

**NOTICE OF PATIENTS' PRIVACY RIGHTS**

The notice of privacy practices is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, Title VIII of the American Recovery and Reinvestment Act of 2009, and the regulations promulgated thereunder (“HIPAA”). 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.

**Please Review This Notice Carefully. If you have questions about this Notice, please contact us.**

1. Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your protected health information (“PHI”), which is health information about you that could be used to identify you. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of PHI in compliance with HIPAA and state law. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Patient’s Privacy Rights (“Notice”) that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights in your PHI; and
- Our obligations concerning the use and disclosure of your PHI, including, but not limited to notifying you if your unsecured PHI is breached.

The terms of this Notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Except when required by law, a material change to any term of this Notice will not be implemented prior the effective date of the Notice in which such material change is reflected. Our practice will post a copy of our current Notice in our offices in a visible location and on our website at all times, and you may request a copy of our most current Notice at any time.

2. The different ways in which we may use and disclose your PHI:

The following categories describe the different ways in which we may use and disclose your PHI:

**ONG INSTITUTE**  
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**Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

**Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such service costs, such as family members. Also, we may use your PHI to bill you directly for service and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

**Healthcare Operations.** Our practice may use and disclose your PHI to operate our business, for example, our practice may use your PHI to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

**Appointment Reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

**Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

**Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you.

**Disclosures Required by Law.** Our practice will use and disclose your PHI when we are required to do so by federal, state, or local law.

3. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your PHI:

**Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate governmental agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; or
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

**Health Oversight Activities.** Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.

**Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain a qualified protective order protecting the information the party has requested.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death we believe has resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- In response to a warrant, summons, court order, subpoena, or similar legal process;
- To identify/locate a suspect, material witness, fugitive, or missing person; and
- In an emergency, to report a crime (including the location or victim[s] of the crime, or the description, identity, or location of the perpetrator).

**Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

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**Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

**Research.** Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your PHI for research purposes except when the Practice's Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

- i. The use or disclosure involves no more than a minimal risk to your privacy based on the following:
  - a. An adequate plan to protect the identifiers from improper use and disclosure;
  - b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and
  - c. Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.
- ii. The research could not practically be conducted without the waiver.
- iii. The research could not practicably be conducted without access to and use of the PHI.

**Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

**Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to

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provide healthcare services to you; (2) for the safety and security of the institution; and/or (3) to protect your health and safety or the health and safety of other individuals.

**Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.

4. Your rights regarding your PHI:

You have the following rights regarding the PHI that we maintain about you:

**Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact and/or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your healthcare or the payment for your healthcare, such as family members and friends, including for disaster relief purposes. We are not required to agree to your request, except when you request that restrict the disclosure of PHI to your health plan when (i) such PHI is required only for payment or healthcare operations and is not required by law and (ii) the PHI pertains solely to a healthcare item or service that you or another person paid us for in full ("Insurance Exception"). However, if we do agree to your request, we are bound by our agreement except when otherwise required by law or in emergencies when the PHI is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Ong Institute, 9377 E Bell Road Suite 363, Scottsdale, AZ 85260. Your request must describe in a clear and concise fashion:

- The PHI you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure, or both; and
- To whom you want the limits to apply.

We may terminate such a restriction if (i) you agree to the termination or (ii) we inform you that we are terminating the restriction provided that the termination shall not apply until after we inform you of our decision and shall not apply to the Insurance Exception.

**Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that we maintain, except any psychotherapy notes that we may maintain. You must submit your request in writing to Ong Institute, 9377 E Bell Road Suite 363, Scottsdale, AZ 85260 in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee

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for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, we will notify you if you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

**Amendment.** You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the PHI is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to: Ong Institute, 9377 E Bell Road Suite 363, Scottsdale, AZ 85260. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend your PHI that is in our opinion (1) accurate and complete; (2) not part of the PHI kept by or for the practice; (3) not part of the PHI that you would be permitted to inspect and copy; or (4) not created by our practice, unless the individual or entity that created the PHI is not available to amend the PHI.

**Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI. To obtain an accounting of disclosures, you must submit your request in writing to: Ong Institute, 9377 E Bell Road Suite 363, Scottsdale, AZ 85260. All requests for an “accounting of disclosures” must state the requested time period of accounting of disclosures, which may not be longer than six years from the date of disclosure and may not include dates before November 15, 2015. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, please contact the Privacy Officer or ask for a copy from our receptionist.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact: Ong Institute, 9377 E Bell Road Suite 363, Scottsdale, AZ 85260. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law, including, but not limited to an authorization to market our practice’s products and services as well as fundraising efforts for third party non-profit organizations. If you authorize use of your PHI for marketing purposes, you

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may opt out of such communications at any time in a writing addressed to our Privacy Officer.

Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked in a writing addressed to our Privacy Officer that describes the scope of the revocation. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care. If you have any questions regarding this Notice or our health information privacy policies, please contact the Privacy Officer.