

**WorkCare, Inc.
WorkCare Medical Group, Inc.**

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.**

Effective Date: 9/1/2023

Contact information:

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PURPOSE OF THIS NOTICE

WorkCare Medical Group, Inc., a physician entity, and WorkCare, Inc., an occupational health services company, collectively doing business as WorkCare, administers and may provide health care services to you and your employer.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires what are known as "covered entities" to establish appropriate safeguards concerning the use and disclosure of what HIPAA refers to as "protected health information" (PHI) and what uses and disclosures of PHI can be made without an individual's authorization. HIPAA also provides individuals with certain rights with respect to their PHI, including the right to examine and obtain a copy of their health records, and to request corrections.

When WorkCare acts as a health care provider, it is a covered entity and is required to maintain the privacy of your PHI, provide a notice of its privacy practices to you with respect to any uses and disclosures of your PHI that WorkCare may make, and to notify you of any breach of unsecured PHI. Thus, this Notice is intended for those situations when WorkCare acts as a health care provider. WorkCare has the right to change the terms of this Notice if necessary, but we must notify you of any material changes to this Notice.

DEFINITION OF PHI

PHI is defined as individually identifiable health information that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual and that is transmitted or maintained in any form or medium. PHI includes demographic and other information relating to the past, present, or future physical or mental health or condition of an individual, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan, or employer. Thus, PHI includes such personal information as your Social Security number, address, telephone number, email address, etc.

PERMITTED USES AND DISCLOSURES OF PHI

HIPAA allows WorkCare to use and disclose your PHI for your treatment, payment of your health care, and for our health care operations.

1. Treatment

Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another. Thus, we may provide and discuss your PHI with other health care professionals in the course of your examination, treatment and recovery. We may also conduct medical surveillance activities that require us to schedule medical exams for you. We may use your PHI to contact and remind you about an appointment or other scheduled medical services.

2. Payment

We may use or disclose your PHI to obtain payment of any health care services provided to you by us or other health care providers or to review any claims for payment of health care services provided to you by others.

3. Health Care Operations

HIPAA's definition of "health care operations" is fairly broad, but includes such matters as: (a) conducting quality assessment and improvement activities; (b) conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; and (c) business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies. For example, we may use and disclose your PHI to make sure that the care you have or are receiving is appropriate care, to schedule or remind you of health care treatments or examinations, or share your PHI with other entities that have a relationship with you for their health care operations.

DISCLOSURES TO PERSONAL REPRESENTATIVES/FAMILY MEMBERS

We are not required to share your PHI with your family or friends, unless they are your personal representatives. A personal representative is someone who has the legal authority to act on your behalf or someone you have authorized to act for you. However, there are situations where we do not have to treat a person as your personal representative.

If you are present or available and do not object, we may disclose your PHI to a family member, other relative, or a close personal friend, or any other person identified by you if your PHI is directly relevant to such person's involvement with your health care or payment related to your health care.

If you are unavailable or incapacitated, then we may disclose your PHI to such persons if it is directly relevant to the person's involvement with your health care or payment related to your health care and in our professional judgment, we believe that you would not object to our disclosure.

SITUATIONS IN WHICH WORKCARE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR AUTHORIZATION

WorkCare may also use or disclose your PHI in the following situations without your written authorization subject to the following certain requirements:

1. Required By Law

We may use or disclose PHI to the extent such use or disclosure is required by federal, state, or local law.

2. Public Health Activities

We may use or disclose your PHI for public health reasons, including, for example, to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

3. Abuse or Domestic Violence

We may disclose your PHI if we reasonably believe you to be a victim of abuse, neglect, or domestic violence, to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

4. Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities such as audits, investigations, inspections or proceedings, or licensing purposes that may be

necessary to monitor the healthcare system, government programs, and compliance with civil rights laws.

5. Judicial or Administrative Proceedings

We may disclose your PHI in the course of any judicial or administrative proceeding: (a) In response to an order of a court or administrative tribunal, provided that we disclose only the protected health information expressly authorized by such order; and (b) in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal.

6. Law Enforcement

We may disclose your PHI for a law enforcement purpose to a law enforcement official if certain conditions are satisfied. Permitted disclosures include the reporting of certain types of wounds or other physical injuries or compliance with a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer, or a grand jury subpoena, an administrative subpoena, or other civil or an authorized investigative demand or similar process.

7. Decedents

We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. We may also disclose your PHI to funeral directors as necessary to carry out their duties.

8. Organ Donation

We may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

9. Research

We may use or disclose your PHI for research purposes, but only if certain conditions are satisfied.

10. Serious Threat to Health or Safety

We may use or disclose your PHI if, in good faith, we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and is to a person or persons reasonably able to prevent or lessen the threat.

11. Specialized Government Functions

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to use or disclose your PHI.

12. Workers' Compensation

We may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

YOUR RIGHTS

In those situations where WorkCare has acted or is acting as a health care provider, you have the following rights regarding your PHI.

Any requests discussed below that must be made in writing must be made in a letter signed by you or your personal representative. The letter should be sent to Frederick Peguero the contact listed on Page 1 of this Notice.

1. Right to Inspect and Copy

You have the right of access to inspect and obtain a copy of your PHI that is maintained in a designated record set, for as long as the PHI is maintained in the designated record set. A "designated record set" contains medical and billing records and any other records that we use for making treatment and benefit administration decisions about you. However, your right to inspect and copy certain records may be limited in certain situations, including where the PHI was compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. We may charge a reasonable, cost-based fee, for copying and postage.

2. Right to Request an Amendment

You may request that we amend your PHI that is maintained in the designated record set and you must provide a reason to support the requested amendment.

We may deny the request for amendment if we determine that the PHI that is the subject of the request was not created by us; is not part of the designated record set; is accurate and complete; or you do not have a right to copy and inspect the PHI.

3. Right to an Accounting of Disclosures

You may request an accounting of certain disclosures made by us of your PHI within the previous six years. One exception to that right is that we do not have to account for disclosures of PHI that were made to carry out treatment, payment, and health

care operations. We must provide the first accounting in any 12 month period without charge, but may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12 month period.

4. Right to Request Restrictions

You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for it, for example, a family member or friend. For example, you could ask that we not use or disclose information about a surgical procedure.

However, we are not required to agree to a restriction that would prevent us from using your PHI for the purposes of treatment, payment or health care operations. If we believe it is in your best interest to permit use and disclosure of your PHI, your protected health information will not be restricted. If you pay for a service or health care item out-of-pocket in full, you can request that related PHI not be disclosed to your health insurer, and we will comply with this request unless we are legally required to disclose the information.

5. Right to Confidential Communications

We are required to accommodate your reasonable requests to receive communications of PHI from us by alternative means or at alternative locations. We may not ask you the reason for your request. However, we may condition the provision of a reasonable accommodation on: (a) when appropriate, information as to how payment, if any, will be handled; and (b) specification of an alternative address or other method of contact.

6. Right to a Paper Copy of this Notice

You have the right to request a paper copy of this Notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

COMPLAINTS AND CONTACT INFORMATION

You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services.

To file a complaint with our office, contact Frederick Peguero. (Refer to contact information on Page 1.) To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, send a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201; call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/

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