

**NEBA HEALTH**

**NSOP-HP-FM-020  
USA Privacy Policy Notice**

**Document Change History:**

Rev.	Change Description and Components	Date	By
A	Initial Version	10/11/2010	HM
B	NAME Change	5/15/2012	MS
C	Company Name Change; LEXSOP to NSOP	09/12/2014	AB
D	Removed Canada	10/23/2017	RP
E	Updated address for new office location	6/16/2021	LS

**SUMMARY:**

This notice describes how health information about you may be used and disclosed. Please review it carefully.

We have a responsibility to protect your health information. You Have Certain Rights. You May:

- Receive and view a copy of your records.
- Ask for a change to your records.
- Ask for a list of certain disclosures of your health information.
- Ask us to contact you in a different way.
- Request limited use of your health information.
- Ask us not to share information with your family members.
- Make complaints related to the privacy of your health information.
- Receive a paper copy of this Privacy Policy notice.

**Following Certain Rules, We May Use and Share Your Health Information:**

- To perform health related services, obtain payment, or carry out our operations.
- To conduct research approved by an Institutional Review Board, a legally authorized committee that protects participants' rights and oversees research.
- As otherwise required or allowed by law, or with your written authorization.

If you wish to exercise your privacy rights please contact our Privacy Officer.

**NEBA's Responsibilities:** NEBA is committed to the highest quality services and products. We take steps to protect the privacy of the information you provide to us or that we create on your behalf. This information may include both health information and personal information such as your name, social security number, address, and phone number.

Although our services are related to your health, NEBA is not a medical treatment provider and our staff cannot provide medical treatment, diagnosis, or monitoring. NEBA programs should not be relied upon as a substitute for professional medical advice. NEBA programs are intended to assist you with personal health improvement efforts through coaching, education, and instruction. Always continue to seek the advice of your doctor with any questions you may have regarding your medical conditions.

**Uses and Disclosures that Do NOT Require Your Authorization:** NEBA uses and shares health information in a number of ways connected to our health related services, payment, and our operations. Some examples of how we may use or share your health information without your authorization are listed below.

Health related services.

- o To our employees or other members of our workforce involved with providing you your health related services.
- o To other health care providers in the community treating you who are not on our staff.

Payment purposes.

- o To bill or administer your health benefits policy or contract.
- o To other organizations and providers for payment activities unless disclosure is prohibited by law.

Health care related operations.

- o To administer and support our business activities, we give information to organizations that will survey on our behalf for satisfaction, quality, and/or program outcomes, or those of other health care organizations as allowed by law including providers and plans.
- o To other individuals such as consultants and attorneys and organizations that help us with our business activities. If we share your health information with other organizations for these purposes, they must agree to protect your privacy.

**Contacting You:** Your health information may also be used to contact you. For example, we may contact you to remind you of an appointment you have with us. These reminders may be made by postcard, phone, voicemail, or email.

**Other Uses and Disclosures:** We may use or share your health information to enhance health care related services, protect safety, safeguard public health, and when otherwise allowed by law. For example, we may provide information to:

- Public health authorities for health surveillance, to investigate or track problems with prescription drugs and medical devices (U.S. Food and Drug Administration).
- Government entities authorized to receive reports when we suspect abuse, neglect, or domestic violence.
- Health care oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- Courts when ordered or for lawful subpoena.
- Law enforcement when required or allowed by law.
- Coroners, medical examiners, and funeral directors.
- Correctional facilities, if we are providing health related services to you while you are incarcerated.
- Government officials as required for specifically identified government functions.

Uses and Disclosures That You Have the Right to Object:

- Disclosure to family and friends. Unless you object, your health care provider will use their professional judgment to provide relevant health information to a family member, friend, or other person you indicate has an active interest in your care.

Uses and Disclosures That Require Your Authorization:

- Except in the situations listed in the sections above, we will use and share your health information only with your written authorization.
- You may revoke such authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your information for the purposes covered by your authorization. You must understand, however, that we are unable to take back any disclosures we have already made in reliance on your authorization.

In some situations, federal and state laws provide special protections for specific kinds of health information and require authorization from you before we can share protected health information. In these situations, we will contact you for the necessary authorization.

**Your Rights Regarding Your Health Information:** You have specific rights regarding the use and disclosure of your health information. You have the right to:

- **Request to receive and inspect copies.** In most cases, you have the right to look at or order a copy of your health related record by using an Authorization to Release Health Information Form provided by calling us at 1-888-539-4267. You may be charged reasonable fees for copies provided.
- **Request an amendment.** If you believe that information is incorrect or missing, you have the right to request in writing that we correct the existing information or add the missing information. In your request, you must give a reason for the change.

We are not required to amend the record, but a copy of your request will be added to the record if you direct us to file it.

- **Request to know about disclosures.** You have the right to request in writing a list of certain disclosures of your health information. The accounting of disclosures will not include disclosures to those related to providing treatment, payment, health care operations, or when you have authorized the disclosure. You may receive one list per year at no charge. You will be charged a processing fee for each additional request within the same twelve-month period.
- **Request restricted use.** You have the right to ask us in writing to restrict certain uses and disclosures of your health information. We are not required to grant the request but we will comply with any request we grant.
- **Request how we communicate.** You have the right to request in writing that we communicate with you by another means. For example, you may ask us to contact you at work or at a different address. We are not required to grant the request, but we will comply with any request we grant.
- **Make a complaint.** If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your health information, you may file a written complaint with our Privacy Office. You will not be penalized or retaliated against if you file a complaint.
- **Right to receive a copy of this Policy.** You have the right to receive a paper copy of this Policy, even if you have already received it previously.

To exercise your privacy rights or to make a complaint, you may contact:

Attn: Privacy Officer  
NEBA Health, LLC  
2052 Gordon Hwy  
Suite B  
Augusta GA 30909  
(706)736-5864

**Changes to Privacy Policy:** NEBA may change the terms of this Policy at any time. The revised Policy would apply to all health information that we maintain. We post our current Policy on our web site <http://www.nebahealth.com/privacy.html>. If you have any questions about this Policy or would like an additional copy, please contact the Privacy Officer (above).