



# Celeritas AI™ Privacy Policies and Procedures

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# 1. Introduction

Celeritas AI is dedicated to safeguarding the privacy of health information. As an entity that engages in electronic standard transactions, Celeritas AI is governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its Privacy Rule regulations, qualifying it as a Covered Entity. Thus, Celeritas AI has implemented robust policies and procedures to ensure the confidentiality of individual's Protected Health Information (PHI) and personal data. These privacy measures are designed to prevent improper use or disclosure of information by Celeritas AI and its affiliated business associates.

To reinforce its commitment to privacy, Celeritas AI has adopted and integrated these Privacy Policies for all its Workforce Members.

Furthermore, Celeritas AI has appointed a designated Privacy Officer. All inquiries, concerns, complaints, or issues related to privacy should be directed to the Privacy Officer. Contact details for the Privacy Officer are as follows:

Privacy Officer – 1-408-357-3364 | [compliance@celeritasai.com](mailto:compliance@celeritasai.com)

## 2. Definitions

**“Breach”** means the unauthorized access, acquisition, use, or disclosure, of Protected Health Information (“PHI”) in a manner that is not permitted under 45 C.F.R. Part 164, subpart E, which compromises the security or privacy of such information.

**“Business Associate”** means an entity that has entered into a contract with a Covered Entity, such as Celeritas AI, or other third party and that provides certain services on behalf of such Covered Entity or third party that require the Business Associate to create, receive, maintain, or transmit protected health information.

**“Disclosure”** means the sharing of PHI by an individual within Celeritas AI with a person or entity outside Celeritas AI.

**“Electronic Protected Health Information” (“ePHI”)** is a subset of Protected Health Information and means PHI that is transmitted by or maintained in any electronic media or form.

**“Protected Health Information” or “PHI”** means any information that is created or received by Business Associate from or on behalf of Covered Entity, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual, and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used or disclosed to identify the individual, as further defined in 45 C.F.R. §164.501. For purposes of the Employee HIPAA Confidentiality Agreement, the term PHI shall be limited to the information created or received by Business Associate from or on behalf of Covered Entity.

**“Required by Law”** shall have the same meaning as the phrase “required by law,” which is defined in 45 C.F.R. §164.501, including federal and state laws and the rules and regulations promulgated by regulators which have jurisdiction over Celeritas AI including self-regulatory authorities, as defined in federal securities and commodities laws.

**“Security Incident”** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

**“Subcontractor”** means a person to whom a Business Associate delegates a function, activity, or service, other than in the capacity of a member of the Workforce of such Business Associate.

**“Unsecured PHI”** means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by the Secretary in the guidance issued under Section 13402(h)(2) of Public Law 111-5.

**“Workforce Members”** means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a Covered Entity or Business Associate, is under the direct control of such Covered Entity or Business Associate, whether or not they are paid by the Covered Entity or Business Associate.

All terms not otherwise defined in these policies will have the meaning set forth in 45 C.F.R. § 160.103 and the Privacy Rule.

## 3. General

### 1 Policy:

Celeritas AI shall ensure that their use and/or disclosure of PHI is in accordance with applicable law. Before using or disclosing PHI, Celeritas AI will obtain the appropriate authorization from the individual or will make a determination that an exception to such requirement applies.

The Privacy Rule restricts the use and disclosure of PHI by Covered Entities and their Business Associates, unless specifically authorized by law or by patient authorization. Celeritas AI will not use or disclose individuals' PHI except as permitted by the Privacy Rule and other applicable federal and state confidentiality laws, or as required by law.

Celeritas AI and its Workforce Members will adhere to these Privacy Policies and Procedures and federal and state law. Celeritas AI will also require Business Associates to comply with federal and state law.

Appropriate physical, administrative, and technical safeguards will be utilized to protect individuals' PHI pursuant to these Privacy Policies and Procedures. See Celeritas AI's Security Policies and Procedures for specific safeguards related to electronic PHI ("E PHI").

### 2 Procedure:

Celeritas AI's obligation is to ensure that information concerning individuals' health care is kept confidential, except where use or disclosure is permitted and/or required by applicable law. Workforce Members shall be mindful that the obligation to maintain privacy and confidentiality continues after Celeritas AI is no longer providing services to the individual. In addition, Workforce Members are required to keep individuals' information confidential even after Workforce Members are no longer employed or associated with Celeritas AI.

When Celeritas AI discloses PHI to a Business Associate to create, receive, maintain, or transmit PHI on Celeritas AI's behalf, Celeritas AI must enter into a Business Associate Agreement with the Business Associate requiring the Business Associate to comply with the terms of such Business Associate Agreement.

Questions regarding this Policy or knowledge of a violation or potential violation of this Policy must be reported directly to the Privacy Officer.

If any provisions outlined in these Privacy Policies and Procedures conflict with the terms of a Business Associate Agreement, the terms of the Business Associate Agreement shall control as long as those terms comply with the Privacy Rule and all other applicable law.

## 4. Privacy Officer

### 1 Policy:

Celeritas AI has designated a Privacy Officer responsible for the development and implementation of these Privacy Policies and Procedures, along with other duties that may be set forth in the Privacy Policies and Procedures, including receiving complaints regarding PHI. The Privacy Officer's contact information is as follows:

Privacy Officer – 1-408-357-3364 | [compliance@celeritasai.com](mailto:compliance@celeritasai.com)

### 2 Procedure:

The Privacy Officer will be trained on these Privacy Policies and Procedures within a reasonable time period after being designated as the Privacy Officer or after any material change in the Privacy Officer's duties for Celeritas AI. The training will incorporate the unique specifications and implications of Celeritas AI's routine business activities.

The Privacy Officer is responsible for:

- Ensuring appropriate access to PHI, in conjunction with the Security Officer.
- Facilitating the secure management of PHI, in conjunction with the Security Officer.
- Overseeing and monitoring Celeritas AI's Privacy Policies and Procedures and maintaining the integrity of the Privacy Policies and Procedures at all times.
- Arranging appropriate training on these Privacy Policies and Procedures for all existing Workforce Members and new hires.
- Monitoring the proper use and disclosure of PHI.
- Ensuring that Celeritas AI obtains individual authorization for the use or disclosure of PHI when required.
- Developing and maintaining Business Associate Agreements with Business Associates.
- Monitoring Celeritas AI's compliance with the Privacy Policies and Procedures and applicable Business Associate Agreements.
- Ensuring that Celeritas AI has processes in place to facilitate individual rights regarding PHI, to the extent required by the applicable law.
- Overseeing, along with the Security Officer, the investigation and response to security incidents and breaches and other improper uses or disclosures of PHI.
- Maintaining current knowledge of applicable federal and state laws relating to the privacy of PHI.
- Cooperating with the Office for Civil Rights, the Centers for Medicare and Medicaid Services, and other oversight agencies regarding the privacy and security of PHI.

- Managing complaints relating to the privacy of PHI.
- Overseeing the implementation and enforcement of Celeritas AI's sanctions policy related to the Privacy Rule.
- Maintaining documentation required by the Privacy Rule for a minimum of six (6) years, including maintaining these Privacy Policies and Procedures for six (6) years from creation or from the date when these Privacy Policies and Procedures are last in effect, whichever is later.

## 5. Administrative, Technical, and Physical Safeguards

### 1 Policy:

Celeritas AI is required to implement administrative, physical, and technical safeguards to protect the privacy of individuals' PHI. The Privacy Rules permit "incidental" uses or disclosures made in the course of otherwise permissible uses or disclosures. These incidental uses and disclosures are not permitted, however, if Celeritas AI does not have reasonable safeguards in place to limit the occurrence of incidental uses and disclosures of protected health information. For safeguards related to PHI, see Celeritas AI Security Policies and Procedures.

### 2 Procedure:

The Privacy Officer will coordinate with and support the efforts of the Security Officer and other appropriate personnel, as necessary, to review and implement appropriate administrative, technical, and physical safeguards for PHI. These appropriate administrative, technical, and physical safeguards shall be reviewed routinely and the reasonableness of such safeguards shall be determined through engaging in the security risk management process and considering the financial and administrative burdens of particular safeguards.

Reasonable safeguards may include, but are not limited to:

- Whenever possible, phone and other verbal conversations are conducted in areas where an individual's PHI cannot be overheard by visitors or unauthorized Workforce Members.
- When it is unavoidable to discuss PHI in a public area, it is done in a manner that protects the individual's privacy as much as possible. For example, avoiding speaker phone conversations.
- Locations that maintain and store PHI are secured in a manner that prevents access by unauthorized individuals. For example, doors are closed or locked when an area is unattended, file cabinets are closed or locked, etc.
- Printed PHI should not be left unattended, such as on copiers, fax machines, desktops, or printers for an extended period of time. All Workforce Members should protect the privacy of printed materials containing PHI by assuring that such printed materials are properly secured, such as in a locked cabinet, or destroyed as applicable, when leaving a workstation during the workday and at the end of each workday.
- Workforce Members who must transmit PHI to another Workforce Member(s) should assure that delivery is completed and received by the other Workforce Member(s).
- When it is necessary to leave voice messages that include individuals' PHI, such information should be limited to the minimum information necessary.
- Shred documents containing PHI when no longer needed.
- Documents containing PHI should not be brought to or printed at a Workforce Member's home unless necessary for work purposes, in which case the PHI should be destroyed



after use. When PHI is taken outside of Celeritas AI's facility, it must be transported in a secure manner.

- When Workforce Members terminate employment, all access to PHI shall be immediately terminated. If the Workforce Member has a key/swipe card or keys to facilities, those items shall be immediately retrieved from the terminated employee.

## 6. Workforce Member Training and Sanctions

### 1 Policy:

All Workforce Members shall be trained in the appropriate use and disclosure of PHI as set forth in these Privacy Policies and Procedures. Training will be based upon the information necessary and appropriate for the Workforce Members to carry out the functions of their specific position. Workforce Members will be sanctioned for improper use or disclosure of PHI. However, Celeritas AI shall not engage in intimidating or retaliatory acts for the exercise of certain rights under and/or compliance with the requirements of HIPAA.

### 2 Procedure:

The Privacy Officer will document all Workforce Member trainings and maintain such documentation for a period of at least six (6) years from the date of training. Training should be conducted:

- Within thirty (30) days following a hire or assignment to Celeritas AI, for all new Workforce Members; or
- Within a reasonable period of time following a material change in these Privacy Policies and Procedures, for all Workforce Members whose functions are affected by the change;
- At the discretion of the Privacy Officer; and
- Annually.

### 1 Sanctions:

The Privacy Officer is responsible for identifying improper use or disclosure of PHI by a Workforce Member(s) and informing the Human Resources Department and/or Management so that a determination of the severity of Workforce Member sanctions can be made in compliance with this Policy.

- The sanction applied will vary depending on: (1) the severity of the violation; (2) whether the violation was intentional or unintentional; (3) whether the violation indicates a pattern or practice of improper access; (4) the type of use or disclosure; and (5) any other appropriate factors.
- Depending upon the nature and circumstances of the violation, Workforce Member sanctions may include a warning, a suspension, termination of employment, and/or reporting to appropriate agencies.
- All sanctions will be documented and retained by Celeritas AI for a period of at least six (6) years from the date of discipline or when the discipline was last in effect, whichever is later.

The sanctions do not apply when Workforce Members appropriately exercise their right to:

- File a privacy-related complaint with the Secretary of the United States Department of Health and Human Services (“HHS”); or

- Testify, assist, or participate in an investigation, compliance review, proceeding, or hearing as specified under 45 C.F.R. Part 160; or
- Oppose any act made unlawful by the Privacy Rule, provided the person has a good faith belief that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI in violation of the Privacy Rule; or
- Disclose PHI to (i) an appropriate health oversight agency, public health authority, or health care accreditation organization to report failure to meet professional standards or misconduct, or (ii) an attorney retained by the person for purposes of determining legal options with regard to whistleblower activity, provided the person has a good faith belief that Celeritas AI has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided potentially endanger patients, workers, or the public.
- Note: Celeritas AI encourages all Workforce Members to report any inappropriate use or disclosure of PHI to the Privacy Officer.

## 7. Complaints to Privacy Officer and Inquiries

### 1 Policy:

Celeritas AI shall promote an environment that allows and encourages individuals to make complaints regarding Celeritas AI's Privacy Policies and Procedures, uses or disclosures of PHI, and/or other matters related to the privacy of the individual's health care information. Celeritas AI will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals or others in accordance with the Privacy Rule.

### 2 Procedure:

If an individual states that he or she would like to file a complaint, approved Workforce Members or the Privacy Officer should inform the individual that he or she must make the complaint by completing the HIPAA Privacy Complaint Form. (See below).

The Privacy Officer or their designated investigator(s) will then investigate and make a determination regarding the validity of the complaint. The Privacy Officer will coordinate the investigation until the complaint is resolved. The Privacy Officer or designated investigator(s) will carry out an investigation appropriate for the circumstances of the complaint and where appropriate, legal counsel may be consulted. The Privacy Officer shall document and maintain all investigations by utilizing the Complaint Investigation Form. (See below).

The Privacy Officer and/or their designated investigator(s), management, or any Workforce Member shall not intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against any individual for:

- Filing a privacy-related complaint with the Secretary of the United States Department of Health and Human Services; or
- Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing as specified under 45 C.F.R. Part 160; or
- Opposing any act made unlawful by the Privacy Rule, provided the person has a good faith belief that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI in violation of the Privacy Rule; or
- Disclosing PHI to (i) an appropriate health oversight agency, public health authority, or health care accreditation organization to report failure to meet professional standards or misconduct, or (ii) an attorney retained by the person for purposes of determining legal options with regard to whistleblower activity, provided the person has a good faith belief that Celeritas AI has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided potentially endanger patients, workers, or the public.

**Individual Name:** \_\_\_\_\_

**Name of Person Reporting (if different):** \_\_\_\_\_

**Address:** \_\_\_\_\_

[illegible]

**Report Received:** \_\_\_\_\_ **In Person** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Mail (please attach)** \_\_\_\_\_ **E-mail (please attach)** \_\_\_\_\_

**COMPLAINT INVESTIGATION FORM**

**Individual Name:** \_\_\_\_\_

**Name of Investigator(s):** \_\_\_\_\_

**Date of Complaint:** \_\_\_\_\_ (attach completed individual Complaint Form)

**Facility Location:** \_\_\_\_\_

**Persons Interviewed (include date/time and attach written statements):**  
\_\_\_\_\_

**Documents Reviewed (attach copies):** \_\_\_\_\_

**Summary and Conclusions of Investigation (attach additional pages if necessary):**  
\_\_\_\_\_  
\_\_\_\_\_

**Recommended Mitigation Steps (to the extent practicable):**  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate whether the incident is a Breach of Unsecured PHI:** \_\_\_\_\_  
\_\_\_\_\_

**Corrective Action Taken: (include action taken and date of action):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator Signature	Date
_____	_____

Investigator Signature	Date
_____	_____

Privacy Official Signature	Date
_____	_____

## 8. Provision and Content of Notice of Privacy Practices

### 1 Policy:

An individual has the right to adequate notice of the uses and disclosures of PHI that may be made by Celeritas AI and of the individual's rights and Celeritas AI's responsibilities with respect to PHI. Celeritas AI is required to provide a notice of privacy practices document to all individuals, as well as other individuals requesting a copy. Those persons who register or admit individuals will be responsible for distributing a copy of the notice to all individuals.

The provision of the Notice to individuals shall comply with Celeritas AI's Privacy Policies and Procedures and the Privacy Rule.

### 2 Procedure:

Celeritas AI must:

1. Provide the notice no later than the date of the first service delivery, including service delivered electronically (e.g., Telemedicine) to such individual;
2. Make a good faith effort to obtain an initial written acknowledgement of the receipt of notice from the individual and document the receipt of the Notice of Privacy Practices Acknowledgement Form in the Patient Chart. See the Notice of Privacy Practices and Notice of Privacy Practices Acknowledgment Form below;
3. Have the notice available at the service delivery site for individuals to take with them;
4. Post the notice in a clear and prominent location where it is reasonable to expect individuals seeking service from Celeritas AI to be able to read the notice; and
5. Whenever the notice is revised, make the notice available upon request on or after the effective date of the revision.

### 2 Exceptions:

**Emergency Treatment:** If Celeritas AI is treating a patient during an emergency situation, Celeritas AI does not have to provide a notice at the time of first service delivery. Celeritas AI may delay the requirement for provision of notice and good faith effort of written acknowledgement until a practicable time before the patient is discharged.

### 3 Content of Notice:

Celeritas AI must provide a notice that is written in plain language and that contains the following elements:

### 4 Header:

The notice must contain the following statement as a header or otherwise prominently displayed: "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.”

## **5 Uses and Disclosures:**

The notice must contain:

1. A description, including at least one example of the types of uses and disclosures that Celeritas AI is permitted to make for each of the following purposes: Treatment, Payment, and Health Care Operations;
2. A description of each of the other purposes for which Celeritas AI is permitted or required to use or disclose PHI without the individual’s written authorization;
3. If a use or disclosure for any purpose described in (A) and (B) of this section is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law;
4. Descriptions of the above disclosures must include sufficient detail to place the individual on notice of the uses and disclosures that are permitted or required; and
5. A statement that other uses and disclosures will be made only with the individual’s written authorization and that the individual may revoke such authorization as provided by Celeritas AI’ Policy on uses and disclosures of PHI based on Patient Authorization.

## **6 Individual’s Rights:**

The notice must contain a statement of the individual’s rights with respect to PHI and a brief description of how the individual may exercise these rights, as follows:

1. The right to request restrictions on certain uses and disclosures of PHI as provided by Celeritas AI’ Policy for Patient Right to Request Restrictions, including a statement that Celeritas AI is not required to agree to a requested restriction, except in case of a disclosure restricted under 164.522(a)(1)(vi);
2. The right to receive confidential communications of PHI as provided by Celeritas AI’ Policy for Patient Right to Confidential Communications;
3. The right to inspect and attain a copy of the patient’s PHI as provided by Celeritas AI’ Policy on Patient Right to Copy PHI;
4. The right to request an amendment to PHI as provided by Celeritas AI’ Policy on Patient Right to Amend PHI;
5. The right to receive an accounting of disclosures of PHI as provided by Celeritas AI’ Policy on Patient Right to Accounting of PHI; and
6. The right of an individual, including an individual who has agreed to receive the notice electronically, to attain a paper copy of the notice from Celeritas AI upon request.



## **7 Covered Entity's Duties:**

The notice must contain a statement that Celeritas AI:

1. Is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI;
2. Is required to abide by the terms of the notice currently in effect; and
3. Reserves the right to change the terms of its notice and to make the new notice provisions effective for all PHI that it maintains. The statement must also describe how it will provide individuals with a revised notice.

## **8 Complaints:**

The notice must contain a statement that individuals may complain to Celeritas AI and to the Department of Health and Human Services (HHS) if they believe their privacy rights have been violated, a brief description of how the individual may file a complaint with Celeritas AI, and a statement that the individual will not be retaliated against for filing a complaint.

## **9 Contact:**

The notice must contain the name (or title) and telephone number of a person or office to contact for further information.

## **10 Effective date:**

The notice must contain the date on which the notice is first in effect, which may not be earlier than the date on which the notice is printed or otherwise published.

## **11 Requirements for Electronic Notice**

1. Celeritas AI will provide an updated electronic version of the notice of privacy practices on its website at <https://celeritasai.com/privacy>
2. Celeritas AI may provide the notice to an individual by e-mail, if the requirements for communicating with the individual through email are in compliance with the HIPAA Electronic Mail Policy. If Celeritas AI knows that the e-mail transmission has failed, a paper copy of the notice must be provided to the individual.
3. Provision of electronic notice by Celeritas AI will satisfy the provision requirements if receipt of the notice by the individual is documented.
4. The individual who is the recipient of electronic notice retains the right to obtain a paper copy of the notice from Celeritas AI upon request.

## **12 Documentation of Notice**

Celeritas AI must document compliance with the notice requirements by retaining copies of the notices issued by Celeritas AI.

Those persons who register or admit patients will be responsible for distributing the notice to all patients and documenting the receipt of the Notice of Privacy Practices Acknowledgement Form. Celeritas AI must also keep the original Notice of Privacy Practices Acknowledgement Form in the official medical record. If a written acknowledgement was not obtained from the patient, Celeritas AI must document the reason for the failure to obtain the written acknowledgement on the Notice of Privacy Practices Acknowledgement Form.

### **13 Revisions to the Notice**

Celeritas AI must promptly revise and make available its notice whenever there is a material change to the uses or disclosures, the individual's rights, Celeritas AI's legal duties or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

## 9. Use and Disclosure of Protected Health Information

### 1 Policy:

Under HIPAA, PHI may not be used or disclosed without patient authorization, unless a specific exception applies under either state or federal law. All Workforce Members who use or disclose PHI are required to understand and abide by these Privacy Policies and Procedures and applicable federal and state laws. Except with respect to uses or disclosures that require an authorization or that are otherwise prohibited (for example, by more restrictive state laws), Workforce Members may use and disclose PHI for Treatment, Payment and Health Care Operations.

### 2 Procedure:

It is the responsibility of Celeritas AI and all Workforce Members to determine if a proposed use or disclosure is in compliance with these Privacy Policies and Procedures and applicable federal and state law. It is expected that many of the uses and disclosures of PHI that Workforce Members will encounter will fall under disclosures made for Treatment, Payment, or Health Care Operations. These exceptions to the authorization requirement cover the majority of uses and disclosures that are necessary for day to day healthcare operations. However, applicable state law may be more restrictive.

If a proposed use or disclosure does not fit within the Treatment, Payment, or Health Care Operations exceptions, the proposed use or disclosure must fit within another exception under HIPAA and state law, taking into account the preemption analysis. If the proposed use or disclosure does not fit within an exception under HIPAA or applicable state law, the PHI may not be used or disclosed without the individual's written authorization.

When in doubt all Workforce Members should contact the Privacy Officer to understand their obligations with respect to using and disclosing PHI.

### 1 **Psychotherapy Notes:**

An individual's authorization is required for any use or disclosure of psychotherapy notes, except for limited exceptions, including:

- Use by the originator of the psychotherapy notes for treatment;
- Use or disclosure by Celeritas AI for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
- Use or disclosure by Celeritas AI to defend itself in a legal action or other proceeding brought by the individual. See 45 C.F.R. § 164.508(a)(2).

## 10. Opportunity to Agree or Reject

### 1 Policy:

The Privacy Rule requires that patients be provided with an opportunity to agree or object to certain uses or disclosures of their PHI and, if the patient objects, that the use or disclosure not be made. Celeritas AI follows HIPAA regulations regarding when patients must be provided with an opportunity to agree or object to certain uses or disclosures of their protected health information.

### 2 Procedure:

All requested restrictions shall be forwarded to the Privacy Officer for review. Celeritas AI shall determine whether to honor the requested restriction. Celeritas AI shall comply with the following process:

- A Request for Restriction Form or a similar form should be used by the Individual to request restrictions.
- Celeritas AI has the right to deny any request for a restriction on the use or disclosure of PHI, except for requests for a Required Restriction, as described below. If a request is denied, the Individual shall be informed in writing why the request cannot be accommodated.
- Upon the request of an Individual, Celeritas AI is required to restrict disclosures of PHI to a health plan when the PHI is solely related to health care items or services for which the Individual, or a person other than the health plan on behalf of the Individual, has paid for in full and the disclosure is for purposes of carrying out payment or health care operations (referred to in this Policy as a "Required Restriction"). Celeritas AI is not required to abide by the Required Restriction if the disclosure is otherwise required by law or is for the purpose of carrying out treatment. Special requirements may apply to these types of requests and they must be carefully analyzed to ensure compliance with the Privacy Rule.
- Celeritas AI is not required to honor an agreed-upon restriction when the Individual who requested the restriction is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, provided that if restricted PHI is disclosed to a health care provider for emergency treatment, Celeritas AI will request that such health care provider not further use or disclose the information.
- If Celeritas AI agrees to a restriction:
  - Celeritas AI may not violate that restriction unless otherwise specified in Celeritas AI's Privacy Policies and Procedures.
  - Such restriction will not be effective for uses and disclosures of PHI to the Secretary of the United States Department of Health and Human Services to investigate or determine compliance with HIPAA, for patient directories, and for uses and disclosures for which an Individual's authorization or opportunity to agree or object is not required.

- Celeritas AI may terminate its agreement to a restriction if (for terminating Required Restrictions, see below):
  - a. The Individual agrees to or requests the termination in writing;
  - b. The Individual orally agrees to the termination and the oral agreement is documented; or
  - c. Celeritas AI informs the Individual that it is terminating its agreement to a restriction. This termination is only effective with respect to PHI created or received after Celeritas AI has so informed the Individual.
- Celeritas AI may terminate a Required Restriction if the Individual requests the termination in writing or if the Individual orally agrees to the termination and the oral agreement is documented.

The Privacy Officer will document and retain for Celeritas AI information regarding the restriction for a period of at least six (6) years from the date of creation or the date when last in effect, whichever is later.

# 11. Minimum Necessary

## 1 Policy:

Celeritas AI shall use, disclose, and request only the minimum amount of PHI necessary to accomplish the specific purpose of the use, disclosure, or request. Until the effective date of further guidance or regulations issued on the meaning of “Minimum Necessary,” Celeritas AI will request, use, and disclose, to the extent practicable, only PHI in the form of a Limited Data Set (See [12. Limited Data Set](#)) or, if needed, the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request.

## 2 Procedure:

- For routine and reoccurring disclosures of PHI, Celeritas AI will limit access to Workforce Members requiring access to PHI for their job duties. Access to PHI shall be limited through reasonable administrative, technical, and physical safeguards established by the Privacy Officer.
- Non-routine disclosures of PHI will be reviewed on an individual basis, taking into consideration one or more of the following criteria as applicable: specificity of the request; purpose/importance of the request; likelihood of re-disclosure; and any other factors determined to be relevant. These criteria will be applied as a general set of guidelines recognizing that the context of each such requested disclosure will vary.
- Celeritas AI, when disclosing PHI, shall be responsible for determining what constitutes the Minimum Necessary to accomplish the intended purposes of such disclosures. Workforce Members may reasonably rely on the representations by a requesting party that the PHI requested complies with the Minimum Necessary standard.

## 1 Exceptions:

The requirements of the “Minimum Necessary standard” do not apply to:

- Disclosures to or requests by a health care provider for treatment purposes;
- Uses and disclosures made to the patient or their authorized personal representative;
- Uses and disclosures made pursuant to an authorization from a person in interest;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Service for enforcement or during an investigation of compliance with the Privacy Rule;
- Uses or disclosures required by law; and
- Uses or disclosures required for compliance with HIPAA.

## 12. Limited Data Set

### 1 Policy:

Celeritas AI may disclose a Limited Data Set to an outside party without a patient's authorization only if (a) the disclosure is for purposes of research, public health, or health care operations and (b) Celeritas AI obtains satisfactory assurances, in the form of a HIPAA-compliant data use agreement, that the Limited Data Set recipient will only use or disclose the PHI for limited purposes.

A Limited Data Set is a subset of PHI from which the following direct, or "facial," identifiers of the individual, or of relatives, employers, or household members of the individual, have been removed:

- Names
- Postal address information, other than town or city, State, and zip code
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers
- Health-plan beneficiary numbers
- Account numbers
- Certificate and license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifies including fingerprints and voice prints
- Full-face photographic images and any comparable image
- Any other unique identifying number, characteristic, or code

The Limited Data Set may contain the following data elements: town, city, state, and zip code; date of birth; date of death; and admission or discharge dates. A Limited Data Set is not de-identified information and is therefore still PHI and subject to the requirements of the Privacy Rule.

## **2     Procedure:**

### **1     Creation of Limited Data Set:**

Only Celeritas AI or Workforce Members of Celeritas AI may create a Limited Data Set. If a Business Associate creates a Limited Data Set, there must be a Business Associate Agreement in place.

### **2     Data Use Agreement:**

Celeritas AI may use or disclose a Limited Data Set, as defined above, for purposes of research, public health, or health care operations only if Celeritas AI obtains a Data Use Agreement (“DUA”) from the person/entity to whom the Limited Data Set is to be disclosed. A DUA must be entered into before there is any use or disclosure of a limited data set to an outside party. A DUA must:

- Establish the permitted uses and disclosures of such information by the Limited Data Set recipient. The DUA may not authorize the Limited Data Set recipient to use or further disclose the information in a manner that would violate the Privacy Rule, if done by a Covered Entity;
- Establish who is permitted to use or receive the Limited Data Set; and
- Provide that the Limited Data Set recipient will:
  - Not use or further disclose the information other than as permitted by the DUA or as otherwise required by law;
  - Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the DUA;
  - Report to the Covered Entity any use or disclosure of the information not provided for by the DUA of which it becomes aware;
  - Ensure that any agents to whom it provides the Limited Data Set agree to the same restrictions and conditions that apply to the Limited Data Set recipient with respect to such information; and
  - Not identify the information or contact the individuals.

### **3     Noncompliance by Limited Data Set Recipient:**

If at any time Celeritas AI becomes aware that a recipient of a Limited Data Set has undertaken a pattern of activity or practice that constitutes a material breach or violation of the DUA, then Celeritas AI must take reasonable steps to cure the breach or end the violation. If the breach cannot be cured or the violation ended, then Celeritas AI must cease all disclosures of the Limited Data Set to the recipient.

All Workforce Members are required to report to the Privacy Officer any suspected violations of Data Use Agreements.



#### **4 Minimum Necessary and Accounting for Disclosures:**

The minimum necessary and accounting for disclosures rules do not apply to PHI disclosed as part of a Limited Data Set.

# 13. De-Identification of PHI

## 1 Policy:

If PHI is used or disclosed for purposes other than Treatment, Payment, or Health Care Operations and/or without patient or personal representative authorization, the PHI must be converted into a format that does not identify the patient. This conversion process is called de-identification of PHI.

The Privacy Rule does not apply to de-identified health information. PHI may be de-identified by Celeritas AI.

Celeritas AI meets the de-identification standard if it has removed all of the required identifiers and if Celeritas AI has no actual knowledge that the information could be used to identify a patient.

## 2 Procedure:

Celeritas AI will convert patient PHI into a format that does not identify the patient (de-identify) when:

- PHI is used or shared for purposes other than treatment, payment, or health care operations, or
- Information is used or shared without patient authorization.

Celeritas AI will de-identify the PHI by one of the following methods:

### a. **Elimination of all identifiers:**

- i.* Names.
- ii.* All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code and their equivalent geocodes, except for the initial three digits of a zip code if the geographic area contains more than 20,000 people. If less than 20,000 people are found to be in this area based on the first three digits of the zip code, the code must be changed to 000.
- iii.* All elements of dates (except year) for date directly related to a patient including birth date, admission date, discharge date, date of death: and all ages over 90 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
- iv.* Telephone numbers.
- v.* Fax numbers.
- vi.* Electronic mail address.
- vii.* Social security numbers.

- viii.* Medical Record numbers.
- ix.* Health plan beneficiary numbers.
- x.* Account numbers.
- xi.* Certificate/license numbers.
- xii.* Vehicle identifiers and serial numbers, including license plate numbers.
- xiii.* Device identifiers and serial numbers.
- xiv.* Web Universal Resource Locators (URLs).
- xv.* Internet Protocol (IP) address numbers.
- xvi.* Biometric identifiers, including finger and voiceprints.
- xvii.* Full face photographic images and any comparable images.
- xviii.* Any other unique identifying number, characteristic, or code.

In addition to removing the above identifiers, Celeritas AI must not have actual knowledge that the information could be used alone or in combination with other information to identify a patient who is a subject of the information.

- b. **Statistical De-Identification:** A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable applies such principles and determines that the risk is very small that the information could be used to identify the patient. The methods and the results of the analysis must be documented.

## 14. Authorizations for the Use and Disclosure of PHI

### 1 Policy:

In accordance with the Privacy Rule, when PHI is to be used or disclosed for purposes other than Treatment, Payment, or Health Care Operations, Celeritas AI will use and disclose it only pursuant to a valid, written authorization, unless such use or disclosure is otherwise permitted or required by law. Use or disclosure pursuant to an authorization will be consistent with the terms of such authorization.

### 2 Procedure:

#### 1 **Exceptions to Authorization Requirements:**

PHI may be disclosed without an authorization if the disclosure is:

- Requested by the patient or its personal representative (authorization is never required);
- For the purpose of Treatment;
- For the purpose of Payment activities, or the Payment activities of the entity receiving the PHI;
- For the purpose of Health Care Operations;
- In limited circumstances, for the Health Care Operations of another Covered Entity, if the other Covered Entity has or had a relationship with the patient;
- To the Secretary of the U.S. Department of Health and Human Services for the purpose of determining compliance with the Privacy Rule; or
- Required by other state or federal law.

#### 2 **Use or Disclosure Pursuant to an Authorization:**

- PHI may never be used or disclosed in the absence of a valid written authorization if the use or disclosure is:
  - Of Psychotherapy Notes as defined by the Privacy Rule, except if the disclosure is to carry out the following Treatment, Payment, or Health Care Operations:
    - Use is by the originator of the Psychotherapy Notes for Treatment;
    - Use or disclosure by Celeritas AI for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
    - Use or disclosure by Celeritas AI to defend itself in a legal action or other proceeding brought by the individual;

- For the purpose of Marketing, except if the communication is in the form of a face-to-face communication made by Celeritas AI to an individual or a promotional gift of nominal value provided by Celeritas AI; and
- The sale of PHI.
- If the use or disclosure requires a written authorization, Celeritas AI shall not use or disclose the PHI unless the request for disclosure is accompanied by a valid authorization.
- If the request for disclosure is not accompanied by a valid written authorization, Celeritas AI shall notify the requestor that it is unable to provide the PHI requested.
- If the request for disclosure is accompanied by a written authorization, Celeritas AI will review the authorization to ensure that it is valid.
  - If the authorization is lacking a required element or does not otherwise satisfy the HIPAA requirements, Celeritas AI will notify the requestor, in writing, of the deficiencies in the authorization. No PHI will be disclosed unless and until a valid authorization is received.
  - If the authorization is valid, Celeritas AI will disclose the requested PHI to the requester. Only the PHI specified in the authorization will be disclosed.
- Each authorization shall be filed in the patient's Medical Record.

### **3 Preparing an Authorization for Use or Disclosure:**

- When Celeritas AI is using or disclosing PHI and an authorization is required for the use or disclosure, Celeritas AI will not use or disclose the PHI without a valid written authorization from the patient or the patient's personal representative.
- The authorization must contain all required elements of a valid HIPAA authorization and must be signed and dated by the patient or the patient's personal representative before the PHI is used or disclosed.
- Celeritas AI may not condition the provision of treatment on the receipt of an authorization unless it is providing research-related treatment or health care that is solely for the purpose of creating PHI for disclosure to a third party (i.e., performing an independent medical examination at the request of an insurer or other third party).
- An authorization may not be combined with any other document unless one of the following exceptions applies:
  - Authorizations to use or disclose PHI for a research study may be combined with any other type of written permission for the same research study, including a consent to participate in such research; or
  - Authorizations to use or disclose psychotherapy notes may only be combined with another authorization related to psychotherapy notes.

#### **4      Revocation of Authorization:**

A patient may revoke his or her authorization at any time. The authorization may only be revoked in writing. Upon receipt of a written revocation, Celeritas AI may no longer use or disclose a patient's PHI pursuant to the authorization. Each revocation will be filed in the patient's medical record and/or Designated Record Set.

# 15. Business Associates

## 1 Policy:

Celeritas AI contracts with various outside persons and entities to perform functions or provide services on its behalf that may involve the disclosure of Protected Health Information (“PHI”) to, or the creation, receipt, maintenance, or transmission of PHI by, the outside person or entity. These outside persons or entities are each a Business Associate. The policy of Celeritas AI is to obtain written assurances from Business Associate that they will appropriately safeguard any PHI they create or receive on Celeritas AI’s behalf. Such written assurances must be in place before Celeritas AI discloses PHI to the Business Associate. In entering such agreements, Celeritas AI will adhere to the Business Associate Agreements between it and Covered Entities.

## 2 Procedure:

1. Celeritas AI will follow established procedures regarding contract review, revision, and approval to assure that any contract is in compliance with state and federal law.

2. For each contract, Celeritas AI must determine whether a Business Associate Agreement (“BAA”) is necessary.

3. Business Associate Provisions. Prior to disclosing any PHI to a Business Associate, Celeritas AI will obtain satisfactory assurances from the Business Associate that the Business Associate will appropriately safeguard the PHI it creates, receives, maintains, or transmits on behalf of Celeritas AI, in the form of a written agreement that provides that the Business Associate will:

- a. Not use or disclose PHI other than as permitted or required by the agreement with Celeritas AI or as required by law;
- b. Use appropriate safeguards to prevent use or disclosure of the PHI other than as provided by the agreement with Celeritas AI and use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI;
- c. Report to Celeritas AI any access, use, or disclosure of the information not provided for by its contract and any security incident of which it becomes aware; and following the discovery of any breach of unsecured PHI, notify Celeritas AI in writing of such breach without unreasonable delay and in no case later than 60 calendar days;
- d. Ensure that any Business Associates that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to such information and implement reasonable and appropriate safeguards to protect the PHI;
- e. Make available to Celeritas AI the information necessary for Celeritas AI to comply with an individual’s right to access to PHI; and if Business Associate maintains an electronic health record, provide such information in electronic format to enable

Celeritas AI to fulfill its obligations and those of its contracts under the HITECH Act;

- f. Make PHI available for amendment and amend the patient records as necessary;
  - g. Make available the information required to provide an accounting of disclosures;
  - h. Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of HHS for purposes of determining compliance with the Privacy Rule;
  - i. At termination of the contract, if feasible, return or destroy all PHI that the Business Associate still maintains in any form and retain no copies of such information, or, if such return or destruction is not feasible, extend the protections of the contract to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
  - j. To the extent the Business Associate is to carry out Celeritas AI's obligations under the Privacy Rule, comply with the requirements of the Privacy Rule that apply to the covered entity in the performance of such obligations.
  - k. To the extent Celeritas AI is subject to a Business Associate Agreement with a Covered Entity or another Business Associate, a Business Associate Agreement with a Business Associate must be similar or the same as the terms of the Business Associate Agreement for that certain PHI.
4. Celeritas AI shall make reasonable attempts to utilize its own template Business Associate Agreements. It is acceptable for Celeritas AI to negotiate terms of a Business Associate Agreement with an applicable Business Associate.
5. If the Business Associate refuses to sign the Business Associate Agreement, the Privacy Rule prohibits Celeritas AI from disclosing any PHI to the Business Associate. If the Business Associate requires access to PHI in order to perform the function or service on behalf of Celeritas AI, Celeritas AI shall not contract with the Business Associate.
6. Celeritas AI shall maintain the original signed Business Associate Agreement and any contract addenda containing Business Associate language.
7. The information disclosed to the Business Associate must be restricted to the minimum amount necessary to enable the Business Associate to perform the function or provide the services for which Celeritas AI has contracted with the Business Associate.
8. Notice of Termination of a Contract with a Business Associate. Celeritas AI shall notify the Privacy Officer when issuing or receiving a notice of contract termination involving a Business Associate. Celeritas AI will coordinate with the Business Associate regarding the Business Associate's obligations to return or destroy all PHI or, if return or destruction is not feasible, to extend the protections of the Business Associate requirements to the PHI and to limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible. The contract and contract addendum must be retained for six years after the contract was last in effect.



## 16. Access to PHI

### 1 Policy:

Generally, all individuals have a right to access his or her PHI maintained in a Designated Record Set. Celeritas AI agrees, to the extent PHI is maintained in a Designated Record Set, to make PHI in a Designated Record Set available and able to be amended. While exceptions exist to a patient's right to access their PHI, Celeritas AI will respond to every request for access in accordance with the requirements of the Privacy Rule.

### 2 Procedure:

#### 1 **Right of Access:**

- a. All requests from an individual to access or amend their PHI should be directed to the Privacy Officer. Celeritas AI will respond to the individual in accordance with this policy.
- b. Celeritas AI shall ensure that their practices conform to HIPAA and the Notice of Privacy Practices in order to inform patients of their right to access their PHI.
- c. A "designated record set" is defined as follows:
  - i. Medical, billing, and payment records maintained by Celeritas AI;
  - ii. Insurance information, including enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan;
  - iii. Records Celeritas AI uses, in whole or in part, to make decisions about individuals (e.g., clinical laboratory test results; medical images, such as X-rays; wellness and disease management program files; and clinical case notes). These records include those that are used to make decisions about any individuals, even if they have not been used to make decisions about the particular individual requesting access.

#### 2 **Exceptions to the Right of Access:**

A patient's right of access does not apply to the following records and information:

- a. Psychotherapy notes;
- b. Information that is compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
- c. PHI that is not part of the designated record set.

### **3 Procedure for Requesting Access:**

A patient (or his or her personal representative) must make a request for access in writing. The request must be documented on an Access to Protected Health Information form or in the notes of the patient's medical record.

### **4 Procedure for Responding to Access Requests:**

- a. Requests for access to PHI will be managed by Celeritas AI's Privacy Officer.
- b. Celeritas AI must respond to any access request within 30 days after receipt of the request.
- c. One 30-day extension is permitted; however, Celeritas AI must provide the patient with a written statement of the reasons for the delay and the date by which the access request will be processed.

### **5 Procedure for Providing Access:**

Celeritas AI will work to provide the patient with access to the PHI in the form or format requested, if readily producible in that form and format.

- a. If the PHI is not readily available in the requested format, Celeritas AI will provide it in readable hard copy form or other form and format as agreed to by Celeritas AI and the individual.
- b. Requests for Electronic Access to Electronically Stored PHI. If an individual specifically requests electronic access to PHI that is maintained electronically, Celeritas AI will provide the individual with access to the information in the requested electronic form and format. If the PHI is not readily producible in electronic form and format, then Celeritas AI will provide it in an agreed upon alternative, readable electronic format. If the individual refuses to accept any of the electronic formats that are readily producible, then Celeritas AI may provide the individual with a readable hard copy of the PHI.
- c. Requests for Paper Copies of Electronically Stored PHI. If an individual requests a paper copy of PHI maintained electronically, Celeritas AI will provide the individual with the paper copy requested.
- d. Requests for Electronic Access of PHI Maintained Only in Hard Copy. If an individual requests an electronic copy of PHI maintained only on paper, then Celeritas AI will provide the individual with an electronic copy, provided the paper record can be readily scanned into electronic format. If the paper record is not readily producible in electronic format, then Celeritas AI will produce it in a readable alternative electronic format or in hard copy format as agreed to by Celeritas AI and the individual.

Celeritas AI may charge a reasonable cost-based fee for the copies provided. The fee may include only the cost of:

- a. the labor associated with copying the PHI, whether in paper or electronic form;

- b. supplies for creating the paper copy or electronic media (e.g., CD or USB drive);
- c. postage, when the individual requests that the copy, or the summary or explanation, be mailed; and
- d. preparation of an explanation or summary of the PHI.

The fee may not include costs associated with verification; documentation; searching for and retrieving the PHI; maintaining systems; recouping capital for data access, storage, or infrastructure; or other costs not listed above even if such costs are authorized by state law. Celeritas AI may not charge any costs for copies provided if prohibited by state law.

## ACCESS TO PROTECTED HEALTH INFORMATION

Date Received: \_\_\_\_\_

Initials of Privacy Official: \_\_\_\_\_

### Patient to complete the following information

Date: \_\_\_\_\_ Requestor Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Address: \_\_\_\_\_

### REQUEST:

I hereby request that Celeritas AI provide me with access to my Protected Health Information as checked below. (Check all that apply):

\_\_\_\_\_ The entire medical record (all information)

\_\_\_\_\_ Minimum Data Set

\_\_\_\_\_ Business Office File

\_\_\_\_\_ Nursing documentation/Progress Notes

\_\_\_\_\_ Physician and Professional Consult Progress Notes

\_\_\_\_\_ Diagnostic reports (lab, x-ray, etc.)

\_\_\_\_\_ History and physical

\_\_\_\_\_ Medication and treatment records

\_\_\_\_\_ Rehabilitative and restorative therapy documentation

\_\_\_\_\_ Other (Describe as specifically as possible:

I request access to my health information as indicated above covering the dates  
\_\_\_\_\_ through \_\_\_\_\_. **(Please fill in dates).**

### Type of Access Requested

\_\_\_\_\_ Inspection of requested information at Celeritas AI.

\_\_\_\_\_ Copies of requested information maintained by Celeritas AI.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

## ACCESS TO PROTECTED HEALTH INFORMATION - page 2

**Celeritas AI to complete the following information**

**Request for access or copy is** \_\_\_\_\_ Accepted \_\_\_\_\_ Denied

If denied, check the reasons for denial:

- ☐ PHI is not part of the patient's Designated Record Set
- ☐ Federal law forbids making the requested information available to the patient for inspection (e.g., CLIA or Privacy Act of 1974)
- ☐ The requested information is psychotherapy notes
- ☐ The requested information has been compiled for legal proceeding
- ☐ The requested information was obtained under promise of confidentiality and access would be reasonably likely to reveal the source of the information
- ☐ The requested information is temporarily unavailable because the individual is a research participant
- ☐ Licensed health care provider has determined that access to the requested information would result in physical harm to the individual or others
- ☐ Licensed health care provider has determined that the requested information identifies a third person who may be physically, emotionally, or psychologically harmed if access to the information is granted
- ☐ Licensed health care provider has determined that access to the requested information by the patient's personal representative could result in harm to the individual
- ☐ We are acting under the direction of a correctional institution and letting the inmate access or obtain a copy of the requested information would jeopardize the health, safety, security, custody, or rehabilitation of another person at the correctional institution
- ☐ The requested information is not maintained by Celeritas AI

### **RIGHT TO REVIEW:**

- ☐ Yes

☐ No – Contact the Privacy Officer with any questions.

You have a right to file a complaint with Celeritas AI and may do so by contacting Celeritas AI's Privacy Official at: \_\_\_\_\_ (Celeritas AI phone number). You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. Contact Celeritas AI's Privacy Official for additional information.

\_\_\_\_\_  
Signature of Privacy Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

If your request to copy the requested information has been granted, you will be charged a reasonable fee for photocopying and mailing.

## NOTIFICATION OF TIME EXTENSION

Patient Name: \_\_\_\_\_ Medical Record No: \_\_\_\_\_

### TYPE OF REQUEST:

- ☐ Request for Access to PHI
- ☐ Request to Amend PHI
- ☐ Request for an Accounting of Disclosures

Date of original request: \_\_\_\_\_

Original Due Date: \_\_\_\_\_

Request to Access: **30 days** from receipt of request.

Request for Amendment or Accounting: No more than **60 days** from receipt of request.

Revised Due Date (may not be more than 30 days from original due date): \_\_\_\_\_

Reason that extension of time to respond is needed:

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A copy of this Notice of Time Extension has been provided to the patient or the patient's personal representative.

\_\_\_\_\_  
Signature of Privacy Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

[DATE]

[INDIVIDUAL/PATIENT NAME]

[ADDRESS]

[CITY, STATE ZIP]

Re: Request for Review of Access Denial



Dear [Patient]:

We have considered your request for review of the denial of access to your health information. We reaffirm our denial of your request for the following reason(s):

[DESCRIBE REASONS HERE]

You may file a complaint with Celeritas AI by contacting our Privacy Officer at 1-408-357-3364 or [compliance@celeritasai.com](mailto:compliance@celeritasai.com). You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Please contact the Privacy Officer for further information.

Very truly yours,

[SIGNATURE]

[PRINTED NAME AND TITLE]

## 17. Confidential Communications

### 1 Policy:

Individuals have the right to request that Celeritas AI communicate with them through alternative means or alternative locations, and Celeritas AI shall comply with the agreed upon confidential communication. Celeritas AI may also accommodate reasonable requests made by individuals to receive confidential communications of their PHI.

### 2 Procedure:

#### 1 **Requests to Communicate Via Alternate Means or at Alternate Locations:**

For an individual to request a specific means for confidential communications of PHI, an individual must send a written request to Celeritas AI's Privacy Officer at 1-408-357-3364 or [compliance@celeritasai.com](mailto:compliance@celeritasai.com). The request should describe the means by which the individual wishes to receive communications (e.g., telephone, mail) and the location at which the individual wishes to receive communications (e.g., home, office). Celeritas AI will determine if/how it can accommodate the request as well as any conditions that may apply to Celeritas AI's provision of a reasonable accommodation. Among other things, Celeritas AI may consider:

- Requesting that the individual to pay for any additional costs incurred in provide the accommodation, and/or
- Requesting that the individual specify a different alternate means of communication or a different alternate location to which communications will be directed.

#### 2 **Documenting Requests:**

Celeritas AI will maintain documentation of the request for confidential communications and how that request was accommodated.

## 18. Restrictions on Uses and Disclosures of PHI

### 1 Policy:

Celeritas AI recognizes an individual's right to request that it restrict its use or disclosure of the individual's PHI in certain situations.

Celeritas AI will consider an individual's requests for restrictions, however, it has no obligation, except in the limited circumstances described below, to agree to any such request, nor must it cite a reason for refusing to agree to any such request.

Celeritas AI recognizes that individuals have a right to request that Covered Entities set restrictions on the use and disclosure of their PHI in the following circumstances:

- To carry out treatment, payment, or health care operations;
- To the individual's family member, other relative, close personal friend, or any other persons who might otherwise receive disclosures of Protected Health Information where directly relevant to such person's involvement with the individual's health care or to payment related to the individual's health care;
- To notify, or assist in the notification of (including identifying or locating), an individual's family member, personal representative, or other person responsible for the individual's health care, about the individual's location, general condition, or death;
- To make reasonable determinations regarding limited uses and disclosures when the individual is not present;
- To public or private entities authorized to assist in disaster relief efforts, in order to notify or assist in the notification of (including identifying or locating), an individual's family member, personal representative or other person responsible for the individual's health care, about the individual's location, general condition or death.

### 2 Procedure:

#### 1 **Request for Restriction:**

The Privacy Officer shall manage requests for restrictions. All documentation associated with this request will be placed in the individual's Medical Record.

**Response to Request:** Celeritas AI must accommodate a request for restriction on disclosure if the disclosure (1) is to a health plan for purposes of carrying out payment or health care operations, (2) pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full, and (c) is not otherwise required by law.

- **Restriction Not Accepted.** If Celeritas AI denies the request for restriction, the Privacy Official will notify the individual in writing of its denial.
- **Restriction Accepted.** If Celeritas AI agrees to the requested restriction, it will notify the patient in writing when a request for restriction is accepted. Celeritas AI must abide by the accepted restriction with the following exceptions:

- Celeritas AI may use the restricted PHI, or may disclose such information to a health care provider if the individual is in need of emergency treatment, and the restricted PHI is needed to provide emergency treatment. In this case, Celeritas AI will release the information, but ask the emergency treatment provider not to further use or disclose the individual's PHI.
- Celeritas AI may disclose the information to the individual who requested the restriction.
- Celeritas AI may use and disclose the restricted PHI when statutorily required to use and disclose the information under the Privacy Rule.
- Any agreed-to restriction should be maintained in the individual's medical record and a copy should be provided to all relevant individuals who are or may be responsible for implementing the restriction. Celeritas AI will notify separately any business associates to which the restriction may apply.

## 2 Terminating the Restriction:

- **Termination with the individual's agreement:** Celeritas AI may terminate the accepted restriction if the patient agrees to the termination in writing; or the patient agrees to the termination verbally and the verbal agreement is documented. The Privacy Officer will notify the appropriate individuals and business associates of the termination of the restriction. The Privacy Officer will document the individual's agreement to the termination of the restriction and maintain the documentation in the individual's record. Termination of a restriction with the individual's agreement is effective for all PHI created or received by Celeritas AI.
- **Termination without the individual's agreement:** Celeritas AI may terminate the restriction without the individual's agreement if it informs the patient that the restriction is being terminated. Such termination is only effective with respect to PHI created or received after Celeritas AI has informed the individual that it is terminating the restriction. Celeritas AI must continue to abide by the restriction with respect to any PHI created or received before it informed the individual of the termination of the restriction. Any termination of an agreement to a restriction by Celeritas AI should be made and confirmed in writing.

**REQUEST TO RESTRICT USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

Patient Name: \_\_\_\_\_

Medical Record No: \_\_\_\_\_

Address: \_\_\_\_\_

- ☐ Your request is granted. Per your request we will limit the use or disclosure of PHI as follows: (check applicable box(es)):

- ☐ Required Restriction: We are required to agree to restrict disclosures of PHI to a health plan when the PHI is solely related to health care items or services for which the individual (or a person, other than a health plan, on the individual's behalf) has paid us in full, and the disclosure is for purposes of carrying out payment or health care operations.

- ☐ Use or Disclosure for Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Use or Disclosure for Payment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Use or Disclosure for Health Care Operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Disclosure to family members, relatives, close personal friends or others identified by individual: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ This request will apply to only the following PHI: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ This request will expire: \_\_\_\_\_  
(insert date)

Despite the agreed upon restrictions, we may use or disclose PHI as necessary for emergency treatment of the individual. In an emergency circumstance we will ask the health care provider not further use or disclose the information.

Except for the Required Restrictions, our agreement to the above restrictions may be terminated by the individual or us at any time, but any such termination will only apply to uses or disclosures occurring after the termination of the restriction. We may terminate Required Restrictions only if the individual requests the termination in writing or the individual orally agrees to the termination, and the oral agreement is documented.

- ☐ Your request is denied. Your request is denied for the following reason (state the basis for the denial): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 19. Amendment of Medical Record

## 1 Policy:

Celeritas AI recognizes an individual's right to request that a Covered Entity amend his or her PHI maintained in the Designated Record Set for as long as the PHI is maintained. The policy of Celeritas AI is to respond to an individual's request for amendment of PHI in accordance with the Privacy Rule. This policy contains the procedures for approving an amendment, denying an amendment, and making an amendment at the request of the covered entity.

## 2 Procedure:

### 1 **Notification of Right to Request Amendment:**

Celeritas AI's Notice of Privacy Practices will inform individuals of their right to amend their PHI contained in one or more designated record sets.

### 2 **Procedure for Making Request:**

Requests for amendment must be made in writing on the Amendment of Protected Health Information form. Requests for amendment will not be evaluated until the request form is completed and signed by the patient or the patient's personal representative.

### 3 **Evaluating and Responding to the Request for Amendment:**

- Celeritas AI will make a determination to accept or deny the amendment after the appropriate staff, if needed.
- Celeritas AI shall act on the request for amendment no later than 60 days after receipt of the request.
  - If the amendment is accepted, Celeritas AI shall make the amendment and inform the individual within 60 days of the written request.
  - If the amendment is denied, Celeritas AI shall notify individual in writing of the denial within 60 days of the written request.
- If Celeritas AI is unable to act on the request for amendment within 60 days of receipt of the request, it may have one extension of no more than 30 days. The Celeritas AI will notify the individual in writing of the extension, the reason for the extension and the date by which action will be taken.

### 4 **Acceptance of Request for Amendment:**

- If Celeritas AI accepts the requested amendment, in whole or in part, it will take the following steps:
  - Celeritas AI will place a copy of the amendment in the individual's medical record or provide a reference to the location of the amendment within the body of the medical record.

- Celeritas AI will notify the relevant persons with whom the amendment needs to be shared, as identified by the individual on the original Amendment of PHI form.
- Celeritas AI shall identify, and make reasonable efforts to inform and provide the amendment within a reasonable time to, other persons, including Business Associates, who have the PHI and who may have relied on, or could foreseeably rely on, such information to the detriment of the individual.
- Celeritas AI will inform the individual of the amendment, and will obtain the individual's agreement to notify such other persons or organizations of the amendment.

## **5 Denial of Request for Amendment:**

- Celeritas AI may deny the request for amendment in whole or in part if:
  - The PHI was not created by Celeritas AI. An exception may be granted if the patient provides a reasonable basis to believe that the creator of the PHI is no longer available to act on the requested amendment and it is apparent that the amendment is warranted;
  - The PHI is not part of the Designated Record Set;
  - The PHI would not be available for inspection under the Privacy Rule; or
  - The PHI that is subject to the request is accurate and complete.
- If Celeritas AI, in consultation with the appropriate staff, determines that the request for amendment is denied in whole or in part, the Celeritas AI will provide the individual with a timely amendment denial letter. The denial shall be written in plain language and shall contain:
  - The basis for the denial;
  - A statement that the individual has a right to submit a written statement disagreeing with the denial and an explanation of how the individual may file such statement;
  - A statement that, if the individual does not submit a statement of disagreement, the patient may request that Celeritas AI include the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment;
  - A description of how the individual may file a complaint with Celeritas AI or to the Secretary of the U.S. Department of Health and Human Services. The description must include the name or title and telephone number of the contact person for complaints.

**Written Statement of Disagreement:** If an amendment request is denied, the Individual may submit a written statement of disagreement. If the individual submits a written statement of disagreement, Celeritas AI may prepare a written rebuttal to the statement. Celeritas AI shall provide a copy of the written rebuttal to the individual who submitted the statement.



- The following documentation must be appended (or otherwise linked) to the PHI that is the subject of the disputed amendment:
- The individual's Amendment of PHI form;
- Celeritas AI amendment denial letter;
- The individual's statement of disagreement, if any; and
- Celeritas AI written rebuttal, if any.

## **6 Future Disclosures of PHI that is the Subject of the Disputed Amendment:**

- If the individual submitted a statement of disagreement, Celeritas AI will disclose all information listed above or an accurate summary of such information with all future disclosures of the PHI to which the disagreement relates.
- If the individual did not submit a statement of disagreement, and if the individual has requested that Celeritas AI provide the Amendment of PHI form and the amendment denial letter with any future disclosures, Celeritas AI shall include these documents (or an accurate summary of that information) with all future disclosures of the PHI to which the disagreement relates.

## **7 Actions on Notices of Amendment:**

- If another Covered Entity notifies Celeritas AI of an amendment to PHI it maintains, the Celeritas AI shall make the amendment to the individual's Designated Record Set.
- Amendments to the Designated Record Set shall be filed with that portion of the PHI to be amended.
- Amendments that cannot be physically placed near the original PHI will be filed in an appropriate location.
- If it is not possible to file the amendment(s) with that portion of the PHI to be amended, a reference to the amendment and its location will be added near the original information location.
- If the actual amendment is not in an easily recognized location near the original information, the reference should indicate where it could be found.

**REQUEST FOR CORRECTION/AMENDMENT OF  
PROTECTED HEALTH INFORMATION**

Individual Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Entry to be Corrected/Amended: \_\_\_\_\_

Information to be Corrected/Amended: \_\_\_\_\_

\_\_\_\_\_  
Please explain how the entry is incorrect or incomplete and describe what you believe the entry should state in order to be more accurate or complete.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you agree, Celeritas AI will make a reasonable effort to provide the amendment to other persons whom Celeritas AI knows received the information in the past and who may have relied, or are likely to rely, on such information in a manner that may be detrimental to your health care.

- ☐ I agree to allow Celeritas AI to release any amended information to individuals or entities as described above.

Would you like this amendment sent to anyone else who received the information in the past?

- ☐ Yes  
☐ No

If yes, please specify the name and address of the organization(s) or individual(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

**RESPONSE TO REQUEST FOR CORRECTION/AMENDMENT OF  
PROTECTED HEALTH INFORMATION**

Individual Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Amendment has been

- ☐ Accepted
- ☐ Denied

If denied, check reason for denial:

- ☐ PHI is not part of the individual's designated record set
- ☐ Record is not available to the patient for inspection
- ☐ Celeritas AI did not create record
- ☐ Record is accurate and complete

Comments:

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\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

## **SAMPLE AMENDMENT ACCEPTANCE LETTER**

[DATE]

[INDIVIDUAL NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

Dear [INDIVIDUAL]:

Your request to amend your Protected Health Information (see attached form) has been approved. We will notify the individuals and/or organizations that you identified in the original amendment request.

Very truly yours,

[AUTHOR SIGNATURE]

[PRINTED NAME AND TITLE]

## SAMPLE AMENDMENT ACCEPTANCE WITH CONSENT TO NOTIFY LETTER

[DATE]

[INDIVIDUAL NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

Dear [INDIVIDUAL]:

Your request to amend your Protected Health Information (see attached form) has been approved. We will notify the individuals and/or organizations that you identified in the original amendment request.

In addition, we have identified the following individuals and/or organizations that received your Protected Health Information. We are not permitted to notify these individuals and/or organizations without your written agreement. If you would like us to notify the individuals and/or organizations listed below, you must sign, date, and return this statement to us.

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Very truly yours,

[AUTHOR SIGNATURE]

[PRINTED NAME AND TITLE]

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I hereby request and consent to the notification of the above-identified persons and/or organizations who have previously received my Protected Health Information regarding the approval of my request for amendment.

---

Signature of Patient or Personal Representative

Date

---

Print Name

## NOTIFICATION OF AMENDMENT LETTER

[DATE]

[Name of individual/Organization to Receive *Notification of Amendment*]

[ADDRESS]

[CITY, STATE, ZIP CODE]

**Re:    [individual]  
      Approval of *Amendment of Protected Health Information***

Dear [RECIPIENT]:

We have agreed to a request from the above-referenced individual to amend his/her Protected Health Information as outlined on the attached form entitled "*Amendment of Protected Health Information.*"

In compliance with the Privacy Rule (45 CFR §164.526—Amendment of Protected Health Information), we are providing you with proper notification of this approved amendment.

Thank you.

Very truly yours,

[AUTHOR SIGNATURE]

[PRINTED NAME AND TITLE]

## AMENDMENT DENIAL LETTER

[DATE]

[INDIVIDUAL NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

**RE: Request to Amend Protected Health Information**

Dear [individual]:

Your request to amend your Protected Health Information (see attached form) has been denied for the following reason(s):

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You have the right to submit a written statement disagreeing with the denial. If you choose to do so, submit your statement to Privacy Officer at 1-408-357-3364 or [compliance@celeritasai.com](mailto:compliance@celeritasai.com).

If you do not submit a statement of disagreement, you may request that Celeritas AI include your request for amendment and the denial in any future disclosures of your Protected Health Information.

You may file a complaint by contacting Celeritas AI at 1-408-357-3364. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Any such complaint must

- Be filed in writing (paper or electronically);
- Name the entity that is the subject of the complaint along with a description of the acts or omissions believed to be in violation;
- Be filed within one hundred eighty (180) days of when you knew or should have known that the act or omission complained of occurred (unless this time limit is waived by the Secretary of Health and Human Services).

Please contact Celeritas AI for contact information.

Very truly yours,

[SIGNATURE]

[PRINTED NAME AND TITLE]



## 20. Accounting of Disclosures

### 1 Policy:

Subject to certain exceptions, Celeritas AI must account for all known disclosures of a patient's PHI outside Celeritas AI. Each patient may request and receive an accounting of trackable disclosures of PHI made by Celeritas AI. Celeritas AI will provide such an accounting, in accordance with the Privacy Rule, when requested by a patient or a patient's personal representative.

### 2 Procedure:

1. Disclosures for Which an Accounting is not Required. An accounting is not required for disclosures:

- a. Made to carry out treatment, payment, or healthcare operations;
- b. To the patient or the patient's personal representative;
- c. That are incidental to a use or disclosure otherwise permitted or required by HIPAA;
- d. Made to persons involved in a patient's care or as part of an inpatient directory;
- e. Pursuant to an authorization for release of information signed by the patient or patient's personal representative;
- f. For national security or intelligence purposes;
- g. To correctional institutions or law enforcement officials under certain circumstances;
- h. Made as part of a limited data set, when the recipient has executed a data use agreement;
- i. For research, public health, or certain health care operations purposes; or
- j. That occurred prior to April 14, 2003.

2. Disclosures for Which an Accounting is Required. An accounting is required if the disclosure is made without an authorization and is:

- a. In response to a subpoena or other judicial or administrative proceeding if not accompanied by a patient authorization;
- b. For public health activities, including reports of vital events, public health surveillance, and investigations; communicable disease; adult and child abuse, neglect, or domestic violence; information associated with an FDA-regulated product or activity; and disclosures to an employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury (and in addition, the employer needs

such information to comply with federal or state law, and notice has been given to the individual at the time care is provided or there is a notice at the work site;

- c. For health oversight activities or law enforcement purposes unless the health oversight or law enforcement agency has provided an official statement to temporarily suspend the individual's right to receive an accounting for a specified period of time during which such an accounting would impede the agency's activities;
- d. To coroners, medical examiners, funeral directors, and for cadaveric organ donation purposes;
- e. To avert a serious threat to health or safety and for specialized government functions except national security and intelligence activities and correctional institutions or other law enforcement custodial situations;
- f. For workers' compensation purposes pertaining to treatment of potential work-related injuries;
- g. For research purposes on decedents;
- h. For research purposes if a waiver of authorization has been obtained from an IRB;
- i. In error as a result of a misdirected fax, e-mail, postal mail, etc.; and
- j. By a Business Associate who has notified Celeritas AI of the disclosure event.

3. Temporary Suspension of Right to an Accounting. Celeritas AI must temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by such agency or official, if such agency or official provides Celeritas AI with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required.

- a. If the agency or official statement is made orally, the covered entity must: (i) document the statement, including the identity of the agency or official making the statement; (ii) temporarily suspend the individual's right to an accounting of disclosures subject to the statement; and (iii) limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement is submitted during that time.

4. Procedure for Tracking Disclosures. Celeritas AI must log disclosures as they occur in the Accounting of Disclosures Log. The Log is filed in the patient's paper or electronic medical record.

5. Procedure for Making and Responding to Requests for an Accounting of Disclosures

- a. A patient or patient's personal representative must request an accounting by completing and submitting a Request for an Accounting of Disclosures of PHI form.
- b. Celeritas AI's Privacy Official will review and process the request.

- c. Celeritas AI will provide a written accounting using an Accounting of Disclosures Log no later than 60 days after receipt. If Celeritas AI is unable to meet the 60-day time frame, Celeritas AI may extend the time once by no more than 30 days as long as the individual is provided with a written statement of the reasons for the delay and the date by which Celeritas AI will provide the accounting.
- d. The accounting will include disclosures during the period specified by the patient or personal representative in the request. The specified period may be up to six years prior to the date of the request. Disclosures made on or before April 13, 2003, will not be included in the accounting.
- e. Celeritas AI will include known disclosures made by its Business Associates, if aware of any such disclosures required to be included in an accounting.
- f. For each disclosure, the accounting will include:
  - i. Date the request for disclosure was received;
  - ii. Name of entity requesting disclosure and, if known, the address of such person or entity;
  - iii. A brief description of the PHI that was disclosed; and
  - iv. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure.

6. Multiple Disclosures to HHS. If, during the relevant accounting period, multiple disclosures of the patient's PHI have been made to HHS for the purpose of determining Celeritas AI's compliance with the Privacy Rule or to the same person or entity for a single purpose, and the purpose of the disclosure is any one of the following, then the Accounting for Disclosures Log may provide: (1) for the first such disclosure, the date of the disclosure, the name and address of the organization or person to whom the disclosure was made, a brief description of the PHI disclosed and the purpose of the disclosure, and (2) the frequency, periodicity or number of additional disclosures made during the accounting period.

7. Research Purposes Involving 50 or More individuals. For disclosures of PHI for research purposes in a project consisting of 50 or more individuals, the accounting may provide:

- a. Name of protocol or other research activity;
- b. Description and purpose of research, criteria for selecting particular records;
- c. Brief description of the type of PHI disclosed;
- d. Date or period of time during which disclosure(s) occurred, including date of last disclosure during accounting period;
- e. Name, address, telephone number of entity that sponsored the research and of the researcher to whom the information was disclosed;
- f. Statement that PHI of the patient may or may not have been disclosed for a particular protocol or the research activity.

8. Celeritas AI will provide the first accounting to a patient or personal representative within a 12-month period without charge. However, Celeritas AI may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same party within the 12-month period, provided Celeritas AI has informed the requesting party of the charges in advance, giving the party the opportunity to withdraw or modify the request.

9. Celeritas AI must document and retain for six years from the date of the accounting:

- a. The information required to be included in the accounting, and
- b. The written accounting provided to the requesting party.

**REQUEST FOR AN ACCOUNTING OF DISCLOSURES  
OF PROTECTED HEALTH INFORMATION**

Patient's Name: \_\_\_\_\_

I would like an accounting of disclosures of my Protected Health Information (PHI) made from:

\_\_\_\_\_

I understand that the first accounting in any 12 month period will be provided without charge.

I understand that Celeritas AI may impose a reasonable, cost-based fee for each subsequent request for an accounting made within the 12 month period, provided Celeritas AI provides advance notice of the fee and an opportunity to withdraw or modify the request for a subsequent accounting.

I understand that the accounting will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

I understand that, by law, Celeritas AI is not required to account for disclosures that occurred prior to April 13, 2003.

I understand that, by law, Celeritas AI is not required to account for disclosures that were:

- Made to me;
- Necessary to carry out treatment, payment, and health care operations;
- Pursuant to a signed authorization by me or my personal representative;
- For Celeritas AI's directory or to persons involved in the patient's care or other notification purposes;
- For national security or intelligence purposes; or
- To a correctional institution or law enforcement official.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Privacy Officer

\_\_\_\_\_  
Date



# 21. Breach Notification Policy

## 1 Policy:

This Policy applies only when there is a breach of a patient's individually identifiable health information. A privacy or security breach occurs when there has been an acquisition, access, use, or disclosure of unsecured PHI that compromises the security or privacy of the information.

Under HIPAA and for purposes of this Policy, a breach does **not** include:

- An unintentional acquisition, access, or use of PHI by a Workforce Member or other person acting under the authority of the Celeritas AI or Celeritas AI's Business Associate, if the acquisition, access, or use was made in good faith and within the scope of the Workforce Member's authority and does not result in further use or disclosure in a manner not permitted by the Privacy Rule.
- An inadvertent disclosure by a person who is authorized to access PHI at Celeritas AI or Celeritas AI's Business Associate to another person authorized to access PHI at Celeritas AI or Celeritas AI's Business Associate, or organized healthcare arrangement in which Celeritas AI participates, and information received as a result of such a disclosure is not further used or disclosed in a manner not permitted by the privacy rule.
- Disclosure of PHI where Celeritas AI or Celeritas AI's Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information.

A breach is presumed to have occurred if there is an unauthorized access, acquisition, use, or disclosure of unsecured protected health information, *unless* Celeritas AI can demonstrate a low probability that the information was compromised. This determination must be based on a risk assessment of certain factors described in this Policy.

In the event a breach has occurred, Celeritas AI must notify the Covered Entity in compliance with the applicable business associate agreement.

## 2 Procedure:

### 1. Reporting an Unauthorized Access, Use, or Disclosure of PHI.

- a. Any Workforce Member who learns that a potential breach of PHI may have occurred must immediately notify his or her supervisor and/or Celeritas AI's Privacy Officer. If the potential breach relates to electronic information, the Workforce Member must also notify Celeritas AI's Security Officer.
- b. Workforce Members should report any suspected breach of unsecured PHI to the Privacy Officer as soon as possible, but in no case later than 48 hours after learning of the incident.
- c. The report of a potential breach should include the following information, to the extent available:

- i.* A brief description of what happened, including the date of the potential breach and the date the suspected breach was discovered;
  - ii.* Who used the PHI without appropriate permission or authorization and/or to whom the information was disclosed without permission or authorization;
  - iii.* A description of the types of and amount of unsecured PHI involved in the breach;
  - iv.* Whether the PHI was secured by encryption, destruction, or other means;
  - v.* Whether any intermediate steps were taken to mitigate an impermissible use or disclosure; and
  - vi.* Whether the PHI that was disclosed was returned prior to being accessed for an improper purpose.
- d. Failure to report a suspected breach to the Celeritas AI may result in disciplinary action against employees, subcontractors, interns, or volunteers.

2. Investigating Potential Breaches of PHI. Celeritas AI must promptly investigate any security and/or privacy incident to determine whether there has been a breach of PHI. In making this determination, Celeritas AI shall consider the following:

- a. Whether the unauthorized or impermissible acquisition, access, use, or disclosure involved PHI.
- b. Whether Celeritas AI can demonstrate, based on the following factors, a low probability that the PHI has been compromised:
  - i.* The nature and extent of the information involved;
  - ii.* The unauthorized person who used or received the information;
  - iii.* Whether the information was actually acquired or viewed; and
  - iv.* The extent to which the risk to the information has been mitigated.
- c. Celeritas AI must document the investigation and reasonable conclusions, including all facts relevant to the risk assessment. Documentation of findings and final actions from the investigation should be maintained as a part of Celeritas AI's Privacy records and retained for six (6) years.
- d. If it is determined that a HIPAA violation has occurred, Celeritas AI must determine what disciplinary actions should be taken. The disciplinary action report documenting the violation should be placed in the staff's personnel file.

3. Breach Notification Procedures: If Celeritas AI determines that a breach of unsecured PHI has occurred, Celeritas AI shall notify the affected individual(s), HHS, and the media (if required) in accordance with this Policy and the requirements of HIPAA's breach notification rules. Any notice provided pursuant to this Policy must be approved and directed by Celeritas AI's

Privacy Officer. No other personnel may, absent express authorization of the Celeritas AI's Privacy Officer, provide the notice required by this Policy.

- a. **Notice to individuals.** When a breach of PHI has occurred, Celeritas AI shall notify the affected individual(s) without unreasonable delay and in no case later than 60 days after the breach is discovered.
  - i. **Contents of Notice.** The notice must be in writing and written in plain language, and must include, to the extent possible:
    - (1) A brief description of the incident (e.g., the date of the breach and the date it was discovered);
    - (2) A description of the types of information involved (e.g., whether the breach involved names, social security numbers, birthdates, addresses, diagnoses, etc.);
    - (3) Any steps the affected individual(s) should take to protect him or herself from potential harm resulting from the breach;
    - (4) A brief description of what Celeritas AI is doing to investigate, mitigate, and protect against further harm or breaches; and
    - (5) Contact information for Celeritas AI (or business associate, as applicable) (e.g., toll-free telephone number, e-mail address, website, or postal address).
  - ii. **Method of Notification.** Celeritas AI shall notify the affected individual by first class mail to the individual's last known address. Notice may be sent via e-mail if the patient has agreed to accept notification via electronic means.
  - iii. **Substitute Notice.** If Celeritas AI has insufficient or out-of-date contact information that precludes written notification to the individual, Celeritas AI shall provide a substitute form of notice that is reasonably calculated to reach the individual.
    - (1) Fewer than 10 individuals: Where there is insufficient or out-of-date contact information for fewer than 10 individuals, substitute notice may be provided by an alternative form of written notice, telephone, or other means.
    - (2) 10 or More individuals: Where there is insufficient or out-of-date contact information for 10 or more individuals, substitute notice shall:
      - (a) Be in the form of either a conspicuous posting for a period of 90 days on the home page of the Web site of the covered entity involved, or conspicuous notice in major print or broadcast media in geographic areas where the individuals affected by the breach likely reside; and



- (b) Include a toll-free phone number that remains active for at least 90 days where an individual can learn whether the individual's unsecured protected health information may be included in the breach.
    - iv. *Urgent Situations.* In any case deemed by Celeritas AI to require urgency because of possible imminent misuse of unsecured PHI, Celeritas AI may provide information to individuals by telephone or other means, as appropriate, in addition to the required written notice.
    - v. *Deceased individuals.* If Celeritas AI has the address of the next of kin or personal representative of the deceased individual, it may provide written notification by first-class mail to either the next of kin or personal representative.
  - b. Notice to HHS. If Celeritas AI determines that a breach of protected health information has occurred, Celeritas AI shall also notify HHS of the breach as follows:
    - i. *500 or More Affected individuals.* For breaches of unsecured PHI involving 500 or more individuals, Celeritas AI must notify HHS of the breach contemporaneously with the notice to the individuals and in the manner specified on the HHS website.
    - ii. *Fewer than 500 Affected individuals.* For breaches of unsecured protected health information involving fewer than 500 individuals, Celeritas AI may report the breach immediately to HHS in the manner specified on the HHS website. If the Privacy Officer does not immediately report the breach to HHS, they shall maintain a log or other documentation of such breach and, not later than 60 days after the end of each calendar year, provide the notification to HHS in the manner specified on the HHS website.
  - c. Notice to Media. For a breach of unsecured protected health information involving more than 500 residents of a particular state or jurisdiction, Celeritas AI shall, following the discovery of the breach, notify prominent media outlets serving the state or jurisdiction. The notification must be made without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. The notification must contain the information required for individual notices as described in Section 3.a.i above.
4. No Retaliation. Celeritas AI maintains an open-door policy regarding compliance with HIPAA. Workforce Members are encouraged to speak with the Privacy/Security Officer or other appropriate individual regarding any concerns they may have with Celeritas AI HIPAA compliance program or initiatives designed to maintain and enhance privacy and security controls. Neither Celeritas AI nor anyone affiliated with Celeritas AI may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for exercising any right established by, or for participating in any process provided for by, these policies or the law, including:
- a. Filing a complaint with Celeritas AI;
  - b. Filing a complaint with governmental authorities;

- c. Assisting or participating in an investigation or compliance review by Celeritas AI or its agents;
- d. Testifying in a proceeding or hearing by governmental authorities under HIPAA; or
- e. Opposing any act or practice made unlawful by HIPAA, provided the individual has a good faith belief that the practice opposed is unlawful and the manner of opposition is reasonable and does not involve an impermissible disclosure of PHI.

Any individual who believes that a form of retaliation or intimidation is occurring or has occurred should report the incident to Celeritas AI. Celeritas AI should treat such a report as a complaint and investigate it accordingly.

### HIPAA PRIVACY BREACH LOG

Date of Breach	Date of Discovery	Description of Incident	# of individuals Affected	Notifications Made (method, media used, dates, etc.)	Notes

This log will be submitted to the Secretary of the Department of Health and Human Services within 60 days after the year end. Refer to <http://www.hhs.gov> for how to submit this breach notification.

## HIPAA BREACH ANALYSIS TOOL

Name of person completing form: \_\_\_\_\_

Date incident occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date incident discovered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief description of incident (including number of individuals affected):

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1. **Was protected health information (“PHI”) involved?** (PHI is any individually identifiable information, including demographic information, that is created or received by a healthcare provider and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual).

☐ Yes (continue to Question 2)

☐ No (no breach reporting required under HIPAA)

Describe the information involved:

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2. **Was the PHI unsecured?** (“Unsecured” PHI is PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified in HHS guidance, which can be found at [www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brguidance.html](http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brguidance.html).)

☐ Yes (continue to Question 3)

☐ No (no breach reporting required under HIPAA)

Describe the PHI (e.g., whether it was verbal/oral, paper, or electronic; if electronic, whether it was encrypted, password-protected, etc.)

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3. **Was the PHI acquired, accessed, used, or disclosed in a manner not permitted by the Privacy Rule?** (A violation of the “minimum necessary” standard is not permitted by the Privacy Rule. On the other hand, a use or disclosure of PHI that is incident to an otherwise permissible use or disclosure and that occurs despite reasonable safeguards and proper

minimum necessary procedures is not a violation of the Privacy Rule. You may wish to consult legal counsel to determine if the acquisition, access, use, or disclosure was permitted by the Privacy Rule).

- \_\_\_\_ Yes (continue to Question 4)  
\_\_\_\_ No (no breach reporting required under HIPAA)

Describe who acquired, accessed, used, and/or disclosed the PHI; whether the person(s) was authorized or unauthorized; and how the PHI was acquired, accessed, used, or disclosed:

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4. **Does an exception apply?** (Check any that applies)

- ☐ **Exception A** - A breach does not include any unintentional acquisition, access, or use of PHI by a Workforce Member, or person acting under the authority of a covered entity or business associate, if it: was made in good faith; and as within the course and scope of authority; and does not result in further use or disclosure in a manner not permitted by the Privacy Rule.
- ☐ **Exception B** - A breach does not include an inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received is not further used or disclosed in a manner not permitted by the Privacy Rule.
- ☐ **Exception C** - A breach does not include disclosure of PHI where the covered entity or business associate has a good faith belief that the unauthorized person who received it would not reasonably have been able to retain the information. These incidents would not constitute reportable breaches.

- \_\_\_\_ Yes (no breach reporting required under HIPAA)  
\_\_\_\_ No (Continue to Question 5)

5. **Risk Assessment.** An acquisition, access, use, or disclosure of PHI in a manner not permitted by the Privacy Rule is presumed to be a breach and must be reported unless the covered entity can demonstrate a low probability that the PHI has been compromised. This determination must be based on a risk assessment of least the following 4 factors:

**Factor 1** – Nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification. (Consider whether sensitive financial information, e.g., credit card numbers or social security numbers, was involved, or whether sensitive clinical information was involved, e.g., information related to mental health or sexually transmitted diseases, as well as the amount of detailed clinical information involved, e.g., diagnosis, medication, medical history,

test results, etc. Consider whether the PHI could be used in a manner adverse to the patient or to further the unauthorized recipient's own interests).

Describe the PHI involved, including the types of identifiers and the likelihood of re-identification

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- ☐ Supports reporting
- ☐ Does not support reporting

**Factor 2** – The unauthorized recipient or user of the PHI. This factor must be considered even if the impermissible acquisition, use, or disclosure was purely internal. Consider whether the unauthorized person is also a covered entity subject to HIPAA requirements or a government employee or other person required to comply with other privacy laws.

Describe who used or received the PHI and whether s/he has any legal or ethical obligation to protect the PHI

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- ☐ Supports reporting
- ☐ Does not support reporting

**Factor 3** – Whether the PHI was actually acquired or viewed (if ePHI is involved, this may require a forensic analysis of the computer or device to determine if the information was accessed, viewed, acquired, transferred, or otherwise compromised).

Describe whether the PHI was actually acquired or viewed

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- ☐ Supports reporting
- ☐ Does not support reporting

**Factor 4** – The extent to which the risk to the PHI has been mitigated (e.g., did you obtain satisfactory assurances from the recipient, in the form of a confidentiality agreement or similar means, that he or she will not further use or disclose, or has completely returned or has or will completely destroy, the PHI?

Describe the mitigation steps taken

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- ☐ Supports reporting
- ☐ Does not support reporting

**Factor 5** – Any other relevant factors (indicate “none” if appropriate) \_\_\_\_\_

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- ☐ Supports reporting
- ☐ Does not support reporting

Based on the above factors, is there a low probability that the PHI has been compromised?

\_\_\_\_ Yes (no breach reporting required under HIPAA)

\_\_\_\_ No (breach reporting is required under HIPAA)

Signature of person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

## 22. Marketing and Fundraising

### 1 Policy:

Subject to certain defined exceptions, marketing communications utilizing PHI require a prior written authorization from the patient.

Fundraising communications that are made specifically for the benefit of Celeritas AI and contain only demographic information and dates of service do not require an authorization as long as Celeritas AI's Notice of Privacy Practices describes this limited use of PHI. Fundraising materials must describe how an individual can opt out of receiving future fundraising communications.

### 2 Procedure:

#### 1. Marketing.

- a. The Privacy Rule defines marketing as a communication and/or disclosure of PHI that encourages an individual to use or purchase a product or service, except under the following conditions:
  - i. Communications made directly by Celeritas AI to describe a health related product or service it provides.
  - ii. Communications made for treatment of the individual.
  - iii. Communications for case management or care coordination for the patient.
  - iv. Communications to direct or recommend alternative treatments, therapies, and health care providers or settings of care.
  - v. Face to face communications made by a Celeritas AI representative to an individual.
  - vi. Promotional gifts of nominal value (defined in policy; for example, less than \$25 each gift not to exceed \$100.00 per annum) provided by Celeritas AI.
- b. A valid written authorization must be obtained prior to using or disclosing PHI for purposes that meet the HIPAA definition of marketing and do not qualify for any of the exceptions listed above.
- c. If direct or indirect remuneration to Celeritas AI from a third party is involved, the authorization must state the nature of such third party remuneration.
- d. No authorization is required in the following situations:
  - i. Communications directed at an entire population (not to a targeted individual) that promote health in a general manner and do not endorse a specific product or service;
  - ii. PHI is not disclosed in a marketing communication (such as a newspaper advertisement).



- e. In the event a planned marketing activity involves payment to Celeritas AI (e.g., cash, referral, gifts, etc.), anti-kickback, inducement, self-referral, and general fraud and abuse statutes and regulations may apply. These shall be considered and approved prior to implementation of the marketing activity. Celeritas AI will assure that any marketing activity is in compliance with such laws and regulations.
- f. Celeritas AI may engage a marketing firm to conduct permitted marketing activities on Integrated Digestive Partners' behalf. Should the marketing activities require the use or disclosure of PHI to the marketing firm, then a Business Associate relationship would exist and a BAA/Addendum would be required. Celeritas AI may not sell or disclose PHI to a third party to help the third party market its own products or services without a signed authorization from the patient.

## 23. Sale of PHI

### 1 Policy:

Celeritas AI is prohibited from selling PHI unless a valid authorization from the individual to whom the PHI belongs is obtained. All authorizations obtained for the sale of PHI shall specifically state that disclosure will result in remuneration to Celeritas AI.

### 2 Procedure:

Celeritas AI may not sell PHI, except pursuant to a valid authorization that specifically states that the disclosure will result in remuneration to Celeritas AI, and as permitted by the applicable Business Associate Agreement.

The “sale of PHI” means disclosure of PHI by Celeritas AI where Celeritas AI directly or indirectly receives remuneration from, or on behalf of, the recipient of the PHI in exchange for the PHI. However, “sale of PHI” does not include a disclosure of PHI for the following purposes:

- For public health purposes pursuant to 45 C.F.R. § 164.512(b) or § 164.514(e);
- For research purposes, where the only remuneration received by Celeritas AI is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purposes;
- For treatment and payment purposes;
- For the sale, transfer, merger, or consolidation of all or part of Celeritas AI and for related due diligence;
- To or by a Business Associate for activities that Business Associate takes on behalf of Celeritas AI, pursuant to §§ 164.502(e) and 164.504(e), and the only remuneration provided is by Celeritas AI to Business Associate, if applicable, for the performance of such activities;
- To an individual, when the individual requests access to the individual's PHI or an accounting of disclosures;
- For disclosures required by law; and
- For any other purpose permitted by and in accordance with the Privacy Rule, where the only remuneration received is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by other law.

If you are uncertain whether a planned disclosure constitutes the “sale of PHI,” consult the Privacy Officer for further guidance.

## 24. Research Policy

### 1 Policy:

- Celeritas AI must obtain a patient's authorization before releasing his/her PHI for research purposes.
- Celeritas AI will ensure that an appropriately instituted and formally designated (per Federal Drug Administration/FDA regulations) Institutional Review Board is utilized for the protection of human subjects in any research activity involving access to PHI under Celeritas AI's control.
- The patient has the right to refuse to participate in research.
- Celeritas AI shall abide by the experimental subject's (patient's) privacy rights.

### 2 Procedure:

1. Federal regulations and state laws regulate the use of human subjects (patients) in any investigation designed to develop or contribute to specific knowledge. Such laws require that specific information be disclosed so that a subject (patient) may give informed authorization and that authorization must be documented.

2. At the beginning of any research project, Celeritas AI and the entity involved in the research must determine and agree on who will be responsible for obtaining an authorization to use or disclose PHI.

3. If an outside authorization is utilized, Celeritas AI's Privacy Designee will review the patient's authorization to assure that it is valid in accordance with the HIPAA Privacy Rules and those special provisions related to research.

#### 4. Special Authorization Provisions Related to Research.

- a. *Expiration Date:* The Authorization form will state the expiration date or that the expiration event is "end of research study," "none," or similar language.
- b. *Combining Authorization:* The Authorization form may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of PHI for such research or a consent to participate in such research.
- c. *Condition Treatment on Authorization:* The provision of research-related treatment may be conditioned on the provision of an authorization for the use or disclosure of PHI for such research.

5. Federal law requires the establishment of an Institutional Review Board ("IRB") to review and approve proposed research and the process by which the investigator intends to secure the informed authorization of participants.

- a. Institutions engaged in research involving human subjects (e.g., medical schools, universities, large hospitals) will usually have their own IRB to oversee research conducted within the institution or by staff of the institution.
  - b. It is the responsibility of the organization or institution conducting the research to establish or contract with an IRB; it is Celeritas AI's responsibility to ensure that an IRB is utilized.
  - c. If the research study is approved by the IRB and de-identified health information can be used or disclosed, then no further privacy implications exist.
  - d. If the research study is approved by the IRB and de-identified health information cannot be used or disclosed, then an Authorization form is required and must be obtained from each patient included in the research study.
  - e. Appropriate Celeritas AI staff will manage requests to participate in research studies and coordinate the review process by the IRB.
  - f. Contact/communications with the IRB and related findings must be documented and communicated to Celeritas AI's Privacy Officer.
6. If Celeritas AI participates in research projects, Celeritas AI's Privacy Officer must have a method of tracking the correspondence, decisions, and other communications regarding the research project.
7. Celeritas AI will inform every patient of any research or economic interest (for example, any direct or indirect remuneration that may come to Celeritas AI as a result of the research) that may result from his or her treatment.
8. Celeritas AI or the entity conducting the research will obtain the patient's Authorization form when required.
9. Celeritas AI's Privacy Officer will file the original copy of the request and the associated response in the participant's Medical Record.

## 25. Personal Representatives and Deceased Individuals

### 1 Policy:

**Deceased individuals:** HIPAA's Privacy Rule applies to uses and disclosures of PHI for a period of fifty (50) years after the date of an individual's death. However, the Privacy Rule allows for certain uses and disclosures of a deceased individual's PHI, including disclosures to coroners, medical examiners, and funeral directors; uses and disclosures for organ, eye, and tissue donation; and uses and disclosures for research purposes. Unless a use or disclosure is expressly permitted by the HIPAA Privacy Regulations, Celeritas AI will protect the confidentiality and privacy of deceased individuals' PHI to the same extent it is required to protect the confidentiality and privacy of living individuals' PHI.

**Personal Representative:** Subject to certain exceptions described in this policy, Celeritas AI will treat, where appropriate, the personal representative of an individual as the individual for purposes of exercising the individual's rights under HIPAA.

### 2 Procedure:

#### 1 **Deceased individuals:**

1. Disclosures to Coroners and Medical Examiners. Celeritas AI may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased individual, determining a cause of death, or other duties authorized by law.
2. Disclosures to Funeral Directors. Celeritas AI may disclose to a funeral director a deceased individual's PHI if necessary to carry out the funeral director's duties with respect to the deceased individual. Celeritas AI may disclose to a funeral director a deceased individual's PHI prior to, and in reasonable anticipation of, an individual's death if necessary for the funeral director to carry out his or her duties.
3. Use and Disclosure of PHI for Organ, Eye, Tissue, or Cadaver Donation Purposes. Celeritas AI may use or disclose PHI for/to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.
4. Disclosure to Law Enforcement Officials. Celeritas AI may disclose a deceased individual's PHI to a law enforcement official for the purpose of alerting law enforcement of the deceased individual's death if Celeritas AI suspects that the death may have been the result of criminal conduct.
5. Disclosure of a Deceased individual's PHI for Research. Celeritas AI may disclose a deceased individual's PHI to a researcher for research purposes provided it obtains from the researcher (a) a written representation that the use or disclosure is sought solely for research on the PHI of decedents; and (b) a written representation that the PHI is necessary for such research purposes. Upon Celeritas AI's request, the researcher must provide documentation of the death of the individual(s) whose PHI is requested.

## 2 Personal Representative:

1. Personal Representative Defined. A “personal representative” is an individual who has authority – either by operation of law or from the individual him or herself – to act on behalf and in place of the individual. This includes parents, legal guardians, and persons with power of attorney. This may also include the family or next of kin of an individual who is unable to communicate and/or represent him or herself and who has no legally appointed representative.

2. Scope of Authority. Celeritas AI must treat the personal representative as the individual only to the extent that the PHI to be used or disclosed is relevant to the matters on which the personal representative is authorized to represent the individual.

3. Adults and Emancipated Minors. If a person has authority by law to make decisions related to the use or disclosure of PHI on behalf of an individual who is an adult or an emancipated minor, that person will be treated as the individual’s personal representative. Once a minor is emancipated, a parent or guardian cannot be recognized as the emancipated minor’s personal representative.

4. Un-emancipated Minors. In general, parents are the personal representatives of their children. In cases where a legal guardian or other individual has been designated to act on behalf of a minor child, that person will be recognized as the child’s personal representative. There are, however, exceptions to this general rule. Celeritas AI will not treat the parent as the minor child’s personal representative in the following circumstances:

- When state or other law allows a minor to obtain a particular health care service without parental consent (e.g., testing and counseling for sexually transmitted diseases; treatment and rehabilitation for substance abuse; and limited reproductive issues) and the minor consents to the health care services.
- When someone other than the parent is authorized by law to consent to the provision of a particular health service to a minor and provides such consent (e.g., when a court grants authority to make healthcare decisions for the minor to itself, to another adult, or to the minor.
- When a parent agrees to a confidential relationship between the minor and a health care provider.

In these situations, the parent does not control the minor’s health care decisions, and thus does not control the protected health information related to that care.

5. Deceased individuals. Celeritas AI will treat an executor, administrator, or other person designated to act on behalf of a deceased individual or the estate as the deceased individual’s personal representative. Celeritas AI will treat the personal representative as the individual only for purposes relevant to the representation. Therefore, the executor of the estate has a right to access the deceased individual’s PHI that is relevant to the personal representative’s responsibilities as executor. If the individual died without naming a personal representative or executor, state law determines who has a right to access the individual’s medical records.

6. Exceptions. Celeritas AI may elect not to treat an individual as a personal representative if Celeritas AI has a reasonable belief that:

- The individual has been or may be subjected to domestic violence, abuse, or neglect by a parent, guardian, or personal representative; or
- Treating such a person as the personal representative could endanger the individual; and
- One or more licensed healthcare professionals at Celeritas AI, in the exercise of professional judgment, determines that it is not in the best interest of the patient to treat the person as the patient's personal representative.

## 26. Destruction Policy

### 1 Policy:

PHI stored in paper, electronic, or other format will be destroyed utilizing an acceptable method of destruction after the appropriate retention period has been met.

Access to PHI stored on computer equipment and media will be limited by taking the appropriate measures to destroy electronically stored PHI.

### 2 Procedure:

1. In the absence of investigation, litigation, or legal hold, records that have satisfied their legal, fiscal, administrative, and archival retention requirements may be destroyed/disposed of by an appropriate method as described below. Records containing PHI that are scheduled for destruction or disposal must be secured against unauthorized access until such destruction or disposal is complete.

2. Celeritas AI will make and permanently maintain a record ("Destruction Log") of all destruction or disposal of **original** patient medical records or other original documents containing PHI. The Destruction Log shall include:

- a. Date of destruction or disposal;
- b. Method of destruction or disposal;
- c. Description of the records that were destroyed or disposed of;
- d. Names and signatures of the individual(s) supervising and witnessing the destruction or disposal; and
- e. A statement that the records containing PHI were destroyed or disposed of in the usual course of business.

3. If Celeritas AI uses an outside vendor to destroy or dispose of the records, it must enter into a contract with the outside vendor and such contract must:

- a. Identify the method of destruction or disposal
- b. Specify how long the records will be maintained by the vendor before the vendor destroys or disposes of the records.
- c. Establish safeguards against unauthorized access of the records.
- d. Provide proof of destruction or disposal.

4. Acceptable Methods of Destruction or Disposal. Records must be destroyed or disposed of in a manner that leaves no possibility for reconstruction, in the case of paper records, or in a manner that destroys the data permanently and irreversibly, in the case of electronic records.



<b>Medium</b>	<b>Method of Destruction or Disposal</b>
Paper Records	<ul style="list-style-type: none"> <li>· Burning</li> <li>· Shredding</li> <li>· Pulping</li> <li>· Pulverizing</li> </ul>
Computerized Data	<ul style="list-style-type: none"> <li>· Clearing: Using software or hardware products to overwrite media with non-sensitive data</li> <li>· Purging: Degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains</li> <li>· Destroying: Disintegration, pulverization, melting, incinerating, or shredding</li> </ul>
Compact Disks (CDs) and Diskettes	<ul style="list-style-type: none"> <li>· Cutting into pieces</li> <li>· Pulverizing</li> </ul>
Microfilm/ Microfiche	<ul style="list-style-type: none"> <li>· Recycling</li> <li>· Pulverizing</li> </ul>
Videotapes	<ul style="list-style-type: none"> <li>· Recycling (tape over)</li> <li>· Pulverizing</li> </ul>

## 27. Law Enforcement Disclosures

### 1 Policy:

Celeritas AI may use or disclose PHI to the extent that such use or disclosure is required by law and complies with and is limited to the relevant requirements of such law or to the extent such use or disclosure is permitted under the Privacy Regulations.

### 2 Procedure:

1. Disclosures Required by Law. If there is a specific law that requires the disclosure of PHI to a law enforcement official, such as the reporting of certain types of wounds or injuries, then Celeritas AI may disclose the PHI without the individual's authorization.

2. Disclosures Pursuant to Legal Process. Celeritas AI may disclose PHI in response to a court order, court-ordered warrant, subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request, such as an administrative subpoena or summons, a civil or authorized investigative demand or similar process authorized under law **if:** (a) the information sought is relevant and material to a legitimate law enforcement inquiry; (b) the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is being sought; and (c) de-identified information could not reasonably be used.

3. Disclosures to Law Enforcement for Purposes of Identification and Location. If a disclosure of PHI is not required by law as described above, but a law enforcement official has requested the disclosure of the PHI solely for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, then Celeritas AI may disclose only the following: (a) name and address; (b) date and place of birth; (c) Social Security number; (d) type of injury; (e) ABO blood type and rh factor; (f) date and time of treatment; (g) date and time of death, if applicable; and (h) a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars and tattoos. Celeritas AI may not disclose for identification or location purposes any PHI related to an individual's DNA, DNA analysis, dental records or typing, samples or analysis of body fluids or tissue. Any disclosure for these purposes must also be in accordance with the requirements of any applicable state law.

4. Disclosures to Law Enforcement Regarding Victims of a Crime. If a disclosure is not required by a particular law, but a law enforcement official has requested disclosure of PHI about an individual who is thought to be a victim of a crime (other than child abuse; or abuse, neglect or domestic violence concerning adults who are not elder persons or disabled adults; or abuse or neglect of an elder person or disabled adult), then Celeritas AI may make the requested disclosure if the individual agrees to the disclosure. If Celeritas AI is unable to obtain the individual's agreement because the individual is incapacitated or because of other emergency circumstances, Celeritas AI may disclose the PHI if, in the exercise of its professional judgment, it determines that the disclosure is in the best interest of the individual, **and** the law enforcement official requesting the disclosure represents that (1) the information is needed to determine whether there has been a violation of law by a person other than the victim, and the information requested is not intended to be used against the victim; and (2) immediate law enforcement activities that depend upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree.

5. Disclosures to Law Enforcement Initiated by Celeritas AI

- a. *Disclosures Regarding Decedents.* Celeritas AI may initiate a disclosure to a law enforcement official of PHI of an individual who has died if Celeritas AI suspects that the individual's death was the result of criminal conduct, and if the disclosure is necessary for purposes of alerting the law enforcement official to this suspicion.
- b. *Disclosure Regarding Crime on Premises.* Celeritas AI may initiate a disclosure of PHI to a law enforcement official that Celeritas AI believes in good faith constitutes evidence of criminal conduct that occurred on Celeritas AI's premises.
- c. *Disclosures for Purposes of Reporting of Criminal Conduct in Emergencies.* If a healthcare provider who is part of Celeritas AI provides emergency health care in response to a medical emergency, that healthcare provider may initiate disclosure of PHI regarding the medical emergency to law enforcement officials if the disclosure is necessary to alert law enforcement to: (a) the commission and nature of a crime; (b) the location of such crime or of the victim(s) of the crime; and (c) the identity, description and location of the perpetrator of the crime. Such disclosures may not be made with regard to an emergency that occurs on Celeritas AI's premises. Such disclosures may not be made with regard to emergency medical care given to an individual whom Celeritas AI believes requires this care as a result of abuse, neglect, or domestic violence.

6. Verification. Celeritas AI shall verify the identity of any law enforcement official to whom a permitted disclosure is made pursuant to this policy.

7. Minimum Necessary. If Celeritas AI is permitted to make a disclosure of PHI as described above, Celeritas AI may disclose only the information specified for the particular situation. If no specific information is specified for a particular situation, then Celeritas AI may disclose only the minimum necessary PHI to accomplish the purpose of the disclosure.

8. Accounting for Disclosures. Celeritas AI must keep a record of any disclosures made to law enforcement pursuant to this policy. This information shall be available to any individual who is the subject of such a disclosure and who requests an accounting of such a disclosure. Records regarding disclosures to law enforcement must be kept for at least 6 years after the date of the disclosure.

## 28. Retention of PHI

### 1 Policy:

- PHI contained in the Designated Record Set will be retained according to state and federal regulations, whichever require retention for the longer period of time.
- PHI, including medical and financial records contained in the Designated Record Set, will be retained for a minimum of **six** years, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.
- In the absence of state law specifying a greater retention period, medical records must be retained for at least **six** years.
- For minor residents (persons who have not reached full legal age), medical records must be retained for **three** years after the minor reaches legal age under state law or **six** years from the date of discharge, whichever is longer.
- Medical records in connection with which there may be pending litigation may be exempt from scheduled destruction at the discretion of Celeritas AI.
- If state laws and regulations require a greater retention time period, the greater will be followed.

### 2 Procedure:

1. Celeritas AI will review state laws and regulations to determine Medical Record retention period and “legal age.”
2. If state laws or regulations require a different retention period, the greater retention period will be followed.
3. Celeritas AI will store the records until the retention period has expired. Records must be stored in a secure manner. The records must be protected from unauthorized access and accidental/wrong destruction.
4. At the expiration of the retention period, the Medical Records will be destroyed. Records should be destroyed annually in accordance with the retention time frames.

## 29. Policy On Whistleblowers and Victims of Crime

### 1 Policy:

Celeritas AI does not violate the requirements of the Privacy Rule if a member of its workforce or a business associate discloses PHI, provided that:

- The Workforce Member or Business Associate believes in good faith that Celeritas AI has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by Celeritas AI potentially endangers one or more patients, workers, or the public; and
- The disclosure is to:
  - A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the Covered Component or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the Covered Component; or
  - An attorney retained by or on behalf of the Workforce Member or business associate for the purpose of determining the legal options of the Workforce Member or business associate with regard to the alleged unlawful conduct; or
- The Workforce Member is the victim of a crime and discloses PHI to a law enforcement official, provided the information disclosed is limited as described in this policy.

### 2 Procedure:

1. Whistleblower Disclosures. Celeritas AI's Workforce Members and Business Associates may make whistleblower disclosures of an individual's PHI without the individual's written authorization. Celeritas AI will not impose any sanctions upon, and will not take any intimidating or retaliatory actions against members of Celeritas AI's workforce and Celeritas AI's Business Associates who make Whistleblower Disclosures related to Celeritas AI's handling of PHI and compliance with HIPAA. Celeritas AI does not violate HIPAA if a member of its workforce or its Business Associate makes a whistleblower disclosure in compliance with the requirements of this policy.

2. Crime Victim Disclosures. A member of Celeritas AI's workforce may disclose PHI to a law enforcement official if the Workforce Member is the victim of a crime and the PHI to disclose pertains to the suspect who allegedly committed the crime against the Workforce Member. When making disclosures as the victim of a crime, the Workforce Member may disclose to law enforcement only the following information:

- a. Name and address of the suspect;
- b. Date and place of birth;
- c. Social Security number;
- d. ABO blood type;

- e. Type of injury;
- f. Date and time of treatment;
- g. Date and time of death, if applicable; and
- h. A description of distinguishing physical characteristics including height, weight, gender, race, hair and eye color, presence, or absence of facial hair (beard or moustache), scars and tattoos.