will not use or disclose your Health Information except as described in this Notice. In certain situations, we must obtain your written authorization in order to use and/or disclose your Health Information. With some exceptions, we may not use or disclose any more of your Health Information than is necessary to accomplish the purpose of the use or disclosure. This Notice applies to all Health Information generated or maintained in our designated record set.

➤ **YOUR RIGHTS**

You have the following rights regarding your Health Information in our record. (Your personal representatives, who you may legally designate or who may be appointed by court order or process, in this section are included as "you"). Please see the **HOW TO CONTACT US SECTION** for more information on how to exercise these rights:

1. Right to Inspect, Copy, and Access: You have the right to inspect, copy, and access your Health Information. Your request must be made in writing. We may charge you the cost of making these available (e.g. printing, shipping, if applicable) in the amounts allowed by state and federal law. You have the right to receive a copy of your Health Information in paper form, in our electronic health record, or in an electronic format upon request. The electronic format you request will be provided as far as we are able, otherwise, a readable electronic form will be produced as agreed to by you and Wayspring.

We may deny your request to access in certain circumstances, for example, if the release could endanger someone. If you are denied access, it will be in writing, and you may be able to request that the denial be reviewed. The person conducting the review will be a licensed health professional and different from the person who denied your request. We will comply with the outcome of the review.

2. Right to Amend: If you feel that the Health Information, we have about you is incorrect or incomplete, you have the right to request an amendment of your Health Information. You must submit your request in writing and state the reason(s) for the amendment. We may deny your

request for an amendment for several reasons, including: the information was not created or maintained by us, the information is not part of the information that you would be permitted to inspect or copy, or information is accurate and complete. If we deny your amendment, you have a right to file a statement of disagreement which can be included in your medical record for future use and disclosure.

3. Right to an Accounting: You have the right to obtain a statement of certain disclosures of your Health Information to third parties, except those disclosures made for treatment, payment or health care operations, authorized by you or pursuant to this Notice. To request this list, you must submit your request in writing and provide the specific time period requested. You may request an accounting for up to six (6) years prior to the date of your request. If you request more than one (1) accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to modify or withdraw your request before any costs are incurred.

4. Right to Request Restrictions and Confidentiality: You have the right to request restrictions or limitations on how we use or disclose your Health Information (See the **OUR USES AND DISCLOSURES** section of this notice). To request a restriction, you must make your request in writing. While we will consider all restriction requests, we are only required to grant a request for restriction if: (1) the disclosure is to a health plan for purposes of either payment or health care operations, and (2) the health information pertains to an item or service for which you have already paid in full out-of-pocket.

You have the right to receive confidential communications of your Health Information by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail. You must submit your request in writing and identify how or where you wish to be contacted. We will accommodate all reasonable requests.

5. Right to Receive a Paper Copy of this Notice: You have the right to a paper copy of this Notice. If you received our services in person, you can request a paper copy from a Wayspring location. If you received this Notice in electronic form and would like a paper copy, please contact us using the information listed below.

6. Right to Authorize Release: Except as otherwise stated in this notice or required by law, we require an authorization to release or use your Health Information. If you provide a signed Authorization, meeting all the requirements of the law, we may comply with it to the best of our ability.

7. Right to Revoke Authorization: You have the right to revoke your authorization to use or disclose your Health Information. Please note that revocation must be in writing, and your authorization will not be revoked for actions we took before receiving your revocation.

8. Right to Receive Notice of a Breach. You have the right to be notified if there is a breach of your unsecured Health Information. This notice may occur by mail or other.

## ➤ OUR USES AND DISCLOSURES

We may use or share your information in following ways:

1. Treatment: We may use your Health Information to provide you with medical treatment and services. We may disclose your Health Information to physicians, nurses, technicians, medical students, and other health care personnel who need to know your Health Information for your care and continued treatment. Different facility departments may share your Health Information in order to coordinate services, such as prescriptions, lab work, and other services. For example, your physician may need to tell the pharmacy your diagnosis so we can arrange medication refills. We may also send information to an outside provider for treatment referrals.
2. Payment: We may use and disclose your Health Information for the purpose of determining coverage, billing, collections, claims management, medical data processing, and reimbursement. Health Information may be released to an insurance company, third party payer or other entity involved in the payment of your medical bill and may include copies or excerpts of your medical record that are necessary for payment of your account. For example, a bill sent to a third-party payer may include information identifying you, your diagnosis, procedures and the supplies used. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or determine whether your plan will cover the treatment.
3. Health Care Operations: We may use and disclose your Health Information during health care operations. These uses and disclosures are necessary to run our facilities and make sure our patients receive quality care. Common examples include conducting quality assurance, performance improvement, utilization review, population health improvement efforts, peer review, internal auditing, investigation of complaints, accreditation, certification, licensing, credentialing, medical research, training and education. For example, we may use your Health Information to contact you for the purpose of conducting patient satisfaction services. Your information may also be used or disclosed for safety activities, quality assessments, or cost management.
4. Family and Caregivers: We may disclose limited Health Information to a family member, friend or other caregiver if you have indicated they are involved in your medical care or help pay for your care. We may also tell your family and caregivers about your location of care, general condition, or death. We will give you an opportunity to object to certain individuals involved in your care from receiving information about you. If you are unable or unavailable to agree or object, for example in an emergency, we will use our best judgment in communicating with your family and caregivers.
5. Communications: We may use and disclose your Health Information to contact you for a variety of reasons, such as appointment reminders, refill reminders, financial clearance, or to obtain additional information. This may be done by letter, email, phone, text, automated system or by another method of communication. If you are not home, we may leave a message on voicemail or with a person answering the phone, but information will be limited to the best of our ability to protect your privacy, e.g. identification of facility and our return contact information. Generally, we will use the address, telephone number and, in some cases, the email address you give us to contact you.

6. Health-Related Items and Services: Provided we do not receive any payment for making these communications, we may use and disclose your Health Information to tell you of health-related products, benefits or services related to your treatment, case management, care coordination, or to direct or recommend alternative treatments, therapies, providers or care settings.
7. Health Information Exchange: We may participate in a secure state, regional or national Health Information exchange ("HIE"). Generally, an HIE is an organization in which providers exchange information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your Health Information with other providers that participate in the HIE or participants of other Health Information exchanges. You can opt-out of the HIE by contacting our HIM department below.
8. Business Associates: We may disclose your Health Information to business associates with whom we contract to provide services on our behalf. Examples of business associates might include administrative and management services, medical records, IT vendors, consultants, accountants, lawyers, medical transcriptionists, and third-party billing companies. We will only make these disclosures if we have received assurance that the business associate will properly safeguard your Health Information and require its contractors to do the same.
9. Research: Clinical research on you requires your informed consent and authorization. Any researcher who uses health information will also be approved by an Institutional Review Board ("IRB"). An IRB is an independent ethics committee that reviews all medical research proposals. There are very limited situations where Health Information may be used for research without authorization. For example, physicians preparing to conduct a study might use Health Information, without leaving facility systems, in order to determine who may benefit from experimental treatment, like patients with advanced, life-threatening disease.
10. Limited Data Set: We may use or share anonymized, Limited Data Sets of Health Information to others for the purposes of research, public health action or health care operations. A Limited Data Set eliminates identifiers from the information, like name, phone number, address, and record numbers. We require the organizations who receive this information to take steps to safeguard cyber security and privacy as well.
11. Marketing: We must obtain your authorization for any use or disclosure of Health Information for marketing. The following are activities are not considered marketing: (i) a face-to-face communication made by Wayspring to a patient; (ii) a promotional gift of nominal value; (iii) refill reminders so long as any payment received is limited to the cost of making the communication; (iv) case management; (v) care coordination; (vi) communications that merely promote health in general; and (vii) communications to you concerning health-related products, benefits or services related to your treatment or alternative treatments, therapies, providers or care settings.
12. Workers' Compensation: We may disclose your Health Information for workers' compensation or similar programs in order to comply with workers' compensation and similar laws.

13. Data Breach Notification: We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your Health Information.
14. Regulatory Agencies: We may disclose your Health Information to a health oversight agency for activities required or permitted by law, including, but not limited to, licensure, certification, audits, investigations, inspections and medical device reporting. We may provide your Health Information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
15. Law Enforcement: We may disclose your Health Information: (1) when we receive a court order, criminal warrant, or summons; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) when the patient is the victim of a crime, if we are unable to obtain the person's agreement; (4) when we believe the patient's death may be the result of criminal conduct; (5) about criminal conduct at the hospital; and (6) in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime. Information disclosed will be limited to only what is needed and ordered.
16. Court Orders and Lawsuits: If you are involved in a lawsuit or legal dispute, we may disclose your Health Information in response to a valid court order and legal subpoena, if they contain all the requirements per federal law, like notice to the patient, opportunity to object, or a protective order.
17. Public Health: We may disclose your Health Information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required to report births, deaths, birth defects, abuse, neglect, domestic violence, abortions, tumors, reactions to medications, device recalls, and various diseases and/or infections to government agencies in charge of collecting that information.
18. Special Government Functions: We may disclose the Health Information of military personnel and veterans to relevant authorities in certain situations. We may disclose Health Information for national security purposes, such as protecting the President of the United States.
19. Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement officer, we may release your Health Information to the correctional institute or law enforcement official.
20. Health & Safety: In order to avoid a serious threat to the health and safety of a person or the public, we may disclose Health Information to law enforcement personnel or persons able to prevent or lessen such harm. We may notify a person who may have been exposed to or at risk for contracting or spreading a disease or condition as ordered by public health authorities or allowed by state law.
21. Deceased Patients: We may disclose Health Information of the deceased pursuant to either a court order or a written release of executor, administrator or other personal representative appointed by the court, if the information is relevant to such proceeding or representation. We may also release limited Health Information to a medical provider for a member of the deceased's family,

if doing so is likely to improve or impact the treatment provided to the family member. Otherwise, we maintain the privacy of deceased patient records for fifty (50) years from the date of death.

22. Required by Law: We may disclose your Health Information if required or permitted to do so by other federal, state, or local law. For example, we may be required to report injuries caused by criminal conduct to local law enforcement, like bullet wounds.

23. Coroners, Medical Examiners, Funeral Directors: We may release your Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. We may also release your Health Information to funeral directors as necessary to carry out their duties.

24. Authorization: For other uses not permitted or required by law, we will seek your authorization before using or release your Health Information. For example, if we plan to use your Health Information market the services of other organizations, we will obtain your signed authorization first.

➤ OUR RESPONSIBILITIES

1. We are required by law to maintain the privacy and security of your Health Information.
2. We will inform you promptly if a breach of occurs that may compromise the privacy or security of your Health Information.
3. We must follow the requirements and practices described in this Notice and give you a copy. We may change this Notice and our privacy practices from time to time and reserve the right to make those practices retroactively effective for all Health Information we maintain. We will make the new Notice available to you upon request, at our facilities, and on our website.
4. We will respond and investigate reports, concerns, or complaints regarding your privacy rights in good faith. If you believe your privacy rights have been violated, please contact our Privacy Officer. See the **HOW TO CONTACT US SECTION** of this Notice for contact information.

➤ HOW TO CONTACT US

If you need to request medical records or exercise any of the rights laid out in this Notice, please contact our privacy department:

Phone: 888-483-2403  
Email: [privacy@wayspring.com](mailto:privacy@wayspring.com)  
Website: [www.wayspring.com](http://www.wayspring.com)  
Address: 209 10<sup>th</sup> Avenue South, Suite 350, Nashville, Tennessee 37203

If you would like to receive a paper copy of this Notice, have questions about this Notice and about our privacy practices, or need to lodge a HIPAA complaint or report a breach of privacy, please contact the Wayspring:

Phone: 888-483-2403

Email: privacy@wayspring.com  
Address: 209 10<sup>th</sup> Avenue South, Suite 350, Nashville, Tennessee 37203

You may also file a complaint if you feel your privacy rights have been violated to the United States Secretary of the Department of Health and Human Services, within 180 days learning about the violation. We will not retaliate against you for filing a complaint.

Phone: 888-696-6775  
Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints>  
Mail Address: 200 Independence Avenue,  
S.W., Washington, D.C. 20201

Notice Effective Date: 10/01/2021

Original Notice: 05/01/2020

(Form 002 - Version #01 - Rev. 10/01/21)

### Discrimination Is Against the Law

Highmark Health Options complies with applicable Federal civil rights laws and regulations and does not discriminate on the basis of race, color, national origin, age, disability, health status, sex, sexual orientation or gender identity. Highmark Health Options does not exclude people or treat them differently because of race, color, national origin, age, disability, health status, sex, sexual orientation or gender identity.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Help in Your Language

Highmark Health Options provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, Braille, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, se encuentran disponibles servicios de asistencia con el idioma sin costo alguno para usted. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711).

Atansyon: Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou do kat idantifikasyon w lan (TTY: 711).

注意：如果您讲中文，可以免费为您提供语言协助服务。拨打您的卡背面的号码（听障人士专用号码：(TTY: 711)。

注：英語を話す場合は、無料の言語支援サービスを利用できます。あなたのIDカードの裏面（：711 TTY）の番号を呼び出します。

ध्यान आपशी: જો તમે ગુજરાતી બોલતા હોવ તો, તમારા માટે ભાષા સહાયતા સેવાઓ મફતમાં ઉપલબ્ધ છે. તમારા આઈડી કાર્ડની પાછળ આપેલા નંબર પર ફોન કરો (TTY: 711).

ATTENTION: Si vous parlez français, des services d'assistance linguistique vous sont offerts gratuitement. Veuillez appeler le numéro qui se trouve au verso de votre carte d'identification (TTY : 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 카드 뒷면의 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: Se parla italiano, per Lei sono disponibili servizi di assistenza linguistica gratuiti. Chiama il numero presente sul retro della Sua carta di identificazione (TTY: 711).

LƯU Ý: Nếu quý vị nói Tiếng Việt, luôn có các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Vui lòng gọi số điện thoại trên mặt sau của thẻ nhận dạng của quý vị (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen kostenlose Unterstützung in Ihrer Sprache zur Verfügung. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tawagan ang numero sa likod ng iyong card (TTY: 711).

कृपया ध्यान दे: यदि आप हिनदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए नशुल्क उपलब्ध हैं। अपने पहचान कार्ड के पीछे दिए गए नंबर पर कॉल करें (TTY: 711)।

یہاں پر آپ کو، ہندی، عربی/عربی/عربی اور دیگر زبانوں میں سہولتیں فراہم کی جاتی ہیں۔ اگر آپ کو کسی زبان کی سہولتیں فراہم کرنے کی ضرورت ہے، تو براہ کرم اس نمبر پر رابطہ کریں (TTY: 711)۔

تذکرہ: اگر آپ انگریزی بولتے ہیں، تو آپ کو زبان کی سہولتیں فراہم کی جاتی ہیں، جو آپ کے ID کارڈ کے پیچھے دیے گئے ہیں۔ (TTY: 711)۔

గమనీక: మేము మీకు తెలుగు మాట్లాడే వారితో, భాషా సహాయక సేవలు, ఖరీదు లేకుండా, మేము లభిస్తున్నాయి. మన పేజీ కార్యదేశం (TTY: 711) మాకు వ్యతిరేకంగా నాంబర్ కే ఫోన్ చేయండి.