



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Policy on Medical Record Privacy

We understand that medical/billing information about you and your health is personal and confidential. We are committed to protecting this information about you. We create enrollment, utilization management, and may create other records of the care and services you receive at Freedom Health. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by health care providers of Freedom Health, and any records contained within your medical record here.

We are required by law to protect your personal medical records and other private health information records by keeping it private and following certain rules that dictate whether and when we can use or disclose your information.

This notice informs you of the ways we may use and disclose your health information. It also notifies you of your rights and our obligations in our use and disclosure of your health information. We are required to give you this notice. You have the right to request additional copies of this notice at any time by contacting the privacy officer identified below. This notice is effective immediately.

We reserve the right to change this notice. We reserve the right to apply those changes to health information we currently have, as well as information we may receive in the future. If we change this notice, you may request a new copy of the Notice at any time by contacting the privacy officer identified

below. We will also keep a current copy of the notice on display in our office, and on our website, www.freedomhealth.com. We are required to follow the terms of the notice that is currently in effect.

II. How we may Use and Disclose Your Health Information

We may use and disclose health information about you for treatment, payment and healthcare operations.

1. Health Care Operations.

We may use and disclose your health information in the process of running our health care operations. For example, we may use or disclose your information if we conduct quality assessment and improvement activities to ensure that our members receive top quality medical care.

2. Grievances and Appeals.

We may use and disclose your health information during the investigation and resolution of a grievance or an appeal.

3. Required By Law.

We will disclose your health information when we are required to do so by federal, state or local law.

4. Health Oversight Activities.

We may disclose health information to a health oversight agency authorized by law for audits, investigations, inspections, and licensure. Health oversight agencies generally oversee the health care system, government health programs (such as Medicare and Medicaid), and the enforcement of civil rights laws.



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5. Judicial and Administrative Proceedings.

We may disclose your health information in response to a court order or administrative order. We may also disclose your health information to respond to a subpoena, discovery request, or other request that is not issued by a judge or administrator, but only if efforts have been made to inform you of the request or to get a protective order for the information.

6. Law Enforcement.

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, investigative demand, or similar process.

8. To Avert a Serious Threat to Health or Safety.

We may use and disclose your health information when necessary to prevent or lessen a serious threat to the health and safety of you, the public, or another person. Any disclosure would be made to law enforcement or someone else who can help prevent or lessen the threat.

III. Your Rights Regarding Your Health Information

1. Your Right to Restrict our Activities.

You have the right to request that we restrict the use or disclosure of your health information for treatment, payment, or healthcare operations (as described above). We are not required to agree to your request. To request restrictions or limitations, you must make a written request to the Privacy Officer. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit use of the information and/or

disclosure of the information; and (3) to whom the limitations or restrictions will apply. The Privacy Officer will notify you in writing whether we have agreed to your request or not, with an explanation for the decision.

2. Your Right to Request Confidential Communications.

You have the right to tell us how you would like us to communicate with you. For example, you may ask that we call you at a certain phone number, or you may tell us whether we may leave a message for you. To request confidential communications, you must make your request in writing to the Privacy Officer listed below. Your request must specify how or where you wish to be contacted. We will follow all reasonable requests for confidential communications.

3. Your Right to an Accounting of Disclosures.

You have the right to request an "accounting of disclosures." This is a list of certain disclosures of your health information that we have made. To request this list of disclosures, you must submit a written request to the privacy officer. Your request must state a time period for which the accounting is requested. The time period may not be longer than six years and may not include dates before your enrollment effective date with Freedom Health. You may receive one list per year without charge. We may charge you for the costs of providing additional lists within one year after your first request. We will notify you of the cost involved and you may choose to withdraw or modify your request if you do not wish to pay the cost.

IV. Changes to this notice.

We reserve the right to change this notice, and to apply the revisions or changes to



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health information we already have about you, in addition to information we create or receive in the future.

V. Complaints.

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer. You may also file a complaint with the United States Secretary of the Department of Health and Human Services. We encourage your feedback regarding our privacy policies, and we will not retaliate against you in any way if you file a complaint.

VI. Other Uses of Your Health Information

When you signed up to become a member of a Freedom Health Medicare Plan, it was deemed that we would have access to your protected health information. This notice only describes the ways we may use and disclose your health information without obtaining further permission from you. There may be other reasons we request to use or disclose your health information. If we need to do so, we are required to obtain your written authorization. If you grant us this further authorization, you may revoke it at any time by giving us written notice that you no longer authorize us to use or disclose your health information for those purposes. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are, however, required to retain our records of the care that we provided to you, and we are unable to take back any disclosures we have already made with your permission.

VII. Contact Information

For questions regarding this notice, or to receive further information, please contact the Freedom Health Privacy Officer:

By Phone: 800-401-2740

By Fax : 727-471-2108

By Mail: Freedom Health
Attn: Pradeep Kathi,
Privacy Officer
PO Box 1162
St. Petersburg, FL 33780