



## HIPAA Notice of Privacy Practices

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

**PLEASE REVIEW IT CAREFULLY.**

P3 Health Partners (P3HP) and its employees are dedicated to maintaining the privacy of your Protected Health Information (“PHI”) and Personally Identifiable Information (“PII”), which is information that identifies you and relates to your physical or mental health condition. Applicable federal and state laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning PHI/PII. We are required to follow the privacy practices described below while this Notice is in effect.

A. **Permitted Uses and Disclosures of PHI/PII.** We may use or disclose your PHI/PII for the following reasons:

1. **Treatment.** We may disclose your PHI/PII to a physician or other health care provider providing treatment to you. For example, we may disclose medical information about you to physicians, nurses, technicians or personnel who are involved with the administration of your care.
2. **Payment.** We may disclose your PHI/PII to bill and collect payment for the services we provide to you. For example, we may send a bill to you or to a third-party payor for the rendering of services by us. The bill may contain information that identifies you, your diagnos(es), procedure(s) and suppl(ies) used. We may also disclose PHI/PII to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI/PII to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
3. **Health Care Operations.** We may disclose your PHI/PII in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, training health care and non-health care professionals, and other business operations. For example, we may use your PHI/PII to evaluate the performance of the health care services you received. We may also provide your PHI/PII to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us.
4. **Emergency Treatment.** We may disclose your PHI/PII if you require emergency treatment or are unable to communicate with us.
5. **Personal Representatives.** We may disclose your PHI/PII to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator or executor of your estate, or other individual authorized under applicable law.
6. **Family and Friends.** We may disclose your PHI/PII to a family member, friend or any other person as directed by you or who you identify as being involved with your care or payment for care, unless you object.
7. **Required by Law.** We may disclose your PHI/PII for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI/PII to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you and/or your representative if we disclose your PHI/PII because we believe you are a victim of abuse, neglect or domestic violence, unless we determine that informing you and/or your representative would place you at risk. In addition, we must provide PHI/PII to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI/PII in response to a lawsuit or dispute, court order, administrative order, subpoena or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request (which may include written notice) or to obtain an order to protect the requested PHI/PII.

8. **Serious Threat to Health or Safety.** We may disclose your PHI/PII if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.
9. **Public Health.** We may disclose your PHI/PII to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.
10. **Health Oversight Activities.** We may disclose your PHI/PII to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.
11. **Research.** We may disclose your PHI/PII for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI/PII.
12. **Workers' Compensation.** We may disclose your PHI/PII to comply with laws relating to workers' compensation or other similar programs.
13. **Specialized Government Activities.** If you are active military or a veteran, we may disclose your PHI/PII as required by military command authorities. We may also be required to disclose PHI/PII to authorized federal officials for the conduct of intelligence or other national security activities.
14. **Organ Donation.** If you are an organ donor or have not indicated that you do not wish to be a donor, we may disclose your PHI/PII to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.
15. **Coroners, Medical Examiners, Funeral Directors.** We may disclose your PHI/PII to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.
16. **Disaster Relief.** Unless you object, we may disclose your PHI/PII to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.
17. **Direct Contact with You.** We may use your PHI/PII to contact you to remind you that you have an appointment, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

B. **Disclosures Requiring Written Authorization.**

1. **Not Otherwise Permitted.** In any other situation not described in Section A above, we may not disclose your PHI/PII without your written authorization.
2. **Psychotherapy Notes.** We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment or health care operations activities.
3. **Marketing and Sale of PHI.** We must receive your written authorization for any disclosure of PHI/PII for marketing purposes or for any disclosure which is a sale of PHI/PII.

**Disclaimer:** P3HP has attempted to explain with this notice the circumstances where state law may be more protective than the federal privacy rule and provides greater privacy protection. Except for situations listed above and treatment, payment or health care operation purposes, the use or disclosure of your health information requires P3HP to obtain your written authorization. You may withdraw your authorization in writing by submitting your written withdrawal to P3HP's Privacy Officer at the address listed at the end of this Notice.

C. **Your Rights.**

1. **Right to Receive Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.

2. **Right to Access PHI/PII.** You have the right to inspect and copy your PHI/PII for as long as we maintain your medical record. You must make a written request for access to the Privacy Officer at the address listed at the end of this Notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to state law. In certain circumstances, we may deny your request to access your PHI/PII, and you may request that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the denial.
  3. **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI/PII for the purpose of treatment, payment or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.
  4. **Right to Restrict Disclosure for Services Paid by You in Full.** You have the right to restrict the disclosure of your PHI/PII to a health plan if the PHI/PII pertains to health care services for which you paid in full directly to us.
  5. **Right to Request Amendment.** You have the right to request that we amend your PHI/PII if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (a) we did not create the PHI/PII, (b) is not information that we maintain, (c) is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (d) we determine that the PHI/PII is accurate and complete.
  6. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI/PII made by us (other than those made for treatment, payment or health care operations purposes) during the six (6) years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to the Privacy Officer at the address listed at the end of this Notice.
  7. **Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI/PII by certain means or at certain locations. For example, you may specify that we call you only at your home phone number, and not at your work number. You must make a written request, specifying how and where we may contact you, to the Privacy Officer at the address listed at the end of this Notice.
  8. **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI/PII.
- D. **Changes to this Notice.** We reserve the right to change this Notice at any time in accordance with applicable law. Prior to a substantial change to this Notice related to the uses or disclosures of your PHI/PII, your rights or our duties, we will revise and distribute this Notice.
- E. **Acknowledgment of Receipt of Notice.** We will ask you to sign an acknowledgment that you received this Notice.
- F. **Questions and Complaints.** If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to you PHI/PII, you may complain to us and to the U.S. Department of Health and Human Services Office for Civil Rights (“OCR”) if you believe your privacy rights have been violated by our office. We will not retaliate in any way if you choose to file a complaint with us or with the OCR. Please direct any of your questions or complaints to the P3HP Privacy Director:

Roy Youngblood  
P3 Health Partners, Inc.  
Compliance Officer  
2370 Corporate Circle, Suite 300  
Henderson, NV 89074  
469.818.8822

Complaints to the OCR may be made electronically via the OCR Complaint Portal; using the OCR Complaint Form by mail, fax, or e-mail; or by phone, using the following contact information:

U.S. Department of Health and Human Services  
Office for Civil Rights  
Centralized Case Management Operations  
200 Independence Avenue, S.W.  
Room 515F HHH Bldg.  
Washington, D.C. 20201

**Portal:** <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
**Complaint Form:**  
<https://www.hhs.gov/sites/default/files/hip-complaint-form-0945-0002exp-04302019.pdf>  
**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
**Voice Phone** (800) 368-1019  
**FAX** (202) 619-3818  
**TDD** (800) 537-7697

This notice is effective September 1, 2020  
Revised September 19, 2023