



HIPAA and PHI Notice Statement

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

We have a legal duty to protect health information about you.

We are required by law to protect the privacy and confidentiality of health information about you. We are required to explain how we may use protected health information (PHI) about you and when we can give out PHI to others. You have rights regarding PHI about you as described in this notice. We are required to follow the procedures in this notice. We have the right to change our practices and to make new notice provisions effective for all PHI that we maintain, by posting the revised notice at our location, making copies available upon request, and posting the revised notice on our website.

How we use or disclose protected health information

We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative)
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected
- Where required by law

We have the right to use and disclose health information to operate our business. For example, we may use your information:

- To coordinate or manage your related service. For example, we may use and disclose PHI about you when a public bystander or first responder scans your tag to request health information to assist you. We will provide information you have chosen and marked public or restricted for them to view, to be able to assist you. Information you have marked private will remain confidential to anyone who may scan your tag.
- To ensure quality assurance of your experience. For example, we may review the most common specialists or conditions individuals are entering so we can place those at the top of a search list. We may also review information added with prescriptions or conditions to have more specific descriptions or variety of options.
- For health care operations. We may use and disclose general cities or suburbs that allow us to improve the quality of care and training we provide and reduce any time delays for first responders to access your information. Examples include: reviewing and evaluating the skills, qualifications, and performance of first responders taking care of you, providing training programs to help them improve their skills, or providing information to you and your loved ones on features we have developed as a response to reviewing the effectiveness of information.

We may use or disclose PHI without your permission in the following limited circumstances:

- When required by law. For example, when a disclosure is required by federal, state, or local law, or for judicial or administrative proceedings such as an order of a court or administrative tribunal.
- For law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner as necessary to carry out their duties.
- When necessary for health oversight health activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- For reporting of victims of abuse, neglect, or domestic violence.

Other Disclosures

We may share your PHI directly with a family member, relative, friend, or other person identified by you, who is directly involved in your care. We will share with your selected representative the PHI necessary for your location, general condition, or death. If you object to this use, or wish to update the persons identified for this use or disclosure of your PHI, please contact us through "Contact Us" on the website or email compliance@myezec.com

Under any circumstances other than those listed above, we will ask for your written permission specifying the recipient of your PHI and the reason for the disclosure, before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can cancel your authorization in writing later if you choose. If we receive your cancellation in writing, we will not disclose PHI about you except for disclosure which were processed before we received your cancellation, or those which are required by law.