



NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly **confidential**. This Act gives you, the patient, significant rights to understand and control how your health information, referred to as: protected health information (“PHI”) is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and client service. An example would be an internal quality assessment review.

We may use or disclose protected health information (PHI) about you under certain circumstances, as required by law. These include, but are not limited to, suspected abuse or neglect of children or the elderly, threats of harm to the self or others, threats to National security, or if your records are subpoenaed by a court of law. We may also disclose your PHI in emergency treatment situations, such as for life-saving treatment

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest you.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Any other uses and/or disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.



You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request restriction of your PHI to a health plan for purposes of payment of healthcare operations (not treatment) if you have paid for your services at CereScan in full.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of the full notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are also required by law to notify you in the event there has been a breach of your PHI that may have compromised the privacy or security of your information

This notice is effective as of September 23, 2013, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information.

CereHealth Corp.

Brett Green, Privacy Office

Shane Quint, Security Officer

991 Southpark Drive, Ste. 200

Littleton, CO 80120

Phone: (866) 722-4806 Fax: (866) 299-2501



For more information about HIPAA or to file a complaint:

Office for Civil Rights
 U.S. Department of Health & Human Services,
 1961 Stout Street- Room 1426, Denver, Co 80294
 (303) 844-2024; (303) 844-34.39 (TDD), Fax (303) 844-2025

OCR Regional Addresses

<p>Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights U.S. Department of Health & Human Services JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) FAX (617) 565-3809</p>	<p>Region VI - AR, LA, NM, OK, TX Office for Civil Rights U.S. Department of Health & Human Services 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) FAX (214) 767-0432</p>
<p>Region II - NJ, NY, PR, VI Office for Civil Rights U.S. Department of Health & Human Services 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) FAX (212) 264-3039</p>	<p>Region VII - IA, KS, MO, NE Office for Civil Rights U.S. Department of Health & Human Services 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7278; (816) 426-7065 (TDD) FAX (816) 426-3686</p>
<p>Region III - DE, DC, MD, PA, VA, WV Office for Civil Rights U.S. Department of Health & Human Services 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) FAX (215) 861-4431</p>	<p>Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights U.S. Department of Health & Human Services 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) FAX (303) 844-2025</p>
<p>Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights U.S. Department of Health & Human Services 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30323 (404) 562-7886; (404) 331-2867 (TDD) FAX (404) 562-7881</p>	<p>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions Office for Civil Rights U.S. Department of Health & Human Services 50 United Nations Plaza - Room 322 San Francisco, CA 94102 (415) 437-8310; (415) 437-8311 (TDD) FAX (415) 437-8329</p>
<p>Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights U.S. Department of Health & Human Services 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) FAX (312) 886-1807</p>	<p>Region X - AK, ID, OR, WA Office for Civil Rights U.S. Department of Health & Human Services 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) FAX (206) 615-2297</p>