



**NOTICE OF PRIVACY PRACTICES**  
*Your Information. Your Rights. Our Responsibilities.*

Effective Date: December 1, 2016

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

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**Our Responsibilities**

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- We are required by law to:
  - protect the privacy of your protected health information in oral (for example, when discussing your health information with approved individuals over the telephone or in person), written or electronic form.
  - give you a copy of this Privacy Notice.
  - describe our legal duties and health information privacy practices, as well as, the rights you have to your health information in our Privacy Notice.
  - follow the terms of this Notice.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

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**Changes to this Privacy Notice**

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- We may change our privacy practices and this Notice at any time.
- If we make any material revisions to this Privacy Notice, a copy of the new notice will be available to you which will note the date the Notice becomes effective.
- We will also post a copy of the new Privacy Notice on our website at [www.creochange.com](http://www.creochange.com).
- The new Privacy Notice will apply to all your health information from and after the date of the Privacy Notice.

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**What is Protected Health Information or PHI?**

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- When we talk about "health information" in this Notice we mean Protected Health Information or PHI.
- PHI is any information, including genetic information, which identifies a person enrolled in our Wellness Program.
- It relates to the person's participation in the program, the person's past, present or future physical or mental health or condition, the past, present or future provision of services to that person, or the past, present or future payment for the provision of services to that person.
- PHI also includes information which identifies or possibly identifies a person. This information includes many common identifiers (e.g., name, address, birth date, social security number).
- It does not include information that is publicly available or reported in a summarized fashion that does not identify any individual person.

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### What types of personal information do we collect?

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We collect the following types of information about you:

- Information we receive directly or indirectly from you or your employer through contracts, surveys, or other forms, in writing, in person, by telephone, or electronically, including our website/portal (e.g., name, address, social security number, date of birth, marital status, employment information, medical history).
- Information about your relationship and transactions with us and others (e.g., medical history, eligibility information, and service request).

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### How do we protect this information?

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- We have policies that limit internal and external sharing of PHI to only those persons who have a need for it to provide services to you.
- We maintain physical, electronic, and procedural safeguards to protect PHI in all formats against unapproved access and use. For example, we protect information electronically through a variety of technical tools.
- We also have a designated Privacy Officer, which has overall responsibility for the development, implementation, training, oversight and enforcement of policies and procedures to safeguard PHI against inappropriate access, use and disclosure, consistent with applicable law.
- If there is a breach of unsecured PHI, we will notify you.

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### Is health information shared with your employer?

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Creo Wellness, LLC will not share your PHI with your employer except for de-identified summary health information, enrollment and disenrollment information, and specific information authorized by you.

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### Your Rights

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**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your health information.**
  - You can ask to see or get an electronic or paper copy of your health information (including your completed laboratory test results or reports), with certain exceptions.
  - If we use or maintain an electronic health record (EHR) for you, you have the right to obtain a copy of your EHR in the form and format you request if the information is readily producible in that format, or, if not, a mutually agreeable alternative readable electronic format. You also have the right ask us to send a copy of your EHR to a third party you clearly designate.
  - If you would like to get a copy of your health information, please send your written request to the address listed on the last page of this Privacy Notice, or complete an Access Request Form. A written request to obtain a copy of your health information must include: (i) the desired form or format of access; (ii) a description of the health information to which the request applies; and (iii) appropriate contact information. Access Request Forms are available from our Privacy Officer.

- We will respond to your request, within 30 days when possible. If we need additional time to respond, we will notify you promptly. We may charge you a reasonable, cost-based fee to cover copy costs and postage. If you request a copy of your EHR, we will not charge you any more than our labor costs in producing the EHR.
- We may not give you access to your health information under certain very limited instances. If access is denied, you have a right to a review by a healthcare professional, selected by us, who was not involved in the decision to deny access. If access is ultimately denied, you have the right to receive a written explanation of the reasons for the denial.
- **Ask us to correct your health information.**
  - You can ask us to correct health information about you that you think is incorrect or incomplete.
  - You may either send your written request for correction to the address listed on the last page of this Privacy Notice or complete an Amendment Request Form. A written request to correct your health information must include a description of the correction requested and should include the reasons why you think we should make the correction. Amendment Request Forms are available from our Privacy Officer.
  - We will respond to your request, within 30 days when possible. If we need additional time to respond, we will notify you promptly.
  - If we did not create your health information, if your health information is not part of our records, or if your health information is already accurate and complete, we can deny your request and notify you of our decision in writing. You can submit a statement that you disagree with our decision, which we can rebut. You have the right to request that your original request, our denial, your statement of disagreement, and our rebuttal be included in future disclosures of your health information.
- **Get a list of those with whom we have shared information.**
  - You can ask for a list of the times your health information has been shared by us and our business associates for six years prior to the date you ask.
  - The list will include who we shared it with and why. It will not include using or sharing information:
    - for business care operations;
    - made to you or your personal representative;
    - you approved in writing;
    - made to family and friends involved in your care or payment for your care;
    - for research, public health or our healthcare operations;
    - made to federal officials for national security and intelligence activities;
    - made to correctional institutions or law enforcement; and
    - incident to a use or disclosure otherwise permitted or required by law.
  - If you would like to receive a list of disclosures, please write to the address listed on the last page of this Privacy Notice, or complete an Accounting Request Form. A written request for a list of disclosures must

state a time period within the past six years for the disclosures you want us to include. Accounting Request Forms are available from our Privacy Officer.

- We will respond to your request, within 30 days when possible. If we need additional time to respond, we will notify you promptly. You will receive one accounting of disclosures annually free of charge, but we may charge you a reasonable, cost-based fee for additional accountings within the same twelve-month period.

- **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- A written request for additional privacy protections should include:
  - the information you want to restrict;
  - whether you want Creo Wellness, LLC to restrict our use of the information, how we share it with others, or both; and
  - to whom the restrictions apply.
- If we agree to your request, we will put these restrictions in place except in an emergency or as required by law. We do not need to agree to the restriction unless:
  - the disclosure is for healthcare operations and is not otherwise required by law; and
  - the health information relates only to a healthcare item or service that you or someone on your behalf has paid for out of pocket and in full.

- **Request an Alternate Means of Communication.**

- You can ask us to contact you in a specific way. For example, you may ask us to send information to your work address rather than your home address. You can also ask that it be sent by alternate means. For example, you can ask that we send information by fax instead of digitally or regular mail.
- We will agree to your request if we can easily provide it in the format you request. If you wish to receive information via alternative means or locations, please submit your written request to the address listed on the last page of this Privacy Notice or complete an Alternative Communications Request Form. A written request should include how or where you wish to be contacted. Alternative Contact Request Forms are available from our Privacy Officer.

- **Notice of Breach of Unsecured Health Information.**

- We are required by law to maintain the privacy of your health information and to provide you with this Privacy Notice containing our legal duties and privacy practices with respect to your protected health information.
- Our policy is to secure our electronic files containing your health information to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unsecured health information, we will notify you of the breach.

- If we have more than ten people that we cannot reach because of outdated contact information, we will post a notification either on our website ([www.creochange.com](http://www.creochange.com)) or in a major media outlet in your area.
- **Get a Paper Copy of This Notice.**
  - You can ask for a paper copy of this notice at any time, even if you receive this Privacy Notice electronically. Please contact us to request a paper copy using the phone number listed on the last page of this Privacy Notice or visit our Web site at [www.creochange.com](http://www.creochange.com) to print a copy.
- **File a complaint if you feel your rights are violated.**
  - You can complain if you feel we have violated your rights by contacting us using the information listed on the last page of this Privacy Notice.
  - You also may file a written complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C 20201, calling 1.877.696.6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - If you choose to file a complaint, we will not act against you for your complaint.

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## Our Uses and Disclosures

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How do we use or share your health information? We may use or share your health information without written approval in the following ways.

- **Run our organization.**
  - We may use or share your health information with others associated with performing various business activities referred to as our “healthcare operations.”
  - These healthcare operations include fraud and abuse detection and compliance programs, conduct performance measurement and outcomes assessment; health claims analysis and reporting, efforts to improve the quality, efficiency and cost of services you receive, customer service and resolution of internal complaints.
- **Treat You.**
  - We may use or share your health information associated with treatment activities, such as direct medical treatment and activities related to continuity and coordination of care and referrals among Creo Wellness, LLC and other treating or consulting healthcare professionals.
  - Creo Wellness, LLC may also share your health information with other healthcare professionals who are providing you with medical services for their use in providing you with such medical services. For example, Creo Wellness, LLC may disclose your health information to physicians for use in your medical treatment.
- **Payment.**
  - We may use or share your health information to bill and get payment from health plans or other entities.

- Payment includes, but is not limited to,
  - the preparation and submission of claims and other actions required to secure payment for healthcare services provided by Creo Wellness (such as billing, claims management, collection activities, reviews for medical necessity and/or appropriateness of care utilization review and pre-approval of services).
- Disclosure of your PHI for payment-related purposes may include:
  - disclosure to any person responsible for payment
  - billing and/or claims processing with respect to Creo Wellness, LLC's services, including:
    - insurance companies
    - health maintenance organizations
    - workers' compensation and no-fault carriers
    - other third-party payors
    - billing and/or collection companies.
  - For example, Creo Wellness, LLC may use your PHI to prepare and submit claims for reimbursement by commercial third-party payors.
- **Appointment Reminders and Health-Related Benefits and Services.**
  - We may use your health information to contact you with a reminder that you have an appointment for services.
  - We may also use your health information to recommend possible health-related benefits and services, such as health promotion activities, disease awareness or case management that may be of interest to you.
- **Business Associates.**
  - We may share your health information with a "business associate" who needs the information to perform a function or service for our healthcare operations. We share information only if the business associate signs an agreement to protect the privacy of your health information.
- **Completely De-Identified and Partially De-Identified Information.**
  - We may use or share your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified."
  - We may also use or share "partially de-identified" health information about you for public health and research purposes, or for healthcare operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law.
    - Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, Social Security number, phone number, fax number, electronic mail address, Web site address, or license number).

***How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to your safety or the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.***

- **Help with public health and safety issues.**
  - We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting bad reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- **Do research.**
  - We can use or share your information for health research.
- **Follow with the law.**
  - We will share information about you if state or federal laws require it and with the Department of Health and Human Services if it wants to see that we are following federal privacy law.
- **Respond to organ and tissue donation requests.**
  - We can share health information about you with organ donation and transplantation organizations.
- **Work with a medical examiner or funeral director.**
  - We can share health information with a coroner, medical examiner, or funeral director when a person dies.
- **Address workers' compensation, law enforcement, and other government requests.**
  - We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions, such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions.**
  - We can share health information about you in response to a court order or summons.
- **Emergency Treatment.**
  - We can share health information about you if you need emergency treatment but are unable to give your written consent.
- **Marketing.**
  - We may not use or share your health information with others outside of Creo Wellness, LLC for marketing purposes without your prior approval.
  - Marketing is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service. However, we may inform you about products or services during face-to-face communications with you without your approval, including providing related written materials to you.

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### **Written Approval Requirement**

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- We do not use or share health information for any purpose other than those listed above. If one of the above reasons does not apply, we must get your written approval to use or share your health information. For example, we require your written approval to use or share your health information for marketing purposes, and disclosures that constitute a sale of your health information. You may also give us written approval to use or share your health information with anyone for any purpose.
- We must get your written approval before using or sharing psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.
- If you approve Creo Wellness, LLC to use or share your health information in a manner described in this section, you have the right to cancel that approval in writing, at any time by submitting your written cancellation to the

address listed on the last page of this Privacy Notice or completing an Authorization Revocation Form, which is available from our Privacy Officer.

- If you cancel your approval, Creo Wellness, LLC will thereafter not use or share your health information in the manner described in the approval. Your cancellation will not affect any uses or disclosures permitted by your approval while it was in effect.

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### Miscellaneous

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- **Contact Information.**

- If you have any questions about this Privacy Notice, you may contact the Privacy Officer at **844.600.7851**, visit **www.creochange.com**, or write to us at:

**Creo Wellness, LLC**  
**Attention: Privacy Officer**  
**3460 Mayland Ct., Suite 100**  
**Henrico, VA 23233**

- **Additional Rights.**

- This Privacy Notice explains the rights you have with respect to your health information under federal law. Some state laws provide even greater rights, including but not limited to more favorable rights associated with obtaining and correcting health information records, as well as more protection for sensitive information, such as information involving HIV/AIDS, mental health, alcohol and drug abuse, sexually transmitted diseases, and reproductive health.
- To the extent the law in the state where you reside gives you greater rights than described in this Privacy Notice, we will follow with these laws.

- **Foreign Language Version.**

- You may ask for the Spanish version of this Notice. Use the contact information above to request a copy. Other languages will be made available upon request.