



HEALTHMAP SOLUTIONS, INC.

NOTICE OF PRIVACY PRACTICES EFFECTIVE: November 1, 2021

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. Uses and disclosures of protected health information (“PHI”) are regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice of Privacy Practices (“Notice”) attempts to summarize these regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

Introduction

In order to provide comprehensive medical management services, Healthmap Solutions, Inc. (“Healthmap Solutions”) must obtain and maintain protected health information (“PHI”). This Notice describes the types of information that are collected and your rights regarding how that information can be used.

PHI is individually identifiable health information that is created or received by your provider, your health plan or insurer, or a data clearinghouse. PHI can be maintained or transmitted in any form or medium (oral, written, or electronic). It relates to the past, present, or future:

1. condition of your physical or mental health,
2. health care provided to you, or
3. payment for the health care provided to you.

PHI does not include summary health information, publicly available information, or information that has been de-identified according to the standards for de-identification provided for in the HIPAA Privacy Rule (“Privacy Rule”).

Permitted/Required Uses and Disclosures of PHI

Your PHI will be used and disclosed for the purpose of routine treatment, payment, and health care operations.

Use and Disclosure for Treatment

Your PHI may be used by and disclosed to your health plan, insurer, or health care providers including, but not limited to, doctors, nurses, laboratory technicians, and other health care personnel involved in your treatment.

Tampa, FL | 877-546-7004
www.healthmapsolutions.com

4631 Woodland Corporate Blvd., Suite 201
Tampa, FL 33614



Guaynabo, PR | 787-476-9251
www.healthmapsolutions.com

City View Plaza, Building I, Suite 401
#48 PR State Road 165, Guaynabo, PR 00968-8000

Use and Disclosure for Payment

Your PHI may be used by and disclosed to your health plan or insurer. This category of uses and disclosures also includes verification of participation or enrollment in the plan, eligibility for coverage and plan benefits. Your PHI may be shared with persons involved in utilization review, including precertification, pre- authorization, and concurrent and retrospective review, to assist in reimbursement of health care claims or other claims payment.

Use and Disclosure for Health Care Operations

Your PHI may be used and disclosed for health care operations, such as plan operation purposes, including, but not limited to: quality review assessments; audits, including fraud, waste, and abuse detection and compliance programs; business management and planning; compliance review; and regulatory review and other legal compliance reviews. In addition, your PHI may be used and disclosed for case management, care coordination, contacting of health care providers and patients with information about treatment, drug and disease management alternatives and other related functions that do not include treatment.

We may share this information with our business associates for purposes of utilization reviews, appropriateness of care reviews, peer review for resolution of grievances, consultation with outside health care providers, consultants and attorneys, and other health related benefits and services that may be of interest to you. We require our business associates to sign an agreement specifying their compliance with our privacy policies and applicable state and federal laws and regulations, such as HIPAA.

We have developed company policies and procedures in order to ensure the privacy of your PHI. These policies and procedures are based on appropriate administrative, technical, and physical safeguards necessary to maintain confidentiality. Access to your PHI is limited to those individuals that have a legitimate business need for that information. This protection extends to the use of your PHI by our business associates.

Other Permitted/Required Uses and Disclosures of PHI

We, or our business associates, may use and disclose your protected health information for reasons permitted by the Privacy Rule, including but not limited to the following:

- those required by law,
- in response to a court order or other legal proceeding,
- judicial and administrative proceedings,
- law enforcement purposes,
- to comply with worker's compensation or other similar laws,

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- public health activities,
- health oversight activities,
- reporting abuse, neglect, or domestic violence,
- the military if you are a member of the armed services,
- correctional institutions if you are an inmate,
- disclosures of decedent's information to coroners, medical examiners, and funeral directors,
- organ, eye, or tissue donation purposes, and
- national security and intelligence agencies as authorized by law.

We will only use or disclose the minimum amount necessary to perform these functions. We may disclose PHI to the sponsor of your health plan for any purpose described in this section.

Other Uses and Disclosures of PHI

Uses and disclosures of PHI for purposes other than those described in Permitted/Required Uses and Disclosures of PHI will be made only with your written authorization, or the written authorization of an individual with the authority to act in your capacity, if applicable. If you provide Healthmap authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information following the specific purpose contained in the authorization. However, Healthmap cannot take back any disclosures already made with your authorization, and that Healthmap is required to retain any records we may have containing your PHI. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

Your Individual Rights with Respect to PHI

Upon written request, you have the right to:

- request restrictions on certain uses and disclosures of your PHI,
- receive confidential communication of PHI,
- access our records containing descriptions of your PHI,
- request an amendment to your PHI, and
- receive an accounting of PHI disclosures and disclosures made in compliance with the Privacy Rule for which an accounting is required.

Unless specifically requested otherwise, we will communicate PHI in connection with treatment, payment, or health care operations, with any family member covered under your plan. Should any family member want a restriction on such disclosure of PHI, they must





request such restriction in writing. Although we are not required to agree to a requested restriction or amendment to your PHI, we will consider all factors explained in the request.

Our Duties Regarding the Use and Disclosure of PHI

We are committed to maintaining your privacy and are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of the Notice of Privacy Practices currently in effect.

We reserve the right to change the terms of this Notice, and have such change be effective for all PHI that is maintained. The current version of the Notice will be posted to Healthmap Solution's website at the URL <https://hub.healthmapsolutions.com/for-patients>.

How to File a Complaint Regarding the Use and Disclosure of PHI

If you believe your privacy rights have been violated, you may file a complaint with:

1. Healthmap
 - a. Email: by contacting the Privacy Officer via email at compliance@healthmapsolutions.com
 - b. In Writing: to Healthmap Solutions, Inc. Attn: Privacy Officer, 4631 Woodland Corporate Blvd., Unit 201, Tampa, FL 33614
 - c. By Phone: 1-800 441-4259 or 939-303-2143 (Puerto Rico)
2. The U. S. Department Secretary of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Washington, D. C. 20201. All complaints must be in writing.

You will not be retaliated against not receive remuneration for filing a complaint.

How to Contact Us

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the following:

Privacy Officer
Healthmap Solutions
4631 Woodland Corporate Blvd., Unit 201
Tampa, FL 33614

1-800 441-4259 or 939-303-2143 (Puerto Rico)

compliance@healthmapsolutions.com

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Healthmap Nondiscrimination and Language Assistance Services Policy

Healthmap Solutions Inc. ("Healthmap") complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sexual orientation, gender identity, or religion. Healthmap does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

Healthmap provides reasonable modifications and appropriate auxiliary aids and services, including qualified interpreters, braille or large print written materials, and access to TTY services to individuals with disabilities. Auxiliary aids and services are available free of charge and will be provided in a timely manner when necessary to ensure accessibility and provide equal opportunity to participate for individuals with disabilities.

Healthmap provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency.

If you need these reasonable modifications, auxiliary aids and services, or language assistance services, call 1-800-398-9319 or if you use a **TTY**, call **711**. If you need to contact Healthmap's Section 1557 Coordinator, call 800-441-4259 or email compliance@healthmapsolutions.com.

If you believe that Healthmap has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sexual orientation, gender identity, or religion, you can file a grievance with: Complaints, Healthmap Solutions Inc., 4631 Woodland Corporate Blvd, Suite 201, Tampa, FL 33614 or via email to **complaints@healthmapsolutions.com**. If you need help filing a grievance, call 1-800-398-9319 or if you use a **TTY**, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

Healthmap's website, containing an electric copy of Healthmap's Discrimination Policy, is available at <https://healthmapsolutions.com/>.

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For Washington plan members: the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>.

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-398-9319 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-398-9319 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-398-9319 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-398-9319 (TTY: 711)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-398-9319 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 9319-398-800 (رقم (TTY: 711): هاتف الصم والبكم).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-398-9319 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-398-9319 (ATS : 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-398-9319 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-398-9319 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-398-9319 (TTY: 711) पर कॉल करें।



OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-398-9319 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-398-9319 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-398-9319 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-398-9319 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-398-9319 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-398-9319 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-398-9319 (TTY: 711)។

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-398-9319 (መስማት ለተሳናቸው: 711)፡

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-398-9319 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-398-9319 (TTY: 711).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-800-398-9319 (TTY: 711)

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ [Bàsɔ́ɔ̀-wùdù-po-nyɔ] jũ ní, nìí, à wuɖu kà kò dò po-poɔ̀ b́éìn m̀ gbo kpáa. Ɖá 1-800-398-9319 (TTY: 711)

Ige nti: O buru na asu lbo asusu, enyemaka diri gi site na call 1-800-398-9319 (TTY: 711)

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-398-9319 (TTY: 711)





লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা
উপলব্ধ আছে। ফোন করুন ১-1-800-398-9319 (TTY: ১ 711)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-398-800-398-9319 (TTY: 711)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus
Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call
1-800-398-9319 (TTY: 711)

