



NOTICE OF PRIVACY PRACTICES OF VEST

Effective Date: July 24, 2024

This notice describes how your health information subject to the Health Insurance Portability and Accountability Act (HIPAA) and similar laws may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Overview

We have a responsibility to protect your health information. Federal law requires us to make this notice available to you. We are also required to describe how we use and share your health information and your rights regarding your health information.

What is A Notice of Privacy Practices?

This notice describes how we may use and share your health information. It also describes your rights and our obligations regarding use and disclosure of your health information.

Who is Covered by This Notice?

This notice applies to Vest Inc, Vest Home Therapy Inc, and Vest Home Modifications Inc, including all health care professionals and other personnel we have authorized to provide services to you. Health information that is not subject to HIPAA or state privacy laws is not covered by this notice.

Uses and Disclosures of Health Information

How do we typically use or share your health information?

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

Treatment

We may use or share your health information to provide you treatment or related services. We may also share your health information with others who may provide follow-up care to you, such as your primary care physician, long term care facility and home healthcare agencies. For example, a doctor treating you for an injury asks another doctor about your overall health condition.

Healthcare Operations

We may use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

Billing



We may use and share your health information to bill and get payment from health plans or other entities. For example, we may share information about you to your health insurance plan so it will pay for your services.

Health Information Exchanges

We may share your health information using a Health Information Exchange. For example, we may use a Health Information Exchange to share health information with your primary care doctor. If you decide to opt-out, we will no longer provide your health information through the exchange. Your decision, however, does not affect the information that was exchanged before you decided not to participate.

Business Associates

We may share your health information with others called “business associates,” who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of your health information. For example, we may share your health information with a billing company that bills for the services that we provided.

Appointment Reminders

We may use and share your health information to remind you of your appointment for treatment or medical care. For example, we may call, text, or email you to remind you of a scheduled appointment. We may also use and share your health information to confirm your appointment for treatment with third-party transportation services and any other related services.

Marketing

We may use or disclose your health information for marketing purposes without your permission in certain situations, such as when we discuss products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service.

Treatment Options and Other Health-Related Benefits and Services

We may use and share your health information to tell you about other health-related benefits and services and alternative treatment alternatives that may be of interest to you. For example, if you suffer from a chronic illness or condition, we may use your health information to assess your eligibility and propose newly available treatments.

People Involved in Your Care or Payment for Your Care We may share your health information with a friend or family member who is helping you pay for your care, or who assists in taking care of you, unless you tell us not to do so. We may also disclose information to notify, or assist in notifying, a family member, personal representative or another person responsible for your care of your locations. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

How else can we use or share your health information?



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 must meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We may share health your information 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

Do research

We may use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We may share your health information with organ procurement organizations.

Work with a medical examiner or funeral director

We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We may use or share your health information:

- 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

Respond to lawsuits and legal actions

We may share your health information in response to a court or administrative order, or in response to a subpoena.



Your Rights Regarding Your Health Information

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

Get an electronic or paper copy of your medical record

- You have the right to ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- 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.

Ask us to correct your medical record

- You have the right to ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You have the right to 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.

Ask us to limit what we use or share

- You have the right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care 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. We will say “yes” unless a law requires us to share that information.

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

- You have the right to ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice



You have the right to ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone 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

- If you feel we have violated your rights, you may file a complaint with us by contacting the Vest Compliance Office at 412 615-4599.
- 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, S.W., Washington, DC 20201.
- We will not retaliate against you for filing a complaint.

Your Choices Regarding Your Health Information

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 in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

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

If you are not able to tell us your preference, 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 or safety.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Responsibilities



- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.

If you Have Questions About this Notice

If you have questions about this notice, please contact Vest's Compliance Office at 412 615-4599.