



Notice of Privacy Practices

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.

The Wellness Company's Privacy Policy

The Wellness Company and its employees are committed to protecting the confidentiality and privacy of your health information. We will only use or disclose the minimum amount of your information that is necessary to perform a job or complete an activity.

We are required by federal law to provide you with this Notice of Privacy Practices, which explains our legal duties and privacy practices regarding your PHI. We reserve the right to change the terms of this Notice, and to post a copy of this Notice on our website.

How we may use and disclose your PHI

Your health information will be used for treatment, payment, or healthcare operations purposes, or for other purposes permitted or required by law. We will not use or disclose your health information for other reasons without your written authorization.

Treatment. We use your health information to provide you with health services and may use or disclose your PHI to physicians and other authorized health care professionals who need that information to take care of you.

Payment. We may use and disclose your health information so that we can bill and collect payment for services provided to you. We may use and disclose your information for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan for the payment activities of that healthcare provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Healthcare Operations. We may use and disclose PHI in performing business activities that are called healthcare operations. Healthcare operations include doing things that allow us to improve the quality of care we provide and to reduce healthcare costs.

We may also use and disclose your health information including immunizations as permitted by law, potentially including disclosures:

- To contact you about appointments and other matters
- For public health, such as disaster relief; disease control; or to report abuse, neglect, or domestic violence
- For health oversight, such as inspections, investigations, and audits
- To avert a serious threat to health or safety of a person or the public
- To a law enforcement officer or a correctional institution that has you in custody
- To the federal government for national security, protective services, military, or veterans' activities
- To comply with court orders, discovery requests, or other legal process in the context of a judicial or administrative proceeding
- To carry out healthcare treatment, payment, and operations functions through business associates, e.g. to install a new computer system
- To your employer, school, or healthcare provider

Your rights concerning privacy and confidentiality

You have the following rights with respect to your protected health information:

- To see or obtain a copy of your PHI. We may not be able to provide certain information for specific reasons, and if a denial is made, you may request that the denial be reviewed.
- To request an amendment to your PHI that is wrong or incomplete.
- To request a list where The Wellness Company has sent your PHI since May 9, 2017. The list will not include disclosures authorized by you; disclosures for treatment, payment, and healthcare operations; or certain other excluded purposes.
- To request that we contact you at a different address or phone number, if contacting you about your health information at your present location would endanger you.
- To request that we limit the use and disclosure of your health information, although we are not required to agree to your request.
- To request a paper copy of this Notice.

Complaints

If you believe your privacy rights have been violated, you have the right to register a complaint with us, or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.

Contact

Call us at (401) 461-0662, or write to us at 132 George M Cohan Blvd, Providence, RI 02903 if:

- You have a complaint
- You have any questions about this Notice
- You wish to exercise your rights
- You have any questions or concerns regarding the privacy or confidentiality of your PHI

Effective Date: May 9, 2017

Revised: May 9, 2023