



**SWORD** HEALTH

**Privacy Notice**



# 01 Privacy Notice

Last revision: March 31, 2021

Terms capitalized but not defined herein have the same meanings as defined in SWORD's Terms of Use.

**This Privacy Notice describes how SWORD Health Professionals (and SWORD Health, Inc., when acting on behalf of SWORD Health Professionals) may use and disclose health information about you and how you can access this information. Please review it carefully.**

## **Notice of Health Information Privacy**

The Professionals who deliver Services through SWORD practice within a group of independently owned professional practices collectively known as "SWORD Health Professionals". The professional practices that make up SWORD Health Professionals are SWORD Health Care Providers, P.A., Sword Health Care Providers of NJ, P.C., and SWORD Health Care Physical Therapy Providers of CA, P.C. This Privacy Notice describes the health care privacy practices of any Professional authorized to access and/or enter information into your health record and all departments and units of SWORD and SWORD Health Professionals through whom health Services are provided.

For information about how SWORD Health, Inc. collects, uses, and discloses your personal information, please see our Privacy Policy.

## **Our Privacy Obligations**

As the professionals providing online services through SWORD Health Professionals (the "Professionals" or "we"), we understand that information about you and your health is personal, and we are committed to protecting your privacy. We maintain

reasonable administrative, physical and technical means in effort protect your health information. In addition, we are required by law to:

- Maintain the privacy of your health information.
- Provide this Privacy Notice of our duties and privacy practices with respect to your health information.
- Abide by the terms of the Privacy Notice currently in effect.
- Tell you in the event of a breach that compromises your health information.

### **Our Uses and Disclosures of Your Health Information**

We use and disclose your health information to provide you with Services and for the normal business activities that the law sees as falling in the categories of treatment, payment and healthcare operations. We may use and disclose your health information without your written authorization for certain purposes as permitted by the law. 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, your response to therapies, and any other information we learn about your condition through the provision Services. We may disclose this information so your doctors, nurses, health care providers, and other 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.
- **Healthcare Operations** – Health information is used to improve the Services we provide, to train staff, for business management, quality assessment and improvement, 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 Professionals in caring for you.

- We may also use and disclose your health information without your prior written authorization to:
  1. **Help with public health and safety issues.** We may 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; or preventing or reducing a serious threat to anyone's health or safety.
  2. **Research.** We may use or share your information for health research, pursuant to a valid authorization from you or when an institutional review board or privacy board has waived the authorization requirement. Under certain circumstances, your health information may be disclosed without your authorization to researchers preparing to conduct a research project, for research on decedents or as part of a data set that omits your name and other information that can directly identify you.
  3. **Comply with the law.** We may 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. **Work with a medical examiner or funeral director.** We may share health information with a coroner, medical examiner, or funeral director.
  5. **Address workers' compensation, law enforcement, and other government requests.** We may use or share health information about you: (i) for workers' compensation claims; (ii) for law enforcement purposes or with a law enforcement official; (iii) with health oversight agencies for activities authorized by law; (iv) for special government functions such as military, national security, and presidential protective services; and (v) to respond to lawsuits and legal actions.

6. **Legal requests.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Uses and Disclosures Requiring Your Written Authorization.**

All other uses and disclosures, not previously described, may only be done with your written authorization. For example, we will obtain your authorization before we use or disclose your health information for marketing purposes or before we would sell your information. 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.

### **Your Rights**

You may have and may exercise a number of rights with respect to your health information, such as the following:

- **Right to inspect and copy your health information.** You may inspect and copy certain portions of your health information. You may request that we provide your health records to you in an electronic format. Under certain circumstances, we may deny your request for your health information. If we deny your request for your health information, we will provide you with a written explanation regarding your records request.
- **Right to amend your records.** You have the right to 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.
- **Right to receive an accounting of disclosures.** You have the right to receive an accounting of certain disclosures of your health information made for the prior six (6) years, although this excludes disclosures for treatment, payment, and health care operations. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.
- **Right to request additional restrictions.** You have the right to 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.

- **Right to receive alternative communications or at alternative locations.**

You have the right to request that we communicate with you at a specific telephone number, postal or email address. We will reasonably accommodate any such request.

- **Right to receive a paper copy of this Privacy Notice.** Upon request, you have the right to obtain a paper copy of this notice even if you receive it electronically.

To exercise any of these rights, please contact us using the available methods under "Contact Us" below.

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

If you would like further information about your privacy rights, or if you believe that your privacy has been violated, or if you disagree with a decision that we made about access to your health information, you may contact us using the available methods under "Contact Us" below.

You may also file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services. 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>.

We will not retaliate or penalize you for filing a complaint with the SWORD or the Secretary.

### **Contact Us:**

SWORD Phone: 385-308-8034

SWORD Email: [compliance@swordhealth.com](mailto:compliance@swordhealth.com)

SWORD Address: 65 East Wadsworth Park Drive Suite 230, Draper, UT 84020

### **Changes to This Privacy Notice**

We reserve the right to change the terms of this Privacy Notice as well as our privacy practices with respect to your health information at any time. If we change this Privacy Notice or privacy practices with respect to your health information, we may make the new terms effective for all health information that we maintain, including any information created or received prior to issuing the new notice. If we change this Privacy Notice, we will post our revised Privacy Notice on SWORD' Website and App. You may also obtain any new notice by contacting us using the available methods under "Contact Us" above.

## Contact us

[compliance@swordhealth.com](mailto:compliance@swordhealth.com)

[www.swordhealth.com](http://www.swordhealth.com)

+1 385-308-8034

