

# Clutch Health

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## CLUTCH HEALTH NOTICE OF PRIVACY PRACTICES

**YOUR RIGHTS.**

**YOUR CHOICES.**

**OUR USES AND DISCLOSURES.**

**OUR RESPONSIBILITIES.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please read it carefully.**

This Notice of Privacy Practices (the "Notice") describes the privacy practices of Clutch Health, Inc., ("Clutch Health") and the members of its Affiliated Covered Entity ("GEM ACE"). An Affiliated Covered Entity is a group of Covered Entities and Health Care Providers under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). The members of the GEM ACE will share protected Health Information with each other for the treatment, payment and health care operations of the GEM ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the GEM ACE, please contact the Clutch Health Privacy Office.

Protected health information ("PHI") is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and contact information, as well as information about your health, medical conditions and prescriptions. It may relate to your past, present or future physical or mental health or condition, the provision or health care products and services to you or payment for such products or services.

### YOUR RIGHTS

**When it comes to your PHI, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and your other PHI. Ask us how to do this.
- We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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**Ask us to correct your medical record**

- You can ask us to correct your PHI that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

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**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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**Get a list of those with whom we’ve shared information**

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

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**Get a copy of this privacy notice**

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

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**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
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**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.
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## Your Choices

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

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

- Share or not share your PHI with your family, close friends, or others involved in your care.
- Share or not share your PHI in a disaster relief situation.
- Include or not include your PHI in a hospital directory.
- Contact or not contact you for fundraising efforts.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.*

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**In these cases, we never share your PHI unless you give us written permission:**

- Marketing purposes
  - Sale of your PHI
  - Most sharing of psychotherapy notes
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**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
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## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

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**Treat you**

- We can use your PHI and share it with other professionals who are treating you and other third parties.

**Example:** Use and disclose your PHI to provide and coordinate the treatment, medication and services you receive at Clutch Health.

**Example:** Disclose your PHI to other third parties, such as pharmacies, doctors, hospitals or other health care providers to assist them in providing care to you or for care coordination. In some instances, uses and disclosures of your PHI for these purposes may be made through a Health Information Exchange or similar shared system.

**Example:** Contact you to provide treatment-related services, such as refill reminders, adherence communications or treatment alternatives (e.g., available generic products).

**Example:** If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

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**Run our organization**

- We can use and share your PHI to run our practice, improve your care, and contact you when necessary.

**Example:** Use and disclose your PHI to monitor the quality of our health care services, to provide customer services to you, to resolve complaints and to coordinate your care.

**Example:** Transfer or receive your PHI if we buy or sell pharmacy locations.

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*Example:* Use and disclose your PHI to contact you about health-related products, services or opportunities that may interest you, such as programs for Clutch Health patients.

*Example:* Disclose your PHI to other HIPAA Covered Entities that have provided services to you so that they can improve the quality and efficacy of the health care services they provide or for their health care operations.

*Example:* Use your PHI to create de-identified data, which no longer identifies you, and which may be used or disclosed for analytics, business planning or other purposes.

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**Bill for your services**

- We may use and disclose your PHI to third parties, known as Business Associates (“BAs”), to obtain payment for the services we provide to you and for other payment activities related to the services we provide. BAs are required by law and their contracts with us to protect your PHI the same way we do.

*Example:* Share your PHI with your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your health care products and services you need and to determine the payment amount you may owe.

*Example:* Contact you about a payment or balance due for prescriptions dispensed to you at Clutch Health or may disclose your PHI to other health care providers, health plans or other HIPAA Covered Entities who may need it for their payment activities.

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**How else can we use or share your PHI?** We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your PHI for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share your PHI for certain situations such as:<ul style="list-style-type: none"><li>○ Preventing disease.</li><li>○ Helping with product recalls.</li><li>○ Reporting adverse reactions to medications.</li><li>○ Reporting suspected abuse, neglect, or domestic violence.</li><li>○ Preventing or reducing a serious threat to anyone’s health or safety.</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your PHI for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will your PHI if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li><li>• Correctional Institution: If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety or the health and safety of others.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>• We can share your PHI with organ procurement organizations.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share your PHI with a coroner, medical examiner, or funeral director when you die.</li></ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share your PHI:<ul style="list-style-type: none"><li>○ For workers’ compensation claims.</li><li>○ For law enforcement purposes or with a law enforcement official.</li><li>○ With health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative and criminal proceedings, and as necessary for oversight of the health care system, government programs or compliance with civil rights laws.</li><li>○ For special government functions such as military, national security, presidential protective services.</li></ul></li></ul>

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**Respond to lawsuits and legal actions**

- We can share your PHI in response to a court or administrative order, or in response to a subpoena.
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## Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

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

**Effective Date.** This Notice is effective as of 07/20/2020

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