



**PRIVACY NOTICE POLICY
OF
MedRisk, Inc.
Certify Verify, LLC
Expert Clinical Benchmarks, LLC**

NOTICE OF PRIVACY PRACTICES

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

Uses and Disclosures of Health Information

We may use health information about you to obtain payment for treatment (such as sending billing information to an insurance company or health plan), for administrative purposes (such as auditing our processes or employees' work for accuracy and timeliness) and to evaluate the quality, cost or utilization of care that you receive (such as comparing data to improve treatment methods and guidelines).

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, auditing purposes, judicial and administrative proceedings, automobile and commercial insurance purposes, workers' compensation purposes and emergencies. We provide information when otherwise required by law, such as disclosures to patient (Section 164.524); disclosures to HHS to investigate or determine a covered entity's compliance (Section 164.502); uses and disclosures to carry out treatment, payment and health care operations (Section 164.506); uses and disclosures requiring an opportunity for the individual to agree or to object (Section 164.510); uses and disclosures for which an authorization or opportunity to agree or object is not required (Section 164.512), and to cover all uses and disclosures that may not otherwise be listed. We may also initiate a direct communication with you about your satisfaction with health care services you receive under a program administered by us. We may also contact you about appointment reminders or treatment alternatives. In any other situation, or when state law is more stringent, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures that you have authorized.

We may change our policies at any time. Before we make a significant change in our privacy practices, we will change our notice and post the new notice on our website. You can also request a copy of our notice at any time. For more information about our privacy notice, contact the person listed below.

Individual Rights

In most cases, you have the right to inspect or obtain a copy of health information about you which we use to make decisions about you. If you request copies, we may charge you a fee to reimburse us for copying and transmittal expenses we incur if we inform you of this charge in advance, unless another amount is stipulated in a specific law or regulation applying to your request. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than payment or related administrative purposes. If you



believe that information in your record is incorrect or that important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. You have the right to obtain a paper copy of the notice upon request.

You may request in writing that we not use or disclose your information for payment or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to honor it.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the US Department of Health and Human Services, Office of Civil Rights (OCR). **Under no circumstances will you be retaliated against for filing a complaint.**

Anyone can file written complaints with OCR by **mail, fax, or email**. OCR has ten regional offices, and each regional office covers certain states. If you need help filing a complaint or have a question about the complaint form or which regional office to contact, please go to the OCR website (<http://www.hhs.gov/ocr/privacyhowtofile.htm>) or call this OCR toll free number: 1-800-368-1019.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:

Susan Bocclair
MedRisk Privacy Officer
2701 Renaissance Blvd.
P.O. Box 61570
King of Prussia, PA 19406