GRANITE PEAKS GASTROENTEROLOGY

Experienced specialists. Advanced capabilities. Exceptional care.

GRANITE PEAKS GASTROENTEROLOGY

NOTICE OF PRIVACY PRACTICES

Upon arriving at our facility, you will be asked to sign this document to acknowledge your privacy rights. Please review the contents of the document so you will be prepared to sign it in person at the center.

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.

I. Who We Are

This Notice describes the privacy practices of GRANITE PEAKS GI, LLC and GRANITE PEAKS ENDOSCOPY, LLC ("**we**" or "**us**") regarding medical or billing records or **Protected Health Information (PHI).** Our clinical locations:

GRANITE PEAKS GI, LLC, 1393 Sego Lily Dr, Sandy, UT 84092
GRANITE PEAKS GI, LLC, 3000 N Triumph Blvd., Ste 330, Lehi, UT 84043
GRANITE PEAKS ENDOSCOPY, LLC, 10150 S. Petunia Way, Sandy, UT 84092

II. Our Privacy Obligations

We understand that your health information is personal and we are committed to protecting your privacy. In addition, we are required by law to maintain the privacy of your Protected Health Information **(hereinafter referred to as PHI)**, to provide you with this Notice of our legal duties and privacy practices with respect to your PHI and to notify you in the event of a breach of your unsecured PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in **Section IV** below, we must obtain your written authorization in order to use and/or disclose your Protected Health Information. However, unless the PHI is Highly Confidential Information (as defined in Section IV.B below) and the applicable law regulating such information imposes special restrictions on us, we may use and disclose your PHI without your written authorization for the following purposes:

Treatment. We use and disclose your PHI to provide treatment and other services to you (including, for example, providing gastroenterology services, ordering labs, or prescribing medications) or to other providers involved in your care (including, for example, consulting or with your general practitioner physician or other specialists about your medical history, diagnosis, or treatment). We may also use your information to direct or recommend alternative treatments, therapies, health care providers, or settings of care to you or to describe a health-related product or service.

Payment. We may use and disclose your PHI to obtain payment for health care services that we provide to you--for example, disclosures to claim and obtain payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of your health care ("**Your Payor**") to verify that Your Payor will pay for the health care. We may also disclose PHI to your other health care providers when such PHI is required for them to receive payment for services they render to you.

Health Care Operations. We may use and disclose your PHI for our health care operations, which include internal administration, planning and various activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians and other health care professionals. We may disclose PHI in order to resolve any complaints you may have and ensure that you are satisfied with our services.

Organized Health Care Arrangement. Granite Peaks GI, LLC and Granite Peaks Endoscopy, LLC participate in an organized health care arrangement and may disclose your PHI among each other as necessary to carry out treatment, payment, or health care operations purposes relating to our organized health care arrangement.

Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if: (1) we obtain your agreement or provide you with the opportunity to object to the disclosure and you do not object; or (2) we reasonably infer that you do not object to the disclosure.

If you are not present for or unavailable prior to a disclosure (e.g., when we receive a telephone call from a family member or other caregiver), we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information under such circumstances, we would disclose only information that is directly relevant to the person's involvement with your care.

As Required by Law. We may use and disclose your PHI when required to do so by any applicable federal, state or local law.

Public Health Activities. We may disclose your PHI: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to a government authority authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose your PHI to an agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a court order.

Decedents. We may disclose your PHI to a coroner or medical examiner as authorized by law.

Organ and Tissue Procurement. We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Clinical Trials and Other Research Activities. We may use and disclose your PHI for research purposes pursuant to a valid authorization from you or when an institutional review board or privacy board has waived the authorization requirement. Under certain circumstances, your PHI may be disclosed without your authorization to researchers preparing to conduct a research project, for research or decedents or as part of a data set that omits your name and other information that can directly identify you.

Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

IV. Uses and Disclosures Requiring Your Written Authorization

For any purpose other than the ones described above in Section III, we only use or disclose your PHI when you give us your written authorization.

A. Marketing. We must obtain your written authorization prior to using your PHI for marketing purposes under the HIPAA privacy rules. For example, we will not accept any payments from other organizations or individuals in exchange for making communications to you about treatments, therapies, health care providers, care settings of care, case management, care coordination, products or services unless you have authorized us to do so or the communication is permitted by law.

We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication. In addition, we may market to you in a face-to-face encounter and give you promotional gifts of nominal value without obtaining your written authorization.

B. Sale of Protected Health Information. We will not make any disclosure of PHI that is a sale of PHI without your written authorization.

C. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain health information about you ("**Highly Confidential Information**"), including Alcohol and Drug Abuse Treatment Program records and other health information that is given special privacy protection under state or federal laws other than HIPAA. We generally do not maintain any Highly Confidential Information. However, in order for us to disclose any Highly Confidential Information for a purpose other than those permitted by law, we must obtain your authorization.

D. Revocation of Your Authorization. You may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below.

VI. Your Individual Rights

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

Secretary of Health & Human services
Region VIII Office of Civil Rights
U.S. Department of Health & Human Services
1961 Stout Street, Room 1185 FOB, Denver, CO 0294-2024
Fax: (303) 844-2025 TDD: (303) 844-3439

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction unless the request is to restrict our disclosure to a health plan for purposes of carrying out payment or health care operations, the disclosure is not required by law and the information pertains solely to a health care item or service for which you (or someone on your behalf other than the health plan) have paid us out of pocket in full. If you wish to request additional restrictions, please obtain a request form from our Privacy Officer and submit the completed form to the Privacy Officer. We will send you a written response.

C. Right to Receive Communications by Alternative Means or at Alternative Locations. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Officer and submit the completed form to the Privacy Officer. If you request copies, we may charge you a reasonable copy fee.

E. Right to Amend Your Records. You have the right to request that we amend your PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Officer and submit the completed form to the Privacy Officer. We will comply with your request unless we believe the information to be amended is accurate and complete or other special circumstances apply.

F. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain PHI disclosures made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.

G. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

VII. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on November 1,2017.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all your PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our waiting room and on our Internet site **www.granitepeaksgi.com.** You also may obtain any new notice by contacting the Privacy Officer.

VIII. Privacy Officer

You may contact our Privacy Officer at:
Privacy Officer—Granite Peaks GI,
1393 E Sego Lily Dr, Sandy, UT 84092
Ph: (801) 619-9000 Fx: (801) 619-9001
Email: privacyofficer@granitepeaksgi.com.

Or Our Endoscopy Center Director:
Dawn Christiansen, RN
Granite Peaks Endoscopy Center Director
10150 S Petunia Way, Sandy, UT 84092,
Ph: (801) 619-1115, Fx: (801) 619-3544
Email: dchristiansen@granitepeaksgi.com

By signing below, I hereby acknowledge receipt of the Notice of Privacy Practices of GRANITE PEAKS GI, LLC and GRANITE PEAKS ENDOSCOPY, LLC and consent to the uses and disclosures described in the Notice of Privacy Practices.