



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.

Triskele is dedicated to providing the highest quality of care in an environment that protects your privacy and the confidentiality of your health information. This notice describes our privacy practices, as well as, your rights, with regard to your health information.

We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by calling or emailing the office and requesting that a revised copy be sent to you via email or asking for one at the time of your next appointment.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and how to exercise them. Specifically, you have the right to:

1. Get an electronic or paper copy of your medical records

You have the right to obtain or see an electronic or paper copy of the medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

2. Right to amend or supplement

You have a right to request that we amend your health information if you believe it is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about our denial.

3. Ask us to limit what we use or share

You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed.

If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Unless a law requires us to share that information.

4. Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

5. Obtain a list of who we have shared your information

You can ask us for a list (accounting) of the instances we have shared your health information for six years prior to the date you ask (or to the date you first sought care at Triskele, whichever is appropriate), with whom we shared it, and why. We will include all the disclosures except for those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make).

6. Get a copy of this privacy notice

You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

7. Choose someone to act for you

If you have given someone health care power of attorney or if someone is your legal guardian, that person (your “personal representative”) can exercise your rights and make choices about your health information. If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to ensure the person has this authority and can act for you before we take any action.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact us at clinic@triskele.health.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information, please let us know. In these cases, you have both the right and choice to notify us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

If you are unable to tell us your preferences (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health and safety.

How Triskele May Use and Share Your Health Information

Triskele collects health information about you and stores it in an electronic health record. This is your medical record. Triskele may use or disclose your health information to others outside Triskele in the following ways:

1. Treatment

We use medical information about you to provide your medical care. We disclose medical information to other professionals who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide.

2. Payment

We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations

We may use and disclose your health information to run our organization, improve your care, and contact you when necessary. For example, we use health information to manage your treatment

and services, including to contact you to remind you that you have an appointment for medical care.

We may disclose your health information without your written permission in the following situations:

- With some limited exceptions, to you or someone who has the legal right to act on your behalf (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- When required by law.

4. Business Associates

We may disclose your health information to our “business associates” – individuals or companies that provide services to Triskele. For example, a business associate would include the company that administers the billing claims for Triskele, a software vendor, a telehealth or other digital health solutions company, and other service providers. We require that business associates keep your information safe.

5. Notification and Communication With Family

We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death.

6. Marketing

We may use your demographic information to contact you about new services or facilities that may be of interest to you. If you do not want to be contacted about new services or facilities request in writing, you decline to be notified.

7. Sale of Health Information

We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

8. Public Health and Safety Issues

We may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

9. Workers’ Compensation, Law Enforcement, and Other Government Requests

We may use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

10. Legal Actions

We may disclose health information about you in response to a court or administrative order, or non-sensitive information in response to a subpoena if there is a qualified protective order or satisfactory assurances.

11. Coroners

We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

12. Change of Ownership

In the event that Triskele is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

13. Breach Notification

In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

Filing a Complaint

Protecting your confidential information is important to us. If you feel we have violated your rights, please call (312) 423-1961 or email us at clinic@triskele.health.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1 (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint either to Triskele or to the Office for Civil Rights.