



NOTICE OF PRIVACY PRACTICES

Effective January 1, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION.

PLEASE READ CAREFULLY

If you have any questions about this notice or if you need more information, please contact our Privacy Officer by calling toll free to (844) 807-9734.

NextLevel Health Partners, Inc. (hereinafter referred to as NLH, we, our, or us) treats its obligations to preserve the privacy and confidentiality of your protected health information very seriously. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and our privacy practices.

NLH is permitted to use and disclose your medical information in accordance with federal and state regulation. The Health Insurance Portability and Accountability Act (HIPAA) is a set of Federal Regulations which safeguard the privacy and security of your protected health information and establishes certain rights with respect to your protected health information.

We will provide you with notice if there is a breach in our privacy and security practices involving your protected information. Only people who have both the need and the legal right may see your protected health information. Unless you give us a written authorization, we will only disclose protected health information for purposes of treatment, payment, health care operations or when we are required by law or this Notice of Privacy Practices to do so.

Notice Changes. NLH reserves the right to change its privacy practices based on the needs of the health plan, and changes in state and federal law. If significant revisions are made, we will provide you with a copy of the revised Notice which will specify the new effective date. The revised Notice will apply to all of your protected health information from and after the date of the Notice.

Copies of Notice. We will provide a copy of this Notice to you annually. You have a right to receive a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this notice.

How We May Use or Disclose Your Protected Health Information without Written Authorization

Treatment. We may use or disclose protected health information about you for the purpose of providing, coordinating, or managing your care. In an effort to provide your treatment, NLH can:

- Notify your personal provider about treatment that you receive in an emergency room.
- Share necessary information between hospitals, clinics, physicians, employees, volunteers, and independent contractors.
- Share medical information regarding your health condition with another health care provider for the purpose of consultation.

Payment. We may use or disclose your protected health information for billing and payment purposes. For example, NLH can:

- Ask the hospital emergency department for the details of about your treatment before we pay the bill.

Health Care Operations. We may use or disclose your protected health information for the purpose of performing health care operations. For example, NHL may;

- Use your protected health information to review the quality of services that you receive

Treatment Alternatives and Health-Related Benefits and Services. We may use and disclose your protected health information to tell you about treatment options or alternatives, as well as health-related benefits or services that may be of interest to you.

Required or Permitted by Law. This includes situations in which we have received a subpoena, court order, or are mandated to provide public protected health information, such as communicable diseases or suspected abuse and neglect, such as child abuse, elder abuse, and institutional abuse.

Coroners, Medical Examiner, Funeral Director. We may disclose your protected health information to Coroners Medical Examiners, and Funeral Directors, but only to the extent necessary for them to perform their duties.

Parents and Guardians. We may release your protected health information to your parent or guardian when not otherwise limited by law, if you are an un-emancipated minor.



Governmental Requirements. We may disclose your protected health information to a health oversight entity for activities authorized by law, such as audits, investigations, inspections, and licensure. We are also required to share information, if requested, with the U.S. Department of Health and Human Services to determine our compliance with federal laws relate to health car, and to Illinois state agencies that fund our services, or for coordinating your care.

Emergencies. We may disclose your protected health information to prevent a serious or imminent threat to our health or safety, or the health or safety of another person or the public, for which we will only share with someone that is able to help prevent the threat.

Research. We may disclose your protected health information to researchers for use in research in a research study. However, we will only disclose your protected health information if the study has been approved by a review board and the researchers have taken steps to ensure that your private information remains protected.

Worker Compensation. We may disclose your protected health information to comply with worker's compensation laws.

How We May Use or Disclose Your Protected Health Information with Written Authorization

If you have given us a written authorization, you have the right to change your mind and revoke the authorization.

Psychotherapy Notes. Psychotherapy notes contain protected health information about you that has been taken by a mental health professional during conversations you have had with them. Psychotherapy notes will not be used or disclosed except when permitted by law to do so.

Genetic Information. We may receive genetic information about you from genetic testing that you have undergone to identify and prevent certain illnesses. We will not use or disclose your genetic information to determine eligibility for benefits, premium or copayment amounts, pre-existing conditions exclusions, or the creation, renewal, or replacement of health insurance benefits.

We are prohibited from the use or disclosure of genetic information for underwriting purposes.

Fundraising. We may contact you with information on how to opt-out of fundraising communications if we chose to operate a fundraising event.



Marketing. We will not use your personal information for marketing purposes, except when permitted by law. We will not sell any information about you.

Your Rights Regarding Your Protected Health Information

The Right of Inspection and Copying. You have the right of access to inspect and copy your protected health information we have about you. You may make your request in writing to the attention of the Privacy Officer. We may deny your request in certain circumstances. For example, request for psychotherapy notes, or documents for legal proceedings.

If NLH denies your request, you have the right to appeal the denial. If your protected health information is in an electronic format, you have the right to receive an electronic copy.

Your Right to Amend. If you believe that the information we have is inaccurate or incomplete, you may make a written request to use to amend that information. If NLH denies your request, you have the right to appeal the denial.

Your Right to a List of Disclosures. You have a right to request and accounting of disclosures. This is a list of whom NLH has shared information about you. This list does not include:

- Disclosures of treatment, payment, or health care operations.
- Disclosures made to you about your own information.
- Disclosures to those involved in your care (i.e. family or friends), or information that you have given consent to release.
- Disclosures as part of a limited data set for research or public health activities.
- Disclosures in the interest of national security or for intelligence purposes.
- Disclosures to correctional institutions having custody of an inmate

Your Right to Request Restrictions on Our Use or Disclosure of Information. You have the right to ask NLH to limit the protected health information we use or disclose about you for treatment, payment, or health care operations. However, we are not required to agree to such requests if we believe it is in your best interest to permit the use and disclosure of the information.

Your Right to Request Confidential Communications. You have the right to request, in writing, that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request to only be contacted on your home phone, or via mail only, or at different address.



Questions and Complaints

If you have any questions, would like a copy of this Notice, or have any complaints or concerns with regard privacy, you may contact our Privacy Officer.

Attention: Privacy Officer
NextLevel Health Partners, Inc.
3019 W. Harrison
Chicago, IL 60612

You may also file a complaint with the federal government, if you believe that your privacy rights have been violated.

Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan, Suite 240
Chicago, IL 60601

You may also visit their website at <http://hhs.gov/ocr> for specific filing instructions.

