



# EMTIRO HEALTH

## NOTICE OF PRIVACY PRACTICES

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*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.***

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## Introduction

Emtiro Health is a population health company that provides care management services as a part of a partnership with your provider or health plan. As a Business Associate, Emtiro Health will operate in accordance with the Privacy Practices of your provider or health plan and will promptly forward all privacy questions and requests to your provider or health plan and facilitate its timely response.

### NC Medicaid Beneficiaries

If you are a Medicaid beneficiary, the NC Medicaid Division of Health Benefits (“Medicaid”) has established a Notice of Privacy Practices that applies across the state regardless of the Health Plan you participate in. This can be found at:

<http://info.dhhs.state.nc.us/olm/forms/dma/dma-2188.pdf>

As a Medicaid recipient, you should have already received Medicaid’s **Notice of Privacy Practices**; however, if you would like another copy and cannot access the Internet, please let your care manager know and we will help you obtain a copy.

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

### Get a copy of your health records

You can ask to see or get a copy of your health records. We will work with your Provider or Health Plan to respond to your request.

We will provide a copy or summary of your health information within 30 days. A reasonable, cost-based fee will apply.

### Ask us to correct your health records.

You can ask us to correct health information that you think is incorrect or incomplete. To do this, submit a written request detailing the requested amendment. We will work with your provider or Health Plan to respond to your request in a timely manner.

We may say “no” to your request, **but** we’ll tell you why in writing within 60 days.

### 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.

### Ask us to limit what we use or share.

You can ask us not to use or share certain health information for treatment, payment or our operations. We will work with your Provider or Health Plan to respond to your request.

We are not required to agree to your request, and we may say “no” if it would affect your care.

### Get a list of those with whom we’ve shared information.

You can ask for a list (accounting) of the times we have shared your health information. Requests must be made in writing. We will work with your provider or health plan to respond to your request. This accounting will include who we shared your health information with and why.

This accounting will include all the disclosures expect for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).

### Get a copy of this privacy notice.

You have a right to receive a printed copy of your Provider or Health Plan’s Notice of Privacy Practices. We can help you obtain a copy. If you are a Medicaid beneficiary, you may access the Division of Health Benefit’s (“DHB”) Notice of Privacy Practices at:

<http://info.dhhs.state.nc.us/olm/forms/dma/dma-2188.pdf>.

### Choose someone to act for you

If you have given someone medical power of attorney or is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated.

You can complain if you feel we have violated your privacy rights by contacting us using the information listed in Contacts for Complaints on the last page.

You can 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, S.W. Washington, D.C., 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

If you file a complaint, we will not retaliate against you.

## Our Routine Uses and Disclosures

We typically share or use your health information in the following ways.

### Treat you.

We can use your health information and share it with other professionals who are treating you. Disclosures will only be made after making sure in writing that its contractors or business associates will safeguard protected health information in the same manner.

### Run our organization.

This includes improving your care and contacting you when necessary. This includes the performance of certain business activities called “health care operations” and to help ensure that quality care is being provided.

### Bill for your services.

We can use and share your health information to bill and get payment from health plans, providers or other entities.

### Bottom Line:

Emtiro will only use and disclose protected health information appropriately and as required by contract and law. In the absence of written authorization from you, disclosures will only be made after making sure in writing that its contractors or business associates will safeguard protected health information in the same manner.

## Other Uses and Disclosures without Written Authorization

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet condition in the law before we can share your information without your written authorization for these purposes. For more information see:

[www.dhhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.dhhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

This includes (but is not limited to):

- When required to comply with the law.
- To do research (with Institution Review Board approval as needed)
- To help with public health and safety issues
- To address workers’ compensation, law enforcement and other government requests.
- In response to a court or administrative order, or in response to a subpoena.

## Uses and Disclosures that Require Your Written Authorization

Emtiro will not use, communicate, or disclose your protected health information without your authorization except as allowed in the circumstances mentioned above. Other uses and disclosures may only be made with your written authorization. This includes:

- Disclosure of psychotherapy notes;
- Disclosures for marketing purposes;
- Sale of your information.

You may revoke your authorization at any time by notifying Emtiro’s Privacy Officer, although this will not invalidate prior disclosures made with your authorization.

## Our Responsibilities

Emtiro Health is committed to protecting the security, integrity and confidentiality of your information. To this ends, Emtiro (among other safeguards):

- Has implemented and enforces policies and procedures related to the protection of your health information;
- Has implemented training requirements across its staff regarding the protection of health information;
- Has designated a Privacy Officer to oversee the protection of health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will follow the duties and practices described in this Notice.

We will not share your information other than as described here unless you tell us we can in writing.

## Contact Information for Complaints

### **Emtiro Health LLC**

Privacy Officer

2000 West First Street, Suite 704

Winston-Salem, NC 27104

**Voice Phone:** 336-402-2648

[compliance@emtirohealth.org](mailto:compliance@emtirohealth.org)

EMTIRO COMPLIANCE LINE (844) 775-6587

WEBSITE [www.emtirohealth.ethicspoint.com](http://www.emtirohealth.ethicspoint.com)

### **Secretary, United States Department of Health & Human Services**

You may also send a written complaint to:

Office for Civil Rights

United States Department of Health & Human Services

Atlanta Federal Center, Suite 3B70

61 Forsyth Street, S.W.

Atlanta, GA 30303-8909

**Voice Phone:** 404-562-7886; **Facsimile:** 404-562-7881

**TDD:** 404-331-2867

## Contact for Further Information

Privacy Officer  
Entiro Health LLC  
2000 West First Street, Suite 704  
Winston-Salem, NC 27104  
**Voice Phone:** 336-402-2648