



NOTICE OF PRIVACY POLICY AND 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 carefully. This Notice of Privacy Policy covers all Ikigai Physician Group practices. We have summarized our responsibilities and your rights on this page.

Our Responsibilities

Our physicians, administration, contracted employees and billing service are required to:

- Maintain the privacy of your health information, which includes name, address, birth date, health plan information and medical records, etc.
- Our facility will use the necessary minimum means of protected health information to accomplish the intended purpose of the use, disclosure or request.
- Abide by the terms of this notice.

Your Rights

As a resident of a skilled nursing facility, you have several rights regarding your health information, including the following:

- The right to request that we do not use or disclose your health information in certain ways.
- The right to request to receive communication in an alternative manner and location.
- The right to access and obtain a copy of your health information including billing information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and make new provisions effective for all health information we maintain as needed.

If you have questions and would like additional information, you may contact our facility's Privacy Officer at hello@ikigaiphysicians.com.

Understanding Your Health Record/Information/Billing

Each time a physician sees you at the skilled nursing facility, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment and a plan for future care and treatment. This information, often referred to as your health or medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professions who contribute to your care
- Legal document describing the care you received
- Means by which you, or a third-party payer, can verify that services billed were provided by health care professionals

How We Will Use or Disclose Your Health Information

- **Treatment:** We will use or disclose your health information recorded in your record for determining the course of treatment.
- **Payment:** We will use or disclose your health information for payment of health care services.
- **Email:** We will use a HIPAA compliant encrypted email process to communicate PHI with Business Associates for rendering treatment and obtaining payment.