



PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (OR AN INDIVIDUAL FOR WHOM YOU ARE GUARDIAN) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As part of providing services to you, we will collect information about your health care. Happiness Bag, Incorporated collects this information to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the records of your care generated at Happiness Bag, Incorporated. This law requires us to:

- Make sure that information that identifies you is kept private;
- Give you this notice of Happiness Bag, Incorporated's legal duties and privacy practices with respect to information about you; and
- Follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Information About You. Listed below are a number of reasons or ways in which information about you might be disclosed. In each category we will explain what we mean and give an example. NOT EVERY USE OR DISCLOSURE IN A CATEGORY WILL BE LISTED. The ways we might disclose information include:

For Treatment. We may disclose information about you to any personnel at Happiness Bag, Incorporated or outside of Happiness Bag, Incorporated who are involved in your care.

For Payment. We may use and disclose information about you so that services may be billed and payment may be collected from you, an insurance company, or a government health program. We may also tell your health plan about a service you may receive to obtain prior approval or to determine whether your Plan will cover the treatment.

For Health Care Operations. We may use information about you to run our program and to make sure you receive quality services or to decide if we should change or modify our services.

As Required by Law. We will disclose information about you when required by federal, state, or local law. For example, we may reveal information about you to the proper authorities to report suspected abuse or neglect.

To Avoid a Serious Threat to Health or Safety. We may use or disclose information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military command authorities.

Worker's Compensation. We may disclose information to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.

Lawsuits Oversight Activities. If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning your services, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. In certain situations, we may release information about you to law enforcement officials. For example, we might release information about you to identify or locate a missing person; about a death that might be a result of criminal conduct; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release information to a coroner or medical examiner to identify a deceased person or determinate a cause of death. We may release information to funeral directors as necessary to help them carry out their duties.

National Security and Intelligence, Protective Services for the President and Others. We may release information about you to authorize federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

Correctional Programs. If you are an inmate or in the custody of a law enforcement officer, we may release information about you to the correctional institution or law enforcement official, for example, to provide you with health care, to protect your health and safety or the health and safety of others.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the following rights:

To Inspect and Copy your Happiness Bag, Incorporated Service Records. Usually, this includes medical and billing records. To inspect and copy information in your records, you must submit your request in writing to the Executive Director. Twelve (12) months information is available at no charge. Greater than twelve (12) months information will be charged at the rate of \$20.00 per twelve months.

In very limited circumstances, we may deny your request. If we deny your request, you may ask that the denial be reviewed.

To Amend Your Records. If the information we have about you is incorrect or incomplete, you may make a written request to the Executive Director to amend the information. Happiness Bag, Incorporated's Executive Director is: Jodi A. Moan. We may also deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the Amendment:

- Is not part of the information kept in our file;
- Is not part of the information you would be permitted to inspect and copy or
- We believe the information is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record, we will include your request in the record, whether the amendment is accepted or not.

To Receive an Accounting of Disclosures. You have the right to request the list of disclosures. You must submit a written request to the Executive Director. The request may not cover more than a six-year period.

To Request Restrictions. You may request a restriction on the disclosure of information about you for a treatment, payment or health care operations. Your request must be in writing and made to the Executive Director.

The request must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, our disclosure or both; and
3. To whom you want the limit to apply. For example, you could ask that we not use or disclose information to a certain person about your services you have received.

To Request Alternative Ways to Communicate. You may request that we communicate with you about your services in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail. Your request must be in writing, and you must tell us how you would like us to communicate with you. This letter must be sent to the Executive Director. We will accommodate all reasonable requests.

To Receive a Paper Copy or Electronic Copy of the Notice. You have the right to receive a paper copy or an electronic copy of this notice. You may request either a paper or an electronic notice from the Executive Director.

ADDITIONAL RIGHTS UNDER STATE LAW. State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this notice.

CHANGES TO THE NOTICE. We may change this notice in the future. We can make the revised or changed notice effect for information we already have about you as well as any information we have in the future.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our Executive Director or with President of the Happiness Bag, Incorporated Board of Directors. All complaints must be in writing.

We will not retaliate against you for filing a complaint.