



NOTICE OF PRIVACY PRACTICES (Effective 01/01/2021)

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

**1. Purpose of this Notice**

This notice describes the privacy practices of GA Foods.

**2. Our Privacy Obligations**

We are required by law to maintain the privacy of your protected health information ("PHI"), to provide to you this notice of our legal duties and privacy practices with respect to your PHI; and to notify affected individuals following a breach of unsecured PHI. When we use or disclose your PHI, we will abide by the Terms of this Notice (or the Notice in effect at the time).

**3. Permissible Uses and Disclosures.** We may use and disclose PHI, in order to provide your treatment or services, obtain payment for those services we provided to you, and to conduct "healthcare operations" as described below:

- **Treatment.** We may use medical information about you to provide you with medical treatment, products, or services. We may disclose medical information about you to Doctors, Nurses, Occupational Therapist, Physical Therapist, or any other health care professional who are involved in your care. We also may disclose medical information about you to other providers.
  - **Payment.** We may use and disclose your PHI to obtain payment for the services we provide to you. For example, we may disclose your PHI to your health plan to determine eligibility for our services or to submit a claim to obtain payment.
  - **Health Care Operations.** We may use and disclose your PHI for our health care operations which may include internal activities necessary to run our company and to ensure quality services. For example, we may use PHI to review our services to evaluate the performance of our staff in providing those services to you or for healthcare fraud and abuse compliance activities.
- A. Appointment Reminders.** We may use and disclose your PHI to contact you as a reminder that you have an appointment for services.

**B. Health-Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**C. Individuals Involved in Your Care or Payment for Your Care.** We may release your PHI to a

friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose your PHI to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- D. Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- E. Marketing.** We may from time to time send you information about products or services we offer.
- F. Specialized Government Functions.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- G. Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- H. Public Health Activities.** We may disclose your PHI for public health activities such as to prevent or control disease, injury or disability or to notify people of recalls of products they may be using;
- I. Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- J. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- K. Decedents.** We may disclose your PHI to a coroner or medical examiner as authorized by law.
- L. Sale of Business Assets.** We reserve the right to transfer your PHI to a third party in conjunction with the sale of our company or certain assets belonging to our company.
- M. As Required By Law.** We will disclose your PHI when required to do so by any federal, state or local Agency.

#### **4. Your Rights Regarding Your PHI**

You have the following rights regarding your PHI:

- A. Right to Inspect and Copy.** You have the right to request access to your PHI in order to inspect and request copies of your records. To inspect and obtain copies of your records, you must submit your request in writing to our Compliance department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- B. Right to Amend.** You have the right to request we amend PHI maintained by us. If you desire to amend your records, please submit your written request to the Compliance Department. In addition, you must provide a reason that supports your request. We will comply with your request unless we believe that the information we have on file is accurate and complete.
- C. Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This accounting is a list of your PHI disclosures, except disclosures made for treatment, payment, and health care operations. If you would like to request this list or accounting of disclosures, you must submit your request in writing to our Compliance department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- D. Right to Request Restrictions.** You have the right to request a restriction or limitation on your PHI that we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request; however, we must agree to your request to restrict disclosure of your PHI to

a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the applicable medical information pertains solely to a health care item or service for which you, or any person other than the health plan on your behalf, has paid us in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you would like to request restrictions, you must make your request in writing to our Compliance Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- E. Right to Request Confidential Communications.** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. If you would like to request confidential communications, you must make your request in writing to our Compliance department. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- F. Right to a Paper Copy of This Notice.** Upon request, you may obtain a paper copy of this notice even if you have agreed to receive this notice electronically.

#### **5. Changes To This Notice**

We reserve the right to change or revise this notice at any time for PHI we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the top right-hand corner, the effective date. We will post a copy of the current notice on our Internet website.

#### **6. Complaints/Further Information**

If you desire further information about your privacy right, or are concerned that we have violated your rights, you may contact our Compliance Department. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

- 7. Compliance Department** You may contact the Compliance Department at:

GA Foods Compliance Department  
12200 32<sup>nd</sup> Court North  
St. Petersburg, Florida 33716

Telephone: (800) 852-2211 ext. 318