



NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices ("Notice") explains how Pinpoint+ Skills Lab, LLC ("we," "us," or "our") may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health and related health care services.

We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are required to follow the terms of this Notice. We may change our policies and practices and update this Notice at any time, as long as we are in compliance with applicable law. If we change our policies and practices, the new policies and practices will apply to all protected health information that we maintain, including any information created or received before the changes. If we change this Notice, we will post a copy of the revised Notice in our office and on our website, and you may request a copy of the revised Notice by contacting us as described in this Notice.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR THE FOLLOWING PURPOSES:

Treatment

We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This may include consulting with other health care providers about your care.

Payment

We may use and disclose your protected health information to obtain payment for your health care services. This may include sending billing information to your insurance company or Medicaid.

Health Care Operations

We may use and disclose your protected health information for our health care operations. These uses and disclosures are necessary to run our organization and make sure that all of our clients receive quality care. Examples of health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, and conducting cost-management and business planning activities.

Change of Ownership

In the event that Pinpoint+ Skills Lab, LLC is sold or merged with another organization, your health information/record will become the property of the new owner.

Other Uses and Disclosures

We may use and disclose your protected health information for other purposes as permitted or required by law. These uses and disclosures include, but are not limited to:

- **Public Health Activities:** We may disclose your protected health information to public health or legal authorities for public health activities, such as reporting certain diseases or injuries, or reporting reactions to medications or problems with products.
- **Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Legal Proceedings:** We may disclose your protected health information in the course of a judicial or administrative proceeding, in response to a court order or subpoena, or in response to a discovery request.
- **Law Enforcement:** We may disclose your protected health information to law enforcement officials for the following purposes:
 - To report a crime that occurred on our premises.
 - To report abuse, neglect, or domestic violence.
 - To report a crime, such as theft, in certain circumstances.
 - To comply with a court order, subpoena, or other legal process.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased person or determining the cause of death. We may also disclose your protected health information to funeral directors as necessary to carry out their duties.
- **Research:** We may use or disclose your protected health information for research purposes if the research has been approved by an institutional review board that has reviewed the research proposal and determined that the research meets certain criteria.

- **Military and Veterans:** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Workers' Compensation:** We may disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.
- **Specialized Government Functions:** We may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care or to protect your health and safety or the health and safety of others.

YOUR RIGHTS

You have the following rights regarding your protected health information:

- **Right to Inspect and Copy:** You have the right to request a copy of your protected health information that we maintain. You must submit your request in writing. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed.
- **Right to Request an Amendment:** If you believe that your protected health information is incorrect or incomplete, you have the right to request that we amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must submit your request in writing and provide a reason for the amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

- Is not part of the protected health information kept by or for us.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your protected health information made by us. This right applies to disclosures for purposes other than treatment, payment, and health care operations, as well as certain other disclosures. To request this accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. We will provide one accounting per calendar year for free, but may charge you for any additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your protected health information by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.



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CONTACT INFORMATION

If you have any questions about this Notice, or if you want to exercise any of your rights, you may contact us at the following:

Pinpoint+ Skills Lab, LLC / ssoliz@pinpointskillslab.com / 480-457-9696

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact us at the information provided above.

DHHS, Offices of Civil Rights
200 Independence Avenue, S.W.
Room 509HHH Building
Washington, DC 20201

ACKNOWLEDGEMENT OF RECEIPT

By way of my signature, I acknowledge that Pinpoint+ Skills Lab, LLC has given me a copy of the *Notice of Privacy Practices* as required by the federal government's Health Insurance Portability and Accountability Act (HIPAA) legislation. HIPAA covers protected health information, or PHI, that is used for treatment, payment, and health care operations. PHI is information in your health record that could identify you. I have been provided with the opportunity to discuss any concerns I have regarding the privacy of my information.

Parent/Guardian

Signature

Date

Effective Date: September 1, 2018 / Revision Date: January 1, 2023