

HIPAA 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.

This is the Notice of Privacy Practices ("NPP") for Rainbow Heights Club ("Rainbow Heights," "RHC," "we," "us," "our"). As a covered entity, RHC's use and disclosure of your health information is governed by HIPAA. This NPP describes how your health information may be used and disclosed by RHC, and your rights relating to your health information. Please review this NPP in its entirety. For information about how RHC uses and discloses non-HIPAA covered personal information, please review our Privacy Policy.

Your Information. Your Rights. Our Responsibilities.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Request that we correct your paper or electronic medical record;
- Request confidential communications (i.e., restrict the ways we can communicate with you)
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this NPP
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated.

Your Choices

For certain health information, you can tell us your choices about what we share:

- Tell family and friends about your health
- Provide disaster relief
- Raise funds
- Market our services or the services of others
- Sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Treat you

- Run our organization, including in relation to any sale of our business
- Bill and receive payment for our services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to emergencies involving your care
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Join a managed care plan
- Administer our programs

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities with respect to your health information.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Please contact us via info@rainbowheights.org to request the form.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Please contact us via info@rainbowheights.org to request the form.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You can make these requests by contacting us at info@rainbowheights.org.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full (i.e., don't use insurance), you can ask us not to share that information with your health insurer. We will say "yes" unless we are required by law to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this notice of privacy practices

You can ask for a paper copy of this NPP at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Your health information may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, or as otherwise required or permitted by law.

File a complaint if you feel your rights are violated

- You file a complaint with us if you feel we have violated your rights by contacting us using the information at the bottom of this NPP.
- You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Or by calling 1(800) 368-1019, or visiting:

www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please notify us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information with your emergency contact in the event of an emergency; and
- Share information in a disaster relief situation.

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Disclosures requiring your Consent

We will never share your information in the following circumstances unless you give us your authorization:

- For marketing (as defined under HIPAA) purposes. However, we may contact you to provide information about our health-related products or services that may be of interest to you, treatment alternatives, and your general health.
- For the sale of your information.
- For any other purpose than as described in this NPP unless you tell us we can in writing.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

For treatment activities

We can use your health information and share it with other professionals who are treating you. For example, if we ask another doctor about your overall health condition.

For health care operations activities

We may use health information to evaluate the quality of services that you received, run our practice, improve your care, and contact you when necessary.

We may use health information to evaluate the competence of our health care professionals. We may use and disclose your information to our business associates (described in more detail below) to assist us with evaluating patient outcomes, developing new clinical

guidelines, and other activities related to health care operations, including improving health and reducing health care costs.

We may combine our health information with information from other health care facilities to compare how we are doing and see where we can make improvements. We may use health information for business planning, or disclose it to attorneys, accountants, consultants and others to ensure we are complying with the law. We may remove health information that identifies you so that others may use the de-identified information to study health care and health care delivery without learning who you are.

Payment activities

We can use and share your health information to bill and get payment from health plans or other entities. For example, we may use and disclose your health information so that we can receive payment for the treatment and services that were provided. We may share this information with your insurance company or a third party used to process billing information.

As described above, if you pay for your health care in full and out-of-pocket, you may request that we not share your information with your insurance company. We may contact your insurance company to verify what benefits you are eligible for, to obtain prior authorization, and to tell them about your treatment to make sure that they will pay for your care.

We may disclose information to third parties who may be responsible for payment, such as family members, or to bill you. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.

To work with our business associates

We engage with vendors to perform some services on our behalf. For example, we may have a contract with a billing service, or cloud storage provider. These vendors are called our business associates. When we contract for these services, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your information, we require all business associates to appropriately safeguard your information and comply with HIPAA.

Please note that your health information that is disclosed pursuant to the Privacy Rule may be subject to redisclosure and no longer protected by the Privacy Rule.

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information please see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease;
- Reporting adverse reactions to medications;
- Reporting suspected abuse, neglect, or domestic violence; and
- Preventing or reducing a serious threat to anyone's health or safety.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official in response to a court or administrative order, or in response to a subpoena, subject to additional protections under HIPAA
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena, subject to additional protections under HIPAA.

Other uses and disclosures of your health information not covered by this NPP will be made only with your HIPAA-compliant authorization. You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

Other Notices

Incidental disclosures

We take reasonable steps to keep your health information private. However, it is still possible that your health information may be disclosed. Disclosures can happen during allowed health information uses or disclosures, or as an unavoidable result of them.

Example: People in the waiting room may overhear your name when you are called in for your appointment.

De-identified information

When health information is completely “de-identified” it is no longer “protected health information” under HIPAA, and the protections described in this NPP no longer apply. De-identified means we have removed any information that could identify you, as required by law. For example, a lab report is de-identified if we keep the test results, but edit it to remove:

- Your name
- Your date of birth
- Your medical record number
- All other information that could identify you

Once your information has been de-identified, we may use it for any lawful purpose. This may include using and sharing the de-identified data to develop new procedures, research purposes, or for other commercial purposes.

Changes to the Terms of this NPP

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, and on our web site.

Contact Information

- This NPP was last updated on July 30, 2025.

If you have any questions about this Notice, if you wish to contact us about your privacy rights or obtaining a copy of your records, or you wish to file a complaint, you can contact us at

In the event that state law provides greater protection than the HIPAA protections listed in this NPP, we will follow the requirements of state law. For example, certain types of sensitive conditions may have additional protection under state law. Please note that your health information may be disclosed electronically under this NPP.