

**REVITALIFE WELLNESS CENTER, LLC
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.**

Revised Effective Date: 1-1-18

This Notice serves as a Notice of Privacy Practices for Revitalife Wellness Center, LLC (“Revitalife”), our staff and healthcare providers, and applies to your protected health information generated by the employees and physicians.

Revitalife protects the privacy and confidentiality of your health information and so does the law. When you need medical care, you give information about yourself and your health to doctors, nurses, and other Revitalife workers and staff. This information, and the record of the care you receive, is called “protected health information” or “health information”. We share your health information to give you medical care, to get payment for services we provide to you, and to support our healthcare operation. We describe how we use your health information in this Notice. Federal law requires that we give you a copy of this Notice to learn about:

1. How, when and why we share your health information;
2. How the law requires us to protect your health information;
3. Your rights to your health information; and,
4. What happens if your health information is lost or improperly used or shared.

REVITALIFE’S PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your protected health information (“PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or the notice in effect at the time of the use or disclosure).

PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

In certain situations, described below, we must obtain your written authorization to use and/or disclose your PHI. However, unless otherwise specified by federal or Missouri law, or Revitalife policy, we do not need any type of authorization from you for the following uses and disclosures:

For Treatment

We may use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use information to contact you following a procedure so as to verify your recovery. We may also disclose PHI to other health care providers involved in your treatment.

For Payment

We may use and disclose your PHI to assist you in obtaining payment for services that we provide to you—for example, disclosures on claim to assist you in obtaining payment from your health insurer, PPO, HMO, or other company or program that arranges or pays for any of your health care costs. We may also disclose your PHI to another covered entity in order for them to bill for services you received at Revitalife.

For Health Care Operations

We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurse practitioners, nurses and other health care workers. We may also disclose PHI to an office manager or patient care coordinator in order to resolve any complaints you may have. We may ask you to sign in at a reception desk when you arrive and we may call out your name when the health care provider is ready to see you.

We may also disclose PHI to your physicians and the specialists selected by them as well as other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct health care operations such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance. We may disclose and discuss your PHI during and after you receive services with physicians and other health care providers as well as Revitalife's employees including all aspects of your condition, treatment and content of your medical records with Revitalife's management and staff employees as well as Revitalife's authorized representatives for various specific purposes such as, quality assurance, utilization review, legal, accreditation, licensure, etc. These disclosures and subsequent discussions of your PHI are for quality improvement, practice management, utilization review, risk management, litigation defense evaluation and preparation, complaint resolution, and other operational purposes.

Disclosure to Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care, if that information relates to your care. We may also give information to someone who helps pay for your care. We may provide information to family members, physicians, clergy, or others who are involved in your medical care. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. We also may disclose medical information about you to people outside Revitalife who may be involved in your medical care after you leave Revitalife, such as physicians, family members, or others we use to provide services that are part of your care.

Public Health Activities

We may disclose your PHI for the following public health activities: to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; to report child abuse and neglect to the Missouri Department of Children and Family Services or other government authorities authorized by law to receive such reports; to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and other public health activities that are required by law.

Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to the Missouri Department of Children and Family Services, the Missouri Department of Human Services, or other governmental authority, including social service or protective services agencies, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities

We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings

We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials

We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Decedents

We may disclose your PHI to a coroner, medical examiner, or funeral home as authorized by law.

Organ and Tissue Procurement

We may disclose your PHI to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

Research

We may use or disclose your PHI to researchers without your consent or authorization when a waiver of authorization for disclosure has been approved by an Institutional Review Board.

Health or Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Specialized Government Functions

We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State, under certain circumstances.

Workers' Compensation

We may disclose your PHI as authorized by, and to the extent necessary to comply with, state law relating to workers' compensation or other similar programs.

As required by law

We may use and disclose your PHI when required to do so by any other federal or state law or regulation applicable to disclosures in the preceding categories.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Use or Disclosure with Your Authorization

For any purpose other than the ones described above, we may use or disclose your PHI only when you grant us your written authorization. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing you in litigation in which you are involved.

Marketing

We must obtain your written authorization prior to using your PHI to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter without obtaining your marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your marketing authorization. In addition, we may communicate with you about products or services relating to your treatment, case management, care coordination, alternative treatments, therapies, providers or care settings without your marketing authorization.

Uses and Disclosures of Your Highly Confidential Information

In addition, federal and Missouri law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that is: maintained in psychotherapy notes; about mental health program and developmental disabilities services; about alcohol and

drug abuse services; about HIV/AIDS testing; about venereal disease(s); about genetic testing; about child abuse and neglect; about domestic abuse of an adult with a disability; or about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by laws regulating such information, we must obtain your written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy Your Health Information

You may request access to your Revitalife designated record set in order to inspect and/or request copies of the records. Under limited circumstances, we may deny you access to all or a portion of your records. All requests for access must be made in writing. If you desire access to your records, please send a written request to Revitalife. If you request copies for non-medical or non-payment related reasons, we will charge you reasonable duplication fees.

Right to Request Additional Restrictions

You may request restrictions on our use and disclosure of your PHI for: treatment, payment and health care operations; to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction in most circumstances.

Right to Receive Confidential Communications

You may request to receive your PHI by alternative means of communication or at alternative locations and we will accommodate any such reasonable written request.

Right to Revoke Your Authorization

You may revoke your authorization except to the extent that we have taken action in reliance upon it. You may obtain a revocation authorization form by contacting the Privacy Office.

Right to Amend Your Records

You have the right to request that we amend PHI maintained in your Revitalife designated record set. Amendment requests must be submitted in writing and clearly identify the information to be amended, as well as the reasons for the amendment. We will comply with your request unless we believe that the information to be amended is accurate and complete or other special circumstances apply. In the case of a requested amendment concerning the treatment of a mental illness or developmental disability, you have the right to appeal our decision not to amend your PHI to a Missouri court.

Right to Receive an Accounting of Disclosures

Upon your written request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six (6) years. If you request an accounting more than once during a twelve (12) month period, you will be charged a reasonable cost-based fee.

For Further Information and Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, we will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us, or the Director.

Right to Receive Paper Copy of this Notice

Notices will be available in each of our registration areas for you to read and/or take a copy. Also, upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

Effective Date

This Notice is effective on 09/23/2013.

Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice.