

## Flow Professionals Notice of Privacy Practices

*Effective Date: 1/31/2024*

This Notice of Privacy Practices (the “**Notice**”) describes how Flow Therapy, LLC. and all members of its Affiliated Covered Entity (collectively, “**Flow Professionals**”, “**we**”, and “**our**”), operating with support from Flow Therapy, LLC. (collectively, “**Flow Therapy**”), may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law, and how you can receive access to this information.

An Affiliated Covered Entity is a group of health care providers under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“**HIPAA**”). The members of the Flow Professionals Affiliated Covered Entity share protected health information with each other for the treatment, payment, and health care operations of the Flow Professionals Affiliated Covered Entity and as permitted by HIPAA and this Notice. For a complete list of the members of the Flow Professionals Affiliated Covered Entity, please contact the Flow Professionals Privacy Office at support@flowtherapy.com.

Please review this Notice carefully. Capitalized terms not defined herein shall have the respective meanings given to them in the Flow Therapy Terms of Service.

### ***How is patient privacy protected?***

We understand that information about you and your health is personal. By “**health information**,” we mean protected health information as defined under federal law (HIPAA, and its implementing regulations). This Notice does not apply to information that is not covered by HIPAA. Not only is it our legal obligation, but it is our business imperative to maintain the privacy and security of your health information. We continuously seek to safeguard your health information through administrative, physical, and technical means, and otherwise abide by applicable federal and state laws. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### ***What health information do we collect?***

The health information that we collect or maintain may include:

- Your name, age, email address, username, password, and other registration information.
- Health information that you provide us, which may include information or records relating to your medical or health history, health status and laboratory testing results, diagnostic images, and other health related information.
- Health information about you prepared or obtained by the clinical professionals and support staff who provide clinical services through Flow Therapy such as medical and records, treatment and examination notes, remote monitoring data, and other health related information.
- Billing information that you provide us, such as credit card information, or that we receive from a health plan or other provider of healthcare benefits on your behalf.

### ***How do we use and disclose health information?***

We use and disclose your health information for the normal business activities that the law sees as falling in the categories of treatment, payment, and healthcare operations. Generally, we do not need your permission for these disclosures under applicable laws. Below we provide examples of those activities, although not every use or disclosure falling within each category is listed:

- **Treatment** – We keep a record of the health information you provide us. This record may include your test results, diagnoses, medications, your response to medications or other therapies, and information we learn about your medical condition through our services. We may disclose this information to other health professionals who are treating you so that other doctors, nurses, and entities such as laboratories can meet your healthcare needs.
- **Payment** – We document the services and supplies you receive when we are providing care to you so that you, your insurance company, or another third party can pay us. We may tell your health plan about upcoming treatment or services that require prior approval by your health plan.
- **Health Care Operations** – Health information is used to run our practice, improve the services we provide, to train staff, for business management, quality assessment and improvement, in and for communications about our health related products and services, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also use and disclose your health information to:

- Comply with federal, state or local laws that require disclosure.
- Assist in public health activities such as tracking diseases or medical devices.
- Inform authorities to protect victims of abuse or neglect.
- Comply with federal and state health oversight activities such as fraud investigations.
- Respond to law enforcement officials or to judicial orders, subpoenas or other processes.
- Inform coroners, medical examiners and funeral directors of information necessary for them to fulfill their duties.
- Facilitate organ and tissue donation or procurement.
- Conduct research following internal review protocols to ensure the balancing of privacy and research needs.
- Avert a serious threat to health or safety.
- Assist in specialized government functions such as national security, intelligence and protective services.
- Inform military and veteran authorities if you are an armed forces member (active or reserve).
- Inform a correctional institution if you are an inmate.
- Inform workers' compensation carriers or your employer if you are injured at work.
- Recommend treatment alternatives.
- Tell you about health-related products and services.
- Communicate within our organization for treatment, payment, or healthcare operations.
- Communicate with other providers, health plans, or their related entities for their treatment or payment activities, or health care operations activities relating to quality assessment and

improvement, care coordination and the qualifications and training of healthcare professionals.

- Provide information to other third parties with whom we do business, such as a record storage provider. However, you should know that in these situations, we require third parties to provide us with assurances that they will safeguard your information.
- We may also use or disclose your personal or health information for operational purposes. For example, we may communicate with individuals involved in your care or payment for that care, such as family or guardians and send appointment reminders.

All other uses and disclosures, not previously described, may only be done with your written authorization. We will also obtain your authorization before we:

- Use or disclose your health information for marketing purposes;
- Sell your information; or
- Share your psychotherapy notes (in most cases).

You may revoke your authorization at any time; however, this will not affect prior uses and disclosures. In some cases, state law may require that we apply extra protections to some of your health information.

#### ***What are the Healthcare Professional's Responsibilities?***

We are required by law to:

- Maintain the privacy and security of your health information.
- Provide a copy of this Notice of our duties and privacy practices.
- Abide by the terms of the Notice currently in effect.
- Promptly tell you if there has been a breach that may have compromised the privacy or security of your health information.

We reserve the right to change this Notice and make the new practices effective for all the information we maintain. Revised notices will be posted on the Site.

#### ***Do you have any Federal Rights?***

The law entitles you to:

- Inspect and copy certain portions of your health information. We may deny your request under limited circumstances. You may request that we provide your health records to you in an electronic format.
- Request amendment of your health information if you feel the health information is incorrect or incomplete. However, under certain circumstances we may deny your request.
- Receive an accounting of certain disclosures of your health information made for the prior six (6) years, although this excludes certain disclosures for treatment, payment, and health care operations. (Fees may apply to this request.)
- Request that we restrict how we use or disclose your health information. However, we are not required to agree with your requests, unless you request that we restrict information

provided to a payor, the disclosure would be for the payor's payment or healthcare operations, and you have paid for the health care services completely out of pocket.

- Request that we communicate with you at a specific telephone number or address.
- Obtain a paper copy of this notice even if you receive it electronically.
- Request that someone act for you, such as if you have given someone medical power of attorney or if someone is your legal guardian. We will confirm that the person has the authority and can act for you before taking any action.
- File a complaint if you feel that we have violated your rights, as outlined in the "What if I have a complaint?"

We may ask that you make some of these requests in writing.

### ***What if I have a complaint?***

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with us or the Secretary. To file a complaint with us or receive more information contact [support@flowtherapy.com](mailto:support@flowtherapy.com).

To file a complaint with the Secretary of Health and Human Services write to 200 Independence Ave., S.E., Washington, D.C. 20201, call 1-800-537-7697, or file an online complaint at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.

### ***Who will follow this Notice?***

This Notice describes the health care practices of:

- Any Healthcare Professional authorized to access and/or enter information into your health record through Flow Therapy;
- All departments and units of Flow Therapy through which telehealth and in-person health services are provided; and
- All affiliates and volunteers.