

**EpioneMD**  
**Notice of HIPAA Privacy Practices**

Last Updated: May 19, 2021

This Notice of HIPAA Privacy Practices explains how EpioneMD, LLC (“Epione”, “we”, “our” or “us”) uses and discloses health information about you (“you” or “your”) when you use our services (the “Service” or “Services”) through our website [www.epionemd.com](http://www.epionemd.com) (the “Site”). It also describes how you can get access to this information.

We are not a “covered entity” under the federal privacy law referred to as the Health Information Portability and Accountability Act of 1996 (“HIPAA”). However, we abide by HIPAA regulations that explain how we may use and disclose protected health information that we collect from and how we keep it safe and secure. This notice describes the information privacy practices of any health care provider who provides services to you on behalf of Epione, including health coaches and our employees and contractors. These people may share health information with each other for treatment, payment, or health care operations purposes described in this notice. In addition, we also use and share your information for other reasons as allowed and required by law.

When we receive information in connection with the Services that relates to your past, present, or future physical or mental health or condition, to the provision of health care to you, or to your past, present, or future payment for health care, that information is considered “protected health information” or “PHI” under HIPAA, and this notice applies to all of that information.

**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.

1. **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of the health information we have about you. 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.
2. **Ask us to correct your health information.** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
3. **Request confidential communications.** You can ask us to contact you in a specific way or to send mail to a different address. We will say “yes” to all reasonable requests.
4. **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

5. **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 treatment, 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.
6. **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.
7. **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
8. **File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting us at [ashwini.bapat@epionemd.com](mailto:ashwini.bapat@epionemd.com). 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/](http://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, contact 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
- Share information in a disaster relief situation

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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

### **Our Uses and Disclosures**

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

1. **Provide health advice to you.** We can use your health information and share it with other professionals who are providing health care services to you.
2. **Run our organization.** We can use and share your health information to run our company and the Services, improve your care, and contact you when necessary.
3. **Bill for your services.** We may use and share your health information to bill and get payment from health plans or other entities.

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.

1. **Help with public health and safety issues.** We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone’s health or safety.
2. **Do research.** We can use or share your information for health research.
3. **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.
4. **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
5. **Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
6. **Address workers’ compensation, law enforcement, and other government requests.** We can use or share health information about you for workers’ compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
7. **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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Our Responsibilities**

We 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 will 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](http://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. When we do update this notice, we will also revise the “Last Updated” date at the top of the notice. The new notice will be available upon request and will be posted at [www.epionemd.com](http://www.epionemd.com).