

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.

This Notice of Privacy Practices describes the privacy practices of DDD Foundation's affiliated professional entities that have collectively formed an Affiliated Covered Entity (the "ACE") as defined under 45 C.F.R. § 160.105(b) for purposes of Health Insurance Portability and Accountability Act ("HIPAA") compliance (collectively, "DDD Foundation", "we", "our", "us").

Federal and state laws require DDD Foundation to maintain the privacy of your protected health information ("PHI") and to inform you about our privacy practices by providing you with this Notice of Privacy Practices (this "Notice"). PHI is your personal information, including, demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you.

This Notice applies to DDD Foundation, Inc., which is a covered entity under HIPAA.

We reserve the right to make any changes in our privacy practices and the new terms of our Notice shall be effective for all health information maintained, created and/or received by us before the date changes were made.

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to you.

Right to Access PHI: Upon written request, you have the right to inspect and/or get an electronic or paper copy of your health information (and that of an individual for whom you are a legal guardian or personal representative.) Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. We will provide you access to your records, typically within thirty (30) days of our receipt of your request. We may charge a reasonable, cost-based fee.

Right to Amend PHI: You have the right to amend your health information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied. If denied, we will inform you of the reasons for the denial within sixty (60) days. Requests to amend may be filed with our Privacy Officer.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" of your health information if the disclosure was made for purposes other than providing treatment, payment, business operations, or certain other disclosures, including those you have asked us to make. We will provide one (1) accounting per year for free but will charge a reasonable, cost-based fee for any additional accounting within the same twelve (12) month period. Disclosures can be made available for a period of six (6) years prior to your request and will include who we shared your PHI with and why. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer.

Right to Restrict PHI /Revoke Authorization: If you pay in full out of pocket for your treatment (i.e., you do not use insurance), you can instruct us not to share information about your treatment with your health plan, if the request is not required by law. You may also ask us to make other reasonable restrictions, but we may not have to agree. Please make all requests for restrictions in writing to our Privacy Officer. You may also revoke a previously provided authorization to us to share your PHI, but you understand that we are unable to take back any previous disclosures made with your permission.

Right to Request Confidential Communications of PHI: You have the right to request how we communicate with you regarding your PHI. For example, you may choose for us to communicate with you by email or telephone. All requests must be made in writing to the Privacy Officer.

Right to Choose Someone to Act for You: If you give someone medical power of attorney or if someone has legal guardian status, that person can exercise your rights and make choices about your PHI. Your PHI may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, or as otherwise required or permitted by law.

We will keep your PHI confidential. We typically use or share your PHI for the following purposes and may do so without your written permission.

Treatment: We can use your PHI and share it with health professionals who are treating you. This includes sharing your health information with other health care providers not affiliated with DDD Foundation, including health care facilities involved in your care, emergency room staff, and with your primary care provider.

Payment: We can use and share your PHI to bill and get payment from health plans or other responsible parties for the health care services that we provide to you.

Healthcare Operations: We will use and disclose your PHI to operate our business. For example, we may use your PHI to conduct quality analysis, data aggregation, review and improve our services, and to provide training. We may share your PHI with our business associates in order to operate our practice. These business associates, through signed contracts, are required by Federal law to protect your health information. We have also established "minimum necessary" or "need to know" standards that limit the access of various staff members to your health information based upon their primary job functions. We may also disclose your PHI in the event of transfer, merger, or sale of the DDD Foundation entities or assets.

We may also share your PHI under certain conditions without your authorization or opportunity to object, unless prohibited by law, for the following purposes.

Emergencies: We may use or disclose your PHI to notify or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, location, general condition, or death. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only information that is directly relevant to your care. For deceased individuals, we may disclose PHI to a family member or individual involved in the deceased individual's care or payment prior to the individual's death.

Required by Law: We may use or disclose your PHI when we are required to do so by state or federal law. We may share your PHI in response to a court or administrative order; in response to a subpoena or other government request; for workers' compensation claims; for law enforcement purposes; with health oversight agencies for activities authorized by law; and/or if you are an inmate or otherwise under the custody of law enforcement.

National Security: We may use and disclose your PHI in certain circumstances when requested by state and federal governmental agencies and officials, including national security agencies and the Armed Forces, or when the disclosure of your PHI is required for lawful intelligence, counterintelligence, or other national security activities.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may also disclose your PHI to where necessary relating to other reporting of abuse, neglect or domestic violence, including for risks to individuals under your care. Our personnel may be required by law to make such reports.

Public Health Responsibilities: We may disclose your PHI for certain public health purposes, such as to report problems with products, reactions to medications, product recalls, disease and infection exposures, and to prevent and control disease, injury, and/or disability.

Contacting You: We may use your PHI, including your email address or phone number, to contact you. We may use your PHI to remind you of recommended services, treatment, scheduled appointments or other health related services or benefits, via email, phone call, or text message.

Research: We may use or share your PHI for health research purposes, subject to the confidentiality provisions of applicable federal and state law.

Respond to Organ and Tissue Donation Requests: We may share PHI about you with organ procurement organizations (e.g., organ donation bank, organ or tissue transplantation entities) in order to facilitate organ donation and transportation.

Work with a Medical Examiner or Funeral Director: We may share PHI with a coroner, medical examiner, or funeral director.

We will not disclose your PHI for the following purposes unless you give us written permission.

Marketing and Sale of PHI: We will not use your PHI for general marketing purposes. We will not sell your PHI to a third party for compensation.

We will not use or share your PHI other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

Terms of This Notice

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request and on our website. Please review this Notice from time to time to ensure you are familiar with our HIPAA privacy practices.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your personal information.

This Notice was last updated on the date reflected below. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with HIPAA or our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing and request a Complaint Form from our Privacy Officer, or you may complain to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate in any way or withhold care if you file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US:

DDD Foundation, Inc.
c/o Privacy Officer
Address: 3103 Clairmont Rd NE, Suite C, Atlanta, GA 30329
Email: twhite@dddfoundation.org
Telephone: [404-942-0086

Department of Health and Human Services, Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW Washington, D.C. 20201
Email: www.hhs.gov/ocr/privacy/hipaa/complaints/
Telephone: 1-800-696-6775

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