

Inheritance Adoptions
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.

Effective as of January 1, 2021

Inheritance Adoptions at times receives health information due to pregnancy or adoption requirements. *Inheritance Adoptions* is required by law to take reasonable steps to ensure the privacy of your health information. *Inheritance Adoptions* also is required to inform you about (i) *Inheritance Adoptions's* uses and disclosures of your health information, (ii) your privacy rights with respect to your health information, (iii) *Inheritance Adoptions's* duties with respect to your health information, (iv) your right to file a complaint with *Inheritance Adoptions* and with the Secretary of HHS, and (v) the person or office to contact for further information about our privacy practices.

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.

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| Get an electronic or paper copy of your health information | You can ask to see or get an electronic or paper copy of health information we have about you. If we maintain the information, 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. |
| Ask us to correct your health information | You can ask us to correct health information that we maintain 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. |
| Request confidential communications | You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. |
| Ask us to limit what we use or share | You can ask us <u>not</u> to use or share certain health information to adoptive couples. We are not required to agree to your request, and we may say “no” if it would affect your babies health care. |
| 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. |
| Get a paper copy of this privacy notice | You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. |

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| 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. |
| File a complaint if you feel your rights are violated | <p>You can complain if you feel we have violated your rights by contacting us using the information on the last page below.</p> <p>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/.</p> <p>We will not retaliate against you for filing a complaint.</p> |

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 information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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| In these cases, you have both the right and choice to tell us to: | <ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation <p><i>If you are not able to tell us your preferences, for example if you are unconscious, we may share your information if we believe it is in your best interest. We also may share your information when needed to lessen a serious and imminent threat to health or safety.</i></p> |
| In these cases we never share your information unless you give us written permission: | <ul style="list-style-type: none"> • Marketing purposes |

Our Uses and Disclosers:

The following describes the ways we may use and disclose health information that identifies you. Except for the purposes described below, we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

Electronic Disclosure. Your health information may be subject to electronic disclosure.

How do we typically use or share your health information? We typically use or share your health information in the following ways:

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| Treatment | We may use and disclose health information for your treatment and to provide you with treatment-related health care services. | <i>Example: We may give health information to doctors, nurses, technicians, or other personnel who are involved in your medical care and need the information to provide you with medical care. We may also contact you about treatment</i> |
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| | | <i>alternatives or health-related benefits and services that may be of interest to you.</i> |
| Payment | We may use or disclose health information if we pay for medical services. | <i>Example: We may give your service provider health information about you so the service provider can receive reimbursement for your treatment.</i> |
| Health Care Operations | We may have use or disclose health information in connection with our administrative functions. | <i>Example: We may use and disclose health information to verify and process requests for payment or to make eligibility and benefit inquiries.</i> |

How else can we use or share your health information? We are allowed or required to share Health 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 Health Information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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| Help with public health and safety issues | We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety |
| Do research | We can use or share your information for health research. |
| 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. |
| Respond to organ and tissue donation requests | We can share health information about you with organ procurement organizations. |
| 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. |
| Address workers’ compensation, law enforcement, and other government requests | We can use or share health information about you: <ul style="list-style-type: none"> • 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 |
| 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. |
| Business Associates | We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we contract with an |

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| | attorney who handles needed legal adoption procedures . All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. |
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Our Responsibilities:

- We are required by law to 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 must 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.

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all protected health information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact Information

If you feel your rights have been violated, you may file a complaint via email at the following email address: OCRComplaint@hhs.gov. Alternatively, written complaints also may be filed at the following address:

Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice phone: 214-767-4056
Fax: 214-767-0432
TDD: 214-767-8940

We will not retaliate against you for filing a complaint.

Who to contact at Inheritance Adoptions for more information?

If you have questions regarding this notice or the subjects addressed in it, you may contact the following individual:

Leslie Howard
1007 11th
Wichita Falls, TX 76301
9406423900