



NOTICE OF PRIVACY PRACTICES

When you receive services through Oasis Medical, federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), protects your health information. In addition, HIPAA requires that we provide you with this Notice of Privacy Practices (NPP). This notice describes how your medical information may be used, disclosed, and how you can access this information. Please review the NPP carefully.

HEALTH INFORMATION THAT WE MAINTAIN ABOUT YOU

We maintain records of:

- Your name and (if different) the name and relationship of the person receiving treatment
- Your mailing address
- Your telephone number(s)
- Your (or the patient's, if different) condition that brings you to Oasis Medical
- The date of your visit(s)
- Clinical findings related to the condition, such as pregnancy tests, ultrasounds, and any other diagnostic or monitoring test

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request restrictions on certain uses and disclosures
- Receive communications of protected health information by alternative means or at alternative locations
- Inspect, copy and amend your protected health information held at Oasis Medical and receive an accounting of certain disclosures (of your protected health information)
- Receive a paper copy of this notice even if you have received it electronically

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We only use or disclose your health information as state and federal laws require or permit. In some cases, the law may require that you authorize the disclosure. In other cases, the law allows us to disclose your health information without your authorization.

Use and Disclosure Not Requiring Your Authorization

Treatment: We may use your health information for our treatment activities, such as disclosing it to other healthcare providers as helpful to treat you.

Healthcare Operation: We may use and disclose your health information to manage our program operations, such as reviewing the quality of services you receive.

Business Associates: We may disclose your health information to organizations that help us with our work, such as national organizations or auditors. We have a written agreement that requires these organizations to use your health information for only necessary reasons to perform their work and protect it from other uses or disclosures.

To Contact You: We may use the information in your health records to contact you if we have information about treatment or other health-related benefits and services that may be of interest to you.

Use and Disclosure with Your Authorization

Other uses and disclosures of your personal information require your written authorization. You may revoke your authorization at any time by doing so in writing. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.



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Other Permitted Uses and Disclosures

HIPAA specifically permits us to use or disclose your health information for other purposes without your consent or authorization. In our experience such disclosures are rare, and the limited information we maintain is generally not applicable. However, when authorized by law, and to the extent we may have the information, HIPAA permits us to disclose it to:

- Comply with the requirements of federal, state, or local laws; court orders or other lawful processes; and for administrative or court proceedings
- Report to a public health authority for the purpose of preventing or controlling disease, injury, or disability
- Report to the FDA for the quality, safety, or effectiveness of FDA-regulated products or activities
- Notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- Report abuse, neglect, or domestic violence to a government authority
- Provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs, and regulated entities
- A law enforcement official for specified law enforcement purposes
- Coroners or medical examiners for the identification or determining the cause of death
- Funeral directors to carry out their duties with respect to the decedent
- Organ procurement organizations for facilitating donation and transplantation
- Researchers conducting studies approved by an Institutional Review Board
- Prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- Authorized federal officials for specialized government functions such as military and veterans activities; national security and intelligence activities; protective services for the president; medical suitability determinations; correctional institutions; government entities providing public benefits and
- Comply with workers' compensation laws

HOW YOU CAN REACH US

If you want additional information about our privacy practices or if you believe Oasis Medical has violated your privacy rights, you may file a complaint with Oasis Medical's Privacy Officer at 244 Dustin Laird Drive Martin, TN 38237 or by calling 731.588.0305. Complaints may also be filed with the Tennessee Department of Health at 665 Mainstream Drive, Second Floor Nashville, TN 37243 or by calling 877-287-0010; or by contacting the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 590F HHH Bldg. Washington, D.C. 20201. A message may be left for our Privacy Officer and your call will be returned within 7 business days.

Oasis Medical does not retaliate against those who file a complaint.

ADDITIONAL PROTECTIONS FOR CERTAIN INFORMATION

- Confidential HIV Related Information for which additional protections are provided by state law
- Alcohol or Substance Abuse Treatment Information for which additional protections are provided by state law
- Mental Health Treatment Information for which additional protections are provided by state law

Oasis Medical reserves the right to update this notice of privacy practices at any time.