



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Anders Group is required by law to maintain the privacy of your protected health information, give you notice of our legal duties and privacy practices with respect to your protected health information and follow the terms of the notice that is currently in effect. Anders Group is committed to protecting your health information. As part of your employment we must maintain an employee record on you to comply with certain legal, regulatory and facility specific requirements. This notice applies to all medical information & records we have on file on you. The facility where you are assigned to work may have additional or different policies or notices regarding the facility's use and disclosure of the medical information we provide them as part of your agreement to work at the facility. Protected health information includes demographic and medical information that concerns the past, present, and future physical or mental health of an individual. Protected health information contains specific information that identifies a person or can be used to identify a person. This notice describes our organization's practices and that of any employees authorized to enter or view information in your employee file. We expect all entities and persons who we have disclosed your medical information, to abide by all laws and regulations regarding the protection of your protected health information.

How We May Use and Disclose Your Medical Information

For Company Operations – The use and disclosure of your medical information are necessary to run the company and meet contracted facility requirements regarding the health status of temporary staff. Anders Group uses your medical information to determine whether or not you meet Anders Group as well as individual contracted facility health status requirements of healthcare providers. Your health information may be used to secure a contracted position for you at a facility.

Appointment Scheduling and Reminders – We may use and disclose medical information about you when contacting you to set up appointments or reminders for medical testing and/or care at a healthcare facility.

As Required By Law – We will disclose your PHI when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety – We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations for Use and Disclosure

Workers' Compensation – We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Lawsuits and Disputes – If you are involved in a lawsuit, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement – We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness or missing person;
3. About the victim of a crime if, under certain circumstance, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Your Rights Regarding Your Medical Information

You have the following rights regarding the medical information we maintain about you:



1. *Right to Inspect and Copy* – You have the right to inspect and copy medical information that may be used to make decisions about your placement at healthcare facilities. You must submit your request in writing to:

Anders Group
P.O. Box 165177
Irving, TX 75016-5177

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other administrative and supply costs associated with your request.

2. *Right to Amend* – If you feel that the medical information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the company. To request an amendment, your request must be made in writing and submitted to:

Anders Group
P.O. Box 165177
Irving, TX 75016-5177

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 the 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 medical information kept by or for Anders Group
- Is not part of the information which you would be permitted to inspect and copy or,
- Is accurate and complete.

Even if you deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the time or statement you believe to be incomplete or incorrect.

3. *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. You can obtain a copy of this notice from www.andersgroup.org.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain an effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the company or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to the company at the address listed previously in this notice. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the medical information that we have already received on you.