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.

TargetCare understands that medical information about you and your health is personal. We are committed to protecting medical information about you. We are required by law to maintain the privacy of medical information and to provide individuals with notice of our legal duties and privacy practices concerning medical information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all medical information maintained by us. Copies of our current Notice may be obtained by contacting TargetCare at the telephone number or address below, or on our Web site [www.targetcare.com](http://www.targetcare.com).

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION** **(PHI) WITHOUT YOUR AUTHORIZATION**

**Uses and Disclosures for Health Care Treatment –** We may use and disclose your medical information to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray or other health care services. In addition, we may use and disclose PHI when referring you to another health care provider.

**Uses and Disclosures for Health Care Operations** – We may use and disclose your medical information as necessary for our health care operations. For example, we may use and disclosure PHI about you for activities relating to compliance, auditing, business management, quality improvement and assurance, and other functions.

We may share your PHI with third party “business associates” that perform various activities (Example- transcription services) for us. Whenever an arrangement between us and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**OTHER PERMITTED AND REQUIRED USES OF YOUR PHI THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION**

We may make certain other uses and disclosures of your PHI without your authorization, including in the following circumstances:

1. We may use or disclose your medical information for any purpose required by law or for judicial or administrative proceedings. For example, we may be required by law to use or disclose your medical information to respond to a court order, subpoena or discovery request.
2. We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
3. We may disclose your medical information to the proper authorities if we believe you to be a victim of abuse, neglect, domestic violence, or to avert a serious threat to health or safety.
4. We may disclose your medical information for law enforcement purposes, in order to comply with laws that require the reporting of certain types of wounds and other physical injuries.
5. We may disclosure your medical information to a coroner or medical examiner for identification purposes, determining cause of death or to perform other duties authorized by law.
6. We may disclose your medical information when the use or disclosure relates to organ, eye or tissue donation purposes.
7. We may disclose your medical information if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
8. We may use or disclose your medical information for research purposes, but only as permitted by law.
9. We may disclosure your medical information if we believe that the use and disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
10. We may use or disclose your medical information if you are a member of the military as required by armed forces services, and we may also disclose your medical information for other specialized government functions such as national security or intelligence activities.
11. We may disclose PHI about you to a correctional institution that has custody of you.
12. We may disclose your PHI as authorized to comply with workers’ compensation laws and other similar legally established programs.

**USES AND DISCLOSURES OF YOUR PHI TO WHICH YOU CAN OBJECT**

**Family and Friends Involved in Your Care –** If you are available and do not object, we may disclose your medical information to your family, friends, and others who are involved in your care. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited medical information with such individuals.

**To agencies for disaster relief efforts –** We may share PHI with agencies like the American Red Cross for disaster relief efforts.  Even if you ask us not to, we may share your PHI if we need to for an emergency.

**APPOINTMENT REMINDERS**

We may use or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care. These communications may be in e-mail, text, postal mail, and telephonic reminders.

**OTHER PRODUCTS AND SERVICES**

We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your medical information for the purpose of communicating to you about health-related products and services that may add value to your participation in our program. These communications may be in e-mail, text, postal mail, and telephonic reminders.

**USES AND DISCLOSURES OF YOUR PHI BASED UPON YOUR WRITTEN AUTHORIZATION**

Except as outlined above, we will not use and disclose medical information about you unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing.

**RIGHTS THAT YOU HAVE**

**Access to Your Medical Information –** You have the right to access to copy and/or inspect your medical information that we maintain in designated record sets. Your requests for access to your medical information must be in writing, must state that you want access to your medical information, and must be signed by you or your representative. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

**Amendments to Your Medical Information** – You have the right to request that medical information we maintain about you be amended or corrected. We are not obligated to make all requested amendments. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request.

**Accounting for Disclosures of Your Medical Information –** You have the right to receive an accounting of certain disclosures made by us of your medical information, other than disclosures for treatment, payment or health care operations. You have the right to receive specific information regarding disclosures that occurred after January 1, 2017. To be considered, your accounting requests must be in writing and signed by you or your representative.

**Restrictions on Use and Disclosure of Your Medical Information.**  You have the right to request restrictions on certain of our uses and disclosures of your medical information. For example, you may request that we not disclose your medical information to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate.

**Request for Confidential Communications –** You have the right to request that communications regarding your medical information be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests. Requests for confidential communications must be in writing, signed by you or your representative.

**Right to a Copy of the Notice –** You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

**CONTACT INFORMATION**

If you believe your privacy rights have been violated, you can file a complaint with us in writing at this address:

Privacy Officer

TargetCare, Inc.

831 East Morehead Street, Suite 900

Charlotte, NC 28202

Phone: 704-333-5575 x1000

You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. There will be no retaliation for filing a complaint.

**EFFECTIVE DATE OF THIS NOTICE** This Notice of Privacy Practices is effective on 5/04/2004. Revised: 9/04/2024.