

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION (a.k.a. PROTECTED HEALTH INFORMATION OR PHI) ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS AND OUR RESPONSIBILITIES, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO:

- Maintain the privacy and security of your medical information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- 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 share your information, you may change your mind at any time by contacting us in writing at the address shown in the “Your Rights” section within this notice.
- Notify you if we become aware of any breach of your unsecured PHI.

WHO IS REQUIRED TO ABIDE BY THIS NOTICE:

- All employees and associated officials, officers, directors, agents, servants, consultants, affiliates, and other healthcare personnel who make up the CHSi workforce.

YOUR RIGHTS:

You have the right to:

- Inspect and receive a copy of your paper or electronic medical record. Please contact your Human Resources (HR) Department to submit a request for your medical record; or, if they are unsure of the process you may contact the CHSi Privacy Officer via the contact information listed within this section for guidance. We may charge a reasonable, cost-based fee.
- Request correction of your paper or electronic medical record that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Request confidential communication. 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.
- Ask us to limit the information we share. We are not required to agree to your request, and we may say “no” if it would adversely affect your care or if the information is legally required or required by the program you are supporting.
- File a complaint if you believe your privacy rights have been violated via the contact information below. We will not retaliate against you for filing a complaint. You may also contact us for further information about our privacy policies. Please contact us at:

Comprehensive Health Services, Inc.
8810 Astronaut Blvd. Cape Canaveral, FL 32920
Attn: Privacy Officer
800-638-8083
CHSi-Security@chsmedical.com

Your complaint may be filed 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 through the HHS.gov website.

- Get a copy of this privacy notice. Upon request, we will provide you a paper copy of this notice promptly.
- Receive a list of those with whom we’ve shared your information. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make) for six years prior to the date you ask.
- 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. You can also elect for us to share information with your family or others involved in your care. We may share your information if we believe it is in your best interest or to lessen a serious and imminent threat to health or safety.



HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

- Medical and exam information collected as part of and/or in support of the program/contract in which you are working or applying to will be disclosed to and used by CHSi and affiliate personnel supporting that program/contract.
- Our use and disclosure may include, but is not limited to, information regarding your medical exam including physical exam, medical history, fitness testing, lab results, vaccinations, drug abuse, alcoholism or alcohol abuse, psychiatric or mental illness, Hepatitis A, B, or C, Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV) regulated by Federal Statute (42 CFR Part 2).
- We may disclose medical information about you to persons outside of our facility who assist with decision making about your health issues as they relate to the program/contract in which you are working or applying to.
- We may use/share your medical information to run our facility, improve your care, and contact you as required.
- We may share information about you if state or federal laws require it, including with the Department of Health and Human Services (HHS) if they want to audit our compliance with federal privacy law.
- We may share medical information about you with a coroner, medical examiner, or funeral director in the event of death.
- We may use/share medical information about you for workers' compensation claims; law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- We may share your medical information in response to a court/administrative order, or in response to a subpoena.
- Should state laws provide greater limits on disclosures, we will follow the stricter standard as required.
- We may use or share your medical information for health research, but we will remove certain personal identifiable information to protect your identity.
- We will *never* use/share medical information about you for Marketing purposes or the Sale of your information unless you give us written permission.

CHANGES TO THE TERMS OF THIS NOTICE:

- We reserve the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.
- The Effective Date of Notice is 26 February 2016.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT COMPREHENSIVE HEALTH SERVICES, INC.'s PRIVACY OFFICER AT 800-638-8083.

CHECK, SIGN AND DATE:

I have read and understand this notice.

Name

XX-XX-_____
Last 4 of Social Security Number

Signature

_____/_____/_____
Date