

NOTICE OF PRIVACY PRACTICES

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

At 360 Medical Consulting, we are committed to protecting the privacy of your health information. We are required by law to maintain the confidentiality of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices.

This Notice applies to all healthcare professionals authorized to enter information into your medical record and all employees, staff, and other personnel at 360 Medical Consulting who may have access to your information. Subsidiaries, business associates, and affiliated sites may also share information with each other for treatment, payment, and healthcare operations as described in this Notice. Only the minimum necessary information needed to accomplish the task will be used.

We are required to follow the terms of this Notice currently in effect. We reserve the right to change our privacy practices at any time, and any changes will apply to all PHI we maintain. A copy of the revised Notice will be made available upon request and posted in our offices.

WHO WILL FOLLOW THIS NOTICE

This Notice applies to:

- Any healthcare professional authorized to enter information into your medical record.
- All employees, staff, trainees, and volunteers at 360 Medical Consulting.
- Any business associate or third-party contractor working on our behalf who requires access to your health information.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of health information that identifies you or could be used to identify you. Examples of protected health information (PHI) include:

- Information indicating that you are a patient at 360 Medical Consulting.
- Information about your health condition (such as a disease or injury).
- Information about healthcare products or services you have received or may receive.
- Information about your healthcare benefits under an insurance plan.
- Identifying information such as your name, address, date of birth, social security number, phone number, and insurance information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your PHI without your specific authorization for the following purposes:

1. Treatment

We may use and disclose your health information to provide, coordinate, and manage your healthcare and related services.

Example: If you are being treated for a specific condition, we may need to know if you are allergic to certain medications to avoid complications.

2. Payment

We may use and disclose your PHI to bill for the services you receive and to collect payment from you, your insurance company, or a third party.

Example: We may send your name, address, and diagnosis code to your insurance company to obtain payment.

3. Healthcare Operations

We may use and disclose your PHI for internal business operations, such as improving the quality of care and training staff.

Example: We may review your medical records to assess the quality of care provided by our team.

4. Appointment Reminders and Health-Related Benefits

We may use your PHI to contact you with appointment reminders or to inform you of health-related services that may be of interest to you.

5. Emergencies and Public Need

We may use or disclose your PHI without your consent to:

- Provide emergency treatment.
- Prevent or control disease.
- Report abuse, neglect, or domestic violence.
- Comply with public health reporting requirements.

6. Legal and Law Enforcement

We may disclose your PHI in response to:

- A court order, subpoena, or warrant.
- Law enforcement requests related to a crime or investigation.
- Situations where disclosure is required by law.

7. Business Associates

We may disclose your PHI to contractors, agents, and other business associates who assist with healthcare operations, provided they agree to protect your information.

8. Military and National Security

If you are a member of the military, we may disclose your PHI to military command authorities. We may also disclose PHI for national security purposes.

9. Workers' Compensation

We may disclose your PHI as necessary for workers' compensation or similar programs.

10. Incidental Disclosures

Certain incidental disclosures may occur during otherwise permissible uses and disclosures of your PHI (e.g., conversations overheard by others).

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for the following purposes:

- Marketing communications.
- Sale of your health information.
- Use of psychotherapy notes (if applicable).
- Any other purpose not described in this Notice.

You may revoke your authorization at any time in writing, except to the extent that we have already acted based on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI:

1. Right to Inspect and Copy

Rev. 3/13/25

You have the right to inspect and obtain a copy of your medical records.

- We may charge a reasonable fee for copying, mailing, or other supplies.
- We may deny access under certain limited circumstances.

2. Right to Request Amendments

You may request that we amend your PHI if you believe it is incorrect or incomplete.

- We may deny your request if the information is accurate or was not created by us.

3. Right to Request Restrictions

You may request that we restrict how we use or disclose your PHI for treatment, payment, or healthcare operations.

- We are not required to agree to your request unless the disclosure involves payment for healthcare services.

4. Right to Confidential Communications

You may request that we contact you in a specific way (e.g., only by phone or mail).

- We will accommodate reasonable requests.

5. Right to an Accounting of Disclosures

You have the right to request a list of disclosures we have made of your PHI in the past six years, excluding disclosures for treatment, payment, and healthcare operations.

6. Right to Be Notified of a Breach

You have the right to be notified in the event of a breach of your PHI.

7. Right to a Paper Copy

You have the right to receive a paper copy of this Notice at any time.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer

360 Medical Consulting

133 E 58th st, 15th floor

New York, NY 10022

212-751-8300

jgauvin@360medconsulting.com

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Changes will apply to all PHI we maintain. The current Notice will be posted in our office and available upon request.