

## **Nondiscrimination Notice and Access to Communication Services**

*hi HealthInnovations* does not discriminate on the basis of sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number 1-855-523-9355. TTY 711.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Optum Civil Rights Coordinator 11000 Optum Circle  
Eden Prairie, MN 55344  
Phone: 888-445-8745, TTY 711  
Fax: 855-351-5495  
Email: [Optum\\_Civil\\_Rights@Optum.com](mailto:Optum_Civil_Rights@Optum.com)

**If you need help with your complaint, please call the toll-free number 1-855-523-9355. TTY 711. You must send the complaint within 60 days of when you found out about the issue.**

You can also file a complaint with the U.S. Dept. of Health and Human services.

**Online** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

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

**Language Assistance Services and Alternate Formats**





PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-855-523-9355.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shoodí kohjj' 1-855-523-9355 hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-855-523-9355.

## **PROVIDER NOTICE OF PRIVACY PRACTICES**

NOTICE FOR MEDICAL INFORMATION: Pages 1 - 5.

**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.**

Effective January 1, 2017

We<sup>1</sup> are required by law to protect the privacy of your health information. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, and if we maintain a website, we will post a copy of the revised notice on our website [www.hihealthinnovations.com](http://www.hihealthinnovations.com). If we maintain a physical delivery site, we will also post a copy in our office. The notice will also be available upon request. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

## **How We Use or Disclose Information**

**We must** use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

**We have the right to** use and disclose health information for your treatment, to bill for your health care and to operate our business. For example, we may use or disclose your health information:

- **For Payment.** We may use or disclose health information to obtain payment for health care services. For example, we may disclose your health information to your health plan in order to obtain payment for the medical services we provide to you. We may ask you for advance payment.

<sup>1</sup> This Medical Information Notice of Privacy Practices applies to our hi HealthInnovations audiologists, hearing aid fitters and employees working on behalf of those individuals in the delivery of medical or health care services.

- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care. For example, we might analyze data to determine how we can improve our services.
- **To Provide You Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Reminders.** We may use or disclose health information to send you reminders about your care, such as appointment reminders with providers who provide medical care to you or reminders related to medicines prescribed for you.

**We may** use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual,

unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.

- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease

or disability, if the research study meets federal privacy law requirements.

- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and permitted by law.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. “Highly confidential information” may include confidential information under Federal laws governing alcohol and drug abuse information as well as state laws that often protect the following types of information:
  1. HIV/AIDS;
  2. Mental health;

3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Attached to this notice is a “Federal and State Amendments” document.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out how to revoke an authorization, use the contact information below under the section titled “Exercising Your Rights.”

## **What Are Your Rights**

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict

disclosures to family members or to others who are involved in your health care or payment for your health care. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction other than with respect to certain disclosures to health plans as further described in this notice.**

- **You have the right to request that we not send health information** to health plans in certain circumstances if the health information concerns a health care item or service for which you or a person on your behalf has paid us in full. We will agree to all requests meeting the above criteria and that are submitted in a timely manner.
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of certain health information we maintain about you such as medical records and billing records. If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect or obtain a copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right

to have the denial reviewed. We may charge a reasonable fee for any copies.

- **You have the right to ask to amend** certain health information we maintain about you such as medical records and billing records if you believe the information is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website, we will post a copy of the revised notice on our website. You may also obtain a copy of this notice on our website, [www.hihealthinnovations.com](http://www.hihealthinnovations.com) or by calling 1-855-523-9355.

## Exercising Your Rights

- **Contacting your Provider.** If you have any questions about this notice or want information about exercising any of your rights, please call 1-855-523-9355.
- **Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, to us at the following address:

hi HealthInnovations  
P.O. Box 356 Minneapolis, MN 55440

- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

**HI HEALTHINNOVATIONS PROVIDER NOTICE OF PRIVACY PRACTICES:  
FEDERAL AND STATE AMENDMENTS**

**Revised: January 1, 2017**

The first part of this Notice, which provides our privacy practices for Medical Information (pages 1 - 5), describes how we may use and disclose your health information under federal privacy rules. There are other laws that may limit our rights to use and disclose your health information beyond what we are allowed to do under the federal privacy rules. The purpose of the charts below is to:

1. show the categories of health information that are subject to these more restrictive laws; and
2. give you a general summary of when we can or cannot use and disclose your health information without your consent.

If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

Summary of Federal Laws

<b>Alcohol &amp; Drug Abuse Information</b>	
We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.	
<b>General Health Information</b>	
We are allowed to disclose general health information only (1) under certain limited circumstances, and /or (2) to specific recipients.	AR, CA, DE, FL, IN, MN, MT, NE, NJ, NY, PR, RI, TN, TX, WA
You may be able to restrict certain electronic disclosures of health information.	NC, NV
We are not allowed to use or disclose health information for certain purposes.	CA, FL, IA, MT, NH, TN
We will not use and/or disclosure information regarding certain public assistance programs except for certain purposes	AL, CA, MO, MT, NV, NJ, SD, TX
We are allowed to disclose certain immunization records only  (1) under certain limited circumstances, and/or disclose only (2) to specific recipients	FL, IL NE, NV, SC
We must restrict access to records of minors subject to a court protective order	IL
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes	KS, MO, VI
We are allowed to disclose your health information only for limited research purposes	WA
<b>Prescriptions</b>	
We are allowed to disclose certain pre- scription-related information only (1) under certain limited circumstances, and/or (2) to	AL, CO, CT, FL, GA, ID, IN, KY, MI, NE, NV, NH, NY, OH, RI, SC, TN, UT,

specific recipients.	VA, WV, WY
We must limit the amount of certain of your health information that we can include on a prescription or other medical certification document	ME
<b>Communicable Diseases</b>	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and /or (2) to specific recipients.	AZ, IA, IN, KS, MI, MT, NE, NV, NY, OK
<b>Sexually Transmitted Diseases and Reproductive Health</b>	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, CA, CO, FL, IL, IN, IA, KS, MA, MI, MT, NV, NJ, NM, OK, WA, WV, WY
We are not allowed to identify certain abortion patients in legal proceedings	OK
<b>Alcohol and Drug Abuse</b>	
We are not allowed to disclose alcohol and drug abuse information without your written consent.	WV
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, CA, CT, FL, GA, IL, IN, IA, LA, MD, MA, MI, MN, MS, NV, NC, OH, OK, PA, TN, VA, WI
<b>Genetic Information</b>	
We are not allowed to disclose genetic information without your written consent.	KS, NH, NY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, IL, LA, MA, ME, MO, NH, NV, NJ, NM, OR, RI, TX, VT, WA, WY
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	AK, DE, NM, WY

HIV / AIDS	
We are allowed to disclose HIV/AIDS-related information only  (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, CA, CO, CT, DE, FL,GA, IA, IL, IN, KS, KY, ME, MD, MA, MI, MO, MT, NE, NV, NH, NM, NY, NC, OH, OK, OR, PA, PR, RI, TX, WA, WV, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS-related information.	CT, FL
Mental Health	
We are not allowed to disclose mental health information without your written consent.	PR, UT
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, CA, CT, DC,IA, IL, IN, ME, MD, MI, MS, NV, NH, NJ, NM, NC, OK, PA, SC, SD, TN, TX, UT, WA, WI
Certain restrictions apply to oral disclosures of mental health information.	CT
Child or Adult Abuse	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, IL, MD, WI

# Mobile Application Privacy Policy

## Introduction

We recognize that the privacy of your information is important to you. The purpose of this policy is to let you know how we handle the information collected through the use of this mobile application.

This Mobile Application Privacy policy does not apply to information collected through other means such as by telephone or in person, although that information may be protected by other privacy policies. As used in this policy, terms such as “we” or “our” and “Company” refer to OptumRx, Inc. d/b/a *hi HealthInnovations* and its current and future affiliate entities, including our parent company UnitedHealth Group.

This mobile application is intended for a United States audience. Any information you provide may be transferred to and processed by a computer server located within the United States.

## Information Collection

This mobile application may access or collect personal information and non-personal information. This information is accessed and collected in a variety of ways, including through the operating system of your mobile device and through information you submit through the mobile application. The table below describes the information that we may access or collect in connection with your use of this mobile application.

This mobile application may include features that give you the opportunity to provide us with information about yourself. You do not have to provide us with this information if you do not want to; however, that may limit your ability to use certain functions of this mobile application or to request certain services or information.

This mobile application collects the following information:

Information that Identifies You
<ul style="list-style-type: none"><li>- Information you provide which may include account information, name, email address, user credentials, age, address, or phone number</li><li>- Health, medical, or therapy information</li><li>- Location data such as GPS, WiFi, or carrier network location</li></ul>
What You Do on Your Device
<ul style="list-style-type: none"><li>- Microphone use</li><li>- USB</li><li>- Local storage</li><li>- External storage</li><li>- Bluetooth</li><li>- Near Field Communication (NFC)</li><li>- Use of screen, e.g., what points are touched, frequency, etc.</li><li>- Patterns of app usage</li><li>- System state, e.g. what other apps are running</li></ul>
Device or System Data
<ul style="list-style-type: none"><li>- Mobile Device Identifier, e.g., UDID, Android ID</li></ul>

- Technical information about your device and system and application software, e.g., type of phone, operating System (OS), and IP address
- Network state, e.g., WiFi or quality of connection

### **INFORMATION IS STORED LOCALLY/NO DATA IS COLLECTED AND SENT OFF THE DEVICE**

[Information you provide to this mobile application will be stored locally on your mobile device. To prevent unauthorized use or disclosure of information via your mobile device, you should lock your mobile device when not in use.]

## **Information Uses**

We may use information unless restricted by this policy or by law. We may use information for a number of purposes such as processing your requests or personalizing products and services for you. The table below outlines some examples of how we may use information.

### **How We May Use Information**

- To provide the services and functionality offered by the mobile application.
- To respond to requests from you.
- To customize your experience on the mobile application, including managing and recording your preferences.
- To process an application as requested by you.
- To administer surveys and promotions.
- To provide you with information that we believe may be useful to you, such as information about health products or services provided by us or other businesses.
- To perform analytics and to improve our products, mobile applications, and advertising.
- To develop reports regarding usage, activity, and statistics.
- To conduct marketing, product development, and research.
- To comply with applicable laws, regulations, and legal process.
- To protect someone's health, safety, or welfare.
- To protect our rights, the rights of affiliates or related third parties, or take appropriate legal action, such as to enforce our Terms of Use.
- To keep a record of our transactions and communications.
- To facilitate the provision of software updates and product support.
- To improve products and other services related to the mobile application or to provide services or technologies to you.
- To connect non-personal information we collect through the mobile application with personal information you provide to us.
- To contact you through information you provide through this mobile application, including any email address, telephone number, cell phone number, text message number, or fax number. Please see the section below titled "Our online communications practices."

## **Information Sharing**

We will only share information with third parties as outlined in this policy and as permitted by law.

### **How We May Share Information**

- To third parties at your direction and as described below.
- If all or part of the Company is sold, merged, dissolved, acquired, or in a similar transaction.

- As required by law or to comply with a judicial proceeding, court order, or other legal process.
- To cooperate with law enforcement authorities in investigating and prosecuting activities that are illegal, violate our rules, or may be harmful.
- With other companies that perform services on our behalf or that we collaborate with. For example, we may hire a company to help us send and manage email, and we might provide the company with your email address and certain other information in order for them to send you an email message on our behalf. Similarly, we may hire companies to operate some of our mobile applications and related computers and software applications. These companies are prohibited from using information they receive from us for their own purposes.
- Within the Company. We may also combine personal information that you provide us through this mobile application with other information we have received from you, whether online or offline, or from other sources such as from our vendors. For example, if you have purchased a product or service from us, we may combine personal information you provide through this mobile application with information regarding your receipt of the product or service.

## **Analytics and Tracking**

We may use various technologies to gather information from our users, such as which mobile application features are used and the frequency of use. We may also allow third party service providers to use technologies to collect such information. We do not control these third party technologies and their use is governed by the privacy policies of third parties using such technologies. Note that we do not currently respond to web browser “Do Not Track” signals that provide a method to opt out of the collection of information about online activities over time and across third party websites or online services as we await the development of industry-accepted standards for how such signals should be interpreted.

We may contract with an advertising company or companies that use various technologies to deliver targeted advertisements or messages to you. These companies may track online activity overtime and across third party websites or online services. You may be able to opt-out of certain advertising activities through settings on your mobile device. Your ability to opt-out may vary based on the type and version of your mobile device’s operating system. Commonly used mobile device settings include enabling the “Limit Ad Tracking” setting (Apple) or “Opt-out of interest-based ads” setting (Android).

## **Reviewing Your Information**

This mobile application may permit you to view your user profile and related information and to request changes to such information. If this function is available, we will include a page or heading such as “My Profile” or similar words. Navigating to that portion of the mobile application will take you a page through which you may review such information.

## **Information Security**

We maintain reasonable administrative, technical, and physical safeguards designed to help us protect the information that you provide via this mobile application. However, no security systems are impenetrable, and we cannot guarantee the security of our mobile application, nor can we guarantee that the information you supply will not be intercepted while being transmitted to us over the Internet and we are not liable for the illegal acts of third parties such as criminal hackers. If you wish to keep your communications to us private, you should not communicate to us using email.

It is our policy to protect the confidentiality of Social Security numbers ("SSNs") that we receive or collect in the course of business. We secure the confidentiality of SSNs through various means, including physical, electronic, and administrative safeguards that are designed to protect against unauthorized access. It is our policy to limit access to SSNs to that which is lawful, and to prohibit unlawful disclosure of SSNs.

## **Our Online Communication Practices**

We send communications, including marketing communications, in accordance with this policy and applicable laws. We may use cookies or other technologies to monitor whether you open and/or click on URLs in email communications such as newsletters. We offer you appropriate consent mechanisms for communications, such as an opt-in or an opt-out. Please be aware that consent mechanisms may not apply to certain types of communications, such as account status, site updates, or other communications.

## **Your Choices**

As described in this policy, you may turn off mobile application features and provide consent for appropriate communications. Please note, choosing to disable certain functionality of the mobile application may impact the functionality of other areas of the mobile application. The application may also seek your opt-in permission for certain data collections or uses which will be clearly presented to you.

## **Information for Children Under 13**

We will not knowingly collect any personal information from children under the age of 13 through this mobile application. If you think that we have collected personal information from a child under the age of 13 through this mobile application, please contact us.

## **Contact Us**

To contact us regarding this policy and our related privacy practices, please email or write to us at: [hi@hihealthinnovations.com](mailto:hi@hihealthinnovations.com) or *hi HealthInnovations*, P.O. Box 356 Minneapolis, MN 55440. If you believe we or any company associated with us has misused any of your information please contact us immediately and report such misuse.

## **Effective Date**

The effective date of this policy is July 31, 2018.

## **Changes to this Mobile Application Privacy Policy**

We may change this policy. If we do so, such change will appear on this page of our mobile application. You may always visit this policy to learn of any updates.