



## **Notice of Privacy Practices**

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

### **Protecting Your Health Information**

Alliance Healthcare Services ("Alliance") is committed to protecting your privacy. This Notice of Privacy Practices is provided in accordance with the Health Insurance Portability and Accountability Act (HIPAA). It explains how we may use and disclose your protected health information (PHI), outlines your rights, and describes how you can exercise those rights.

Protected Health Information (PHI) includes any individually identifiable information about your past, present, or future physical or mental health, the healthcare you receive, or payment for your care. This includes demographic information such as your name, address, phone number, and email address.

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this notice of our legal duties and privacy practices.
- Follow the terms of this notice currently in effect.

Alliance reserves the right to change our privacy practices and update this notice. Any changes will apply to all PHI we maintain, including information created or received before the change. A current version of the notice will be posted at each Alliance location, and copies will be available upon request.

### **Your Individual Rights**

#### **Get a Copy of Your Records**

You may request a paper or electronic copy of your medical records. We will respond within 30 days and may charge a reasonable, cost-based fee.

#### **Ask for Corrections**

You may request corrections to information you believe is inaccurate or incomplete. We may deny the request, but we will notify you within 60 days and you may submit a written statement of disagreement.

#### **Request Confidential Communications**

You may request that we contact you at a specific address or phone number. We will honor all reasonable requests made in writing.

#### **Limit Disclosures**

You may ask us not to use or disclose certain PHI. While we are not required to agree to most requests, we must agree if you pay in full out-of-pocket and request that we not share your PHI with your health plan.

**Get a List of Disclosures**

You may request a list of certain disclosures of your PHI made in the last six years, excluding those related to treatment, payment, or healthcare operations. Reasonable fees may apply.

**Notice of a Breach**

If a breach of your PHI occurs, we will notify you promptly as required by law.

**Appoint a Personal Representative**

If you have a legal guardian or have granted someone power of attorney for healthcare decisions, that individual may exercise your rights under this notice once appropriate documentation is provided.

**Organizations Covered by this Notice**

This notice applies to the privacy practices of Alliance Healthcare Services and its business associates (contractors) who support our services. These parties may access your PHI for treatment, payment, or healthcare operations as permitted by law.

**How We Use and Disclose Your Information****Treatment**

We may use or disclose your PHI to provide and coordinate care. For example, lab results may be shared with your provider, or we may contact you about appointments or treatment options.

**Payment**

We may use or disclose your PHI to bill and receive payment from health plans or other payers. This includes verifying eligibility, determining coverage, and collecting co-payments.

**Healthcare Operations**

We may use your PHI for administrative and quality improvement purposes. This includes reviewing records to evaluate staff performance and ensure compliance with standards.

**Research**

We may use or disclose your PHI for research when permitted by law or authorized by you. Identifiable information will be removed unless you sign a separate authorization.

**Personal Representatives and Family Involvement**

We may disclose your PHI to individuals involved in your care or payment, unless you object. You must complete a signed authorization to permit disclosure to anyone else.

**Public Health and Safety**

We may disclose your PHI when required to report abuse, neglect, or domestic violence; prevent or control disease; or in response to public health investigations.

**Legal and Government Requests**

We may disclose PHI as required by law, including:

- Workers' compensation claims
- Court orders or subpoenas
- Law enforcement requests
- Military or national security activities
- Oversight by health agencies, the FDA, or medical examiners

### **Collection and Use of Personal Information**

In addition to PHI, we may collect personal information (such as your name, contact information, and demographic details) during the intake or enrollment process for services. This information is used solely for the purposes of treatment, payment, healthcare operations, or as required by law. Personal information is not shared with third parties for marketing purposes unless you have provided written authorization.

### **Text Messaging (SMS) Communications**

If you provide your mobile number, Alliance may send you text messages for appointment reminders or service-related updates.

SMS consent is not shared with third parties or affiliates for marketing purposes. Standard messaging rates may apply.

### **Questions and Complaints**

If you have questions about this notice or believe your privacy rights have been violated, you may contact the **Alliance Complaint Line at (901) 614-0684** or reach out to Alliance's Corporate Compliance Officer:

Samantha Hammonds  
Vice President of Compliance  
Alliance Healthcare Services  
2220 Union Ave., Memphis, TN 38104  
Email: [info@alliance-hs.org](mailto:info@alliance-hs.org)

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

There will be no retaliation against you for filing a complaint.