

Your Information. Your Rights. Our Responsibilities.

Notice of Privacy Practices

Effective Date: March 22, 2021

This notice describes how medical information about you may be used and disclosed in connection with the support sessions you have with the nurse, and how you can get access to this information. **Please review it carefully.**

Summary

Your Information

the nurse will collect information about you, in connection with the support sessions you have with the nurse.

This information is collected by way of medical records and recording of the support sessions you have with the nurse.

Your Rights

You have the right to:

- Get a copy of your electronic medical record
- Correct your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Educate and support you in managing your condition
- Run our organization
- Improve your care
- Bill for your services
- Do research
- Comply with the law
- Address law enforcement and other government requests
- Respond to lawsuits and legal actions

...In detail

Your Information

We will collect information personal health information about you such as your contact details, information regarding your health condition (for example: type of cancer you were diagnosed with, its stage, and date of diagnosis), your thoughts, concerns and struggles in managing cancer, and other information you provide to us.

This information is collected by way of medical records and recording of the support sessions you have with the nurse.

This information is collected, stored and handled with the help of Lavender Health Ltd, which operates the web-based platform that connects you with the nurse, Google LLC, which operates supporting information technology, and others.

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.

Get an electronic copy of your medical record

- You can ask to see or get an electronic 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 can 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 can 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 can ask us not to use or share certain health information for the educational and support service we provide to you, for payment, or our operations. 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'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 the educational and support service we provide to you, 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 can 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can 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.
- We will not retaliate against you for filing a complaint.

Your Choices

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

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.

We never market or sell personal information. Our Uses and Disclosures

How do we typically use or share your health information?

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

Educate and support you in managing your condition

We can use your health information and share it with other professionals and service providers in order for the nurse to educate and support you in managing your condition.

Example: The nurse supporting you consults another nurse about your health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, improve the care of other patients, and contact you when necessary.

Example: We use health information about you to manage your care and the education and support services we provide.

Bill for your services

We can use and share your payment information to bill and get payment from you.

Example: We give your payment information to a payment processing vendor so it will charge you for your services.

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 have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- 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 can 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're complying with federal privacy law.

Address law enforcement and other government requests

We can use or share health information about you:

- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can 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, in our office, and on our web site.

Contact us

If you have any questions or concerns relating to this Notice, please don't hesitate to contact us at Contact@Lavender.health or speak with the nurse during your support session.