NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this notice describes how medical information about you (as an Advocare Patient) may be used and disclosed and how you can get access to this information. Please review this notice carefully.

A. Our Commitment to Your Privacy. Advocare, LLC and each of its Care Centers (collectively "Advocare") is dedicated to maintaining the privacy of your Protected Health Information ("PHI"). Protected Health Information is information about you, including demographic information, which may identify you and which relates to your past, present or future physical or mental health condition, the provision of health care to you, or payment for your health care. In conducting our business, we will create records and maintain the confidentiality of PHI which identifies you. This Notice of Privacy Practices (this "Notice") describes how we may use and disclose your PHI to carry out treatment, payment and health care operations and for other purposes which are permitted or required by law. It also describes your rights to access and control your PHI. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective from a date of revision or amendment forward. Each Care Center will post a copy of our current Notice in a visible location at all times, and you may request a current copy at any time. You may also review a copy on our website at https://www.advocaredoctors.com.

B. How We May Use and Disclose Your PHI. The following are examples of the types of uses and disclosures of your PHI by Advocare:

i. These uses and disclosures are permitted and required by law:

a. Treatment: We will use and disclose your PHI to provide, coordinate, and manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we may disclose your PHI to another physician who may be treating you or to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may ask you to have laboratory tests (such as blood or urine tests), and we may receive and 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.

b. Payment: Advocare may use and disclose your PHI in order to bill and collect payment for the services and items you 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 costs (such as family members) or to other health care entities and collection agencies engaged for billing and collection efforts.

c. Health Care Operations: Advocare may use and disclose your PHI to carry out its business. For example, Advocare may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for Advocare. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We will share your PHI with third party "business associates" that perform various activities (for example, billing or transcription services) for Advocare. Whenever we arrange for a business associate to perform an activity on our behalf, we will specify the minimum standards that the business associate must follow when handling your PHI. We will have a written contract with the business associate that contains terms to protect your PHI's privacy.

d. Public Health Activities: We may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting such information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

e. Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law. For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative or criminal investigations, proceedings or actions; or other activities necessary for the government to monitor government programs, compliance with federal, state or local health or safety laws, or for other oversight purposes. We may disclose your PHI to federal officials for intelligence and national security activities authorized by law.

f. Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

g. Law Enforcement/Criminal Activity: We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; or for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

h. Coroners, Funeral Directors and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining a cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

i. Research: Research is defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. In limited circumstances, we may use or disclose PHI to conduct medical research.

j. Military Activity and National Security: If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authority, we may use or disclose PHI for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to federal officials for intelligence and national security activities authorized by law.

k. Workers’ Compensation: We may disclose your PHI as authorized to comply with workers’ compensation laws and other similar legally-established programs.

l. Inmates: We may use or disclose your PHI to correctional institutions or other law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you; for the safety and security of the institution; and/or to protect your health and safety or the health and safety of other individuals.

m. To Avoid Harm: In order to avoid a serious threat to the health or safety of you, another person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

n. Appointment Reminders and Health-Related Benefits or Services: We may use and disclose PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you for these purposes, or you would rather we contact you at an alternate telephone number or address.

o. Childhood Immunizations: We may disclose an immunizations list to schools required to obtain proof of immunization prior to admitting the student, so long as we have obtained and documented the patient’s or patient’s legal representative’s “informed agreement” to the disclosure.

p. Decedents: In certain circumstances, we may disclose PHI about a decedent to family and others involved in the decedent's health care or payment for health care. Other disclosures may require written authorization from the executor or administrator of the decedent's estate.

2. The following are additional examples of the types of uses and disclosures of your PHI which are permitted under HIPAA but require you to have an opportunity to object or agree prior to the disclosure.

a. Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI which directly relates to that person's involvement in your health care or payment for your health care. If your health care or payment is for your health care, we may disclose your PHI to any other individual who is responsible for your care of your location, general condition or death. Find the care you need. If you disclose PHI to a health care provider, we may provide your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or other individuals involved in your health care.

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b. Health Information Exchange/Patient Portal: Consistent with federal law, Advocate participates in the following Health Information Exchanges and/or e-prescribing health networks (collectively, "HIE(s)") (i) New Jersey Health Information Network, (ii) CommonWell Health Alliance; (iii) CareQuality; (iv) SureScripts Network Alliance; and (v) other HIEs in which Advocate may determine to participate, in its discretion, from time to time. The purpose of an HIE is to provide an electronic information system through which physicians, healthcare facilities, pharmacies and other healthcare providers authorized to participate in the HIE (collectively, "Healthcare Providers") can share PHI electronically in connection with their provision of healthcare services to patients, thereby improving the overall quality of health care services provided to patients and to avoid duplication and inefficiencies. HIEs are governed by a strict set of rules designed to protect patient confidentiality and the privacy of patient information. Advocate electronically shares your PHI with the HIE, including information regarding sensitive diagnoses (such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse). This Notice describes how Advocate and other Healthcare Providers can electronically access and use your PHI if needed to treat you. To the extent that you may use and disclose your PHI through the HIE and how you may 'Opt-Out' (as described below) from having your information automatically shared through the HIE. For example, if you receive a blood test result from Advocate and also receive care from another Healthcare Provider (who also participates in the HIE), Advocate and your other treating Healthcare Provider can share your results electronically through the HIE, as long as they are otherwise authorized to do so. However, if you Opt-Out (as described below), your PHI will not be made electronically available through the HIE, but will continue to be used, accessed and disclosed/released by Advocate as needed (in accordance with this Notice and applicable law).

If you do not wish to allow Healthcare Providers involved with your care to electronically share your PHI with one another through the HIE as explained in this Notice, you must submit an "HIE Opt-Out Form" to Advocate. You may obtain an "HIE Opt-Out Form" from your Advocate Care Center or by visiting the following website: https://www.advocaredoctors.com. Your Opt-Out request will be processed within three (3) business days of receipt by Advocate. In addition, Advocate may disclose your test result electronically through eClinicalWorks, a secure online tool which permits patients to view their PHI through a secure, encrypted portal from the Advocate home webpage. See also Section C.7 below.

3. The following are examples of the types of uses and disclosures of your PHI which are permitted under HIPAA but require your written authorization for use and disclosure:

a. Marketing Communications: We will obtain your written authorization prior to using or disclosing your PHI for marketing purposes. However, we are permitted to provide you with marketing materials in a face-to-face encounter, without obtaining a marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining a marketing authorization, but only so long as we are not paid to do so, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products which may be beneficial to your health and development and about the services and products.

b. Sale of PHI: We will disclose your PHI in a manner which constitutes a sale only upon receiving your prior authorization. Sale of PHI does not include a PHI disclosure for public health purposes, research, treatment and payment purposes, or the sale, transfer, merger or consolidation of all or part of our business and for related due diligence activities, as required by law, or for any other purpose permitted by and in accordance with HIPAA.

c. Other Than as stated in this Notice, if you or have authorized Advocate to use or disclose your PHI for any other purposes, we will not use and disclose your PHI without your written authorization. You may revoke your authorization in writing at any time except to the extent Advocate acted in reliance on the authorization. If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

C. Your Privacy Rights. You have the following rights regarding the PHI we maintain about you:

1. Inspect and Copy: In most cases, you have the right to look at or get copies of your PHI that we maintain, but you may not be able to make the requested copies or inspection of your PHI in a particular manner or at a certain location. For instance, you may be able to inspect and copy your PHI at our office during business hours, but you may not be able to inspect and copy PHI maintained at another facility. We may charge you for copies of your PHI.

2. Request a Restriction: You may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. We will consider your request, but we are not legally required to accept it, except in the following circumstance. You have the right to ask us to restrict the disclosure of your PHI to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we are required to honor your request. If we accept your request for a restriction, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.

3. Confidential Communications: You have the right to request that Advocate 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 by telephone at home, rather than work, or at a particular address. We must agree to your request so long as we can easily abide by it in the manner you requested.

4. Amendment: You have the right to request an amendment to your PHI for as long as Advocate maintains it. You must make your request for amendment of your PHI in writing to Advocate, including your reason to support the requested amendment. Advocate will deny your request for amendment if (i) Advocate did not create the information; (ii) the information is not part of the designated record set; (iii) the information would not be available for your inspection (due to its condition or nature), or (iv) the information is accurate and complete. If Advocate denies your request to amend, you may have the information that you want changed disclosed in a particular manner or at a certain location. You must request that we disclose the information that you want changed. Advocate may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

5. Accounting of Disclosures: You have a right to receive an accounting of the disclosures of your PHI which Advocate has made, except for the following disclosures: (i) to carry out treatment, payment or health care operations; (ii) to you; (iii) to persons involved in your care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. If you request an accounting of disclosures of your PHI in writing to Advocate, you must include the time period of the accounting, which may not be longer than six (6) years. In any given twelve (12) month period, Advocate will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

6. The Right to Receive this Notice by E-Mail: You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive notice by e-mail, you also have the right to request a paper copy of this Notice.

7. "Opt-Out" of HIE: As described in Section B.2.b above.

8. Breach of PHI: Advocate will notify individuals following a breach of their unsecured PHI. A breach means the acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted under HIPAA and that compromises the security or privacy of the PHI.

D. How to Complain About Our Privacy Practices. If you think that we have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Advocate Privacy Officer listed below. You also may send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices. If you have any questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer at:

Director of Compliance, Audit and Privacy Advocare, LLC
Lake Center Executive Park
401 Route 73 North, Building 10, Suite 320
Marlton, NJ 08053
Telephone: 856.872.7055

For additional information about privacy rights and issues, you may contact the Department of Health and Human Services’ Office for Civil Rights toll free at 1-800-998-6155 or TTY 1-800-368-6768.