EDUCATION CORPORATION OF AMERICA
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.

OUR COMPANY’S PLEDGE TO YOU
This notice is intended to inform you of the privacy practices followed by the clinics and other health care components of Education Corporation of America (ECA) and ECA’s legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you have as patients of the clinics and other health care components of ECA. It is effective on September 16, 2013.

ECA often needs access to your protected health information in order to provide treatment, accept payment, and perform other health care operations. We want to assure the patients of the clinics and other health care components of ECA that we comply with federal privacy laws and respect your right to privacy. ECA requires all members of our workforce, contractors, student trainees, and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

PROTECTED HEALTH INFORMATION
Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual, created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION
Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Treatment. We use and disclose your protected health information in order to provide you with medical care. For example, we may use your protected health information to treat an injury. We may also share protected health information about you for treatment purposes to other people or clinics that are part of the health care components of ECA. We may also disclose protected health information to health care providers outside of ECA to coordinate the different services you may need for treatment, such as X-rays or lab work.

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Payment. We may use or disclose your protected health information in order to bill or be paid for your treatment. For example, we may disclose your protected health information about your treatment to your health insurer so your insurer can pay for the treatment. If a bill is overdue, we may disclose your protected health information to a collection agency to help collect the payment. We may also disclose your protected health information to other health care providers involved in your treatment to assist in their billing process.

Health Care Operations. We use and disclose your protected health information in order to perform health care operations. For example, we may use your protected health information for quality care reviews. We may also disclose your protected health information to students for educational purposes. The people and clinics of the health care components of ECA may also share your protected health information with each other for their joint health care operations.

Contacting You. We may use or disclose your protected health information to contact you about appointment reminders, payments, treatment alternatives, or other health-related benefits or services that may be of interest you.

Patient Directory. We may use or disclose the following parts of your protected health information as part of a directory of patients at our clinics: name, location in the clinic, general condition, and religious affiliation. This information may be disclosed to members of the clergy and, except for religious affiliation, to other persons who ask for you by name. If you do not want any or all of this information disclosed as part of our directory, you may make such a request upon registering at a clinic.

Others Involved in Your Health Care. We may disclose your protected health information to a friend or family member that is involved in your care or payment for your health care, unless you object or request a restriction. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these types of disclosures then, using professional judgment, we may make the disclosure if we determine that the disclosure is in your best interest.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on our behalf. We may disclose your protected health information to Business Associates once they have agreed in writing to safeguard your information. For example, we may disclose your protected health information to a Business Associate that performs billing services. Business Associates are also required by law to protect your protected health information.

Disclosures to You. We are required to disclose to you or your personal representative most of your protected health information when you request access to this information.
Disclosures to Your Personal Representatives. We will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, we may require written documentation that supports and establishes the basis for the personal representation (such as a power of attorney relating to health care decisions, proof of guardianship, etc.). We may elect not to treat the person as your personal representative if: (1) we have a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (2) treating such person as your personal representative could endanger you; or (3) we determine, in the exercise of our professional judgment, that it is not in your best interests to treat the person as your personal representative.

Required by Law. We use or disclose your protected health information to the extent required by federal, state or local law. For example, we will disclose protected health information in accordance with laws requiring reporting of certain types of wounds or physical injuries.

Fundraising. We may contact you to provide information about fundraising activities. We may also disclose limited parts of your protected health information to a Business Associate or institutionally rated foundation for fundraising purposes. If you do not want to receive fundraising communications, you must notify the person listed below.

Lawsuits and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal. Under certain circumstances, we may also disclose your protected health information in response to a subpoena, discovery request or other lawful process.

Workers’ Compensation. We may disclose your protected health information to comply with workers’ compensation laws and other similar laws or programs that provide benefits for work-related injuries or illnesses.

Public Health Activities. We may use or disclose your protected health information for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of: (1) preventing or controlling disease, injury, or disability; (2) reporting births and deaths; (3) reporting child abuse or neglect; (4) reporting reactions to medications or problems with products; (5) notifying people of recalls of products they may be using; and (6) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits, investigations, inspections, licensure or disciplinary actions or civil, administrative or criminal proceedings or actions. Health oversight agencies seeking this information may include government agencies that oversee the health care system, government
benefit programs, government regulatory programs and government agencies that ensure compliance with civil rights laws.

**Abuse or Neglect.** We may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

**Law Enforcement.** Under certain conditions, we may disclose your protected health information to law enforcement officials for law enforcement purposes. For example, these disclosures include: (1) responding to a court order, subpoena, warrant, summons or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime; (4) about a death believed to be the result of criminal conduct; (5) about criminal conduct at a hospital; and (6) in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the perpetrator of the crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose your protected health information to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. We also may disclose your protected health information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** We may disclose your protected health information to organizations that handle organ, eye, or tissue donation and transplantation, as necessary to facilitate donation and transplantation.

**Research.** We may disclose your protected health information to researchers when: (1) their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information; or (2) the research involves a limited data set that includes no individual identifiers (such as name, address, social security number, etc.).

**To Avert a Serious Threat to Health or Safety.** We may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Such disclosure can only be made to someone able to help prevent the threat. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military.** Under certain conditions, we may disclose your protected health information if you are a current or former member of the armed forces, for activities deemed necessary by appropriate military command authorities. If you are a member of a foreign military service, we may disclose your information to the appropriate foreign military authority.
**National Security and Protective Services.** We may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, foreign heads of state, or to other authorized persons for similar purposes.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

**Pursuant to Your Authorization.** Uses and disclosures of your protected health information that are not described above will be made only with your or your personal representative’s written authorization. An authorization may be revoked in writing, and this revocation will be effective for future uses and disclosures of your protected health information. However, the revocation will not be effective for information we have already used or disclosed in reliance on the authorization. More specifically, the following types of uses or disclosures of your protected health information generally require your authorization:

*Psychotherapy Notes.* We generally must obtain your or your personal representative’s written authorization to use or disclose your psychotherapy notes. However, no authorization is required to disclose your psychotherapy notes if the use or disclosure is made: (1) by the originator of the psychotherapy notes for treatment; (2) by us for certain training purposes; (3) by us to defend ourselves in a legal action or other proceeding; (4) as required by law or by the Secretary of the United States Department of Health and Human Services; (5) for oversight purposes of the creator of the psychotherapy notes; (6) to a coroner or medical examiner for certain purposes; or (7) to prevent or lessen a serious threat to the safety or a person.

*Marketing.* We must obtain your or your personal representative’s written authorization to disclose your protected health information for marketing purposes, and if the marketing involves financial remuneration then the authorization must state that fact. However, authorization may not be required in certain instances involving refill reminders, drugs currently being prescribed to you, your treatment (including case management, care coordination, and alternative treatments), face-to-face communications between us and you, and promotional gifts of nominal value.
Sale of Protected Health Information. We may not disclose your protected health information to any other person in exchange for direct or indirect remuneration, except to another covered entity for the purpose of treatment, payment, health care operations, or performing an insurance or health maintenance organization function.

YOUR RIGHTS

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of labor, postage, supplies, or other expenses associated with your request. Your request to inspect or review your protected health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information, although you may be able to request that the denial be reviewed. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below and must include a reason to support the requested amendment. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period. We may charge you for the costs of providing addition accountings within the same 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose your protected health information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.
Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment), is not otherwise required by law, and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full by someone other than the health plan.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your protected health information. Your request to receive confidential communications must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Right to Receive a Paper Copy of this Notice.** You have a right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice electronically. To obtain a paper copy of this notice, please contact the person listed below.

**OUR LEGAL RESPONSIBILITIES**

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time, and we reserve the right to make such changes effective for all protected health information we already have as well as information we may receive in the future. In the event that we make a significant change in our policies, we will post a revised copy at each clinic of ECA and make a revised copy of the notice available at each clinic. You can also request a copy of our notice at any time. A copy of the notice is also available on the Brightwood College website. For more information about our privacy practices, contact the person listed for your clinic.

If you have any questions or complaints, please contact the appropriate person at the clinic you attended. Please see listings that follow.
Brightwood Community Clinic in Beaumont
Brittany Sullivan, RDA
Dental Assistant Program Director
6115 Eastex Freeway, Beaumont, TX 77706
409.347.5980 | brittany.sullivan@brightwood.edu

Brightwood Community Clinic in Corpus Christi
Layovone Moreno
Dental Clinic Coordinator
1620 South Padre Island Drive, Suite 600, Corpus Christi, TX 78414
361.878.4407 | layovone.moreno@brightwood.edu

Brightwood Community Clinic in El Paso
Daniel Trujillo
Dental Clinic Manager
8360 Burnham Road, El Paso, TX 79907
915.595.1935 | daniel.trujillo@brightwood.edu

Brightwood Community Clinic in Fort Worth
Alan Bryant
Lead Dental Instructor
2001 Beach Street, Suite 401
Fort Worth, TX 76102
817.759.4179 | alan.bryant@brightwood.edu

Brightwood Community Clinic in Hammond
Shetani Frye
Dental Assistant Program Chair
7833 Indianapolis Boulevard, Hammond, IN 46321
219.989.5052 | shetani.frye@brightwood.edu

Brightwood Community Clinic in McAllen
Grace Bellew
Clinic Manager
1500 South Jackson Road, McAllen, TX 78503
956.346.7129 | grace.bellew@brightwood.edu
COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services - Office of Civil Rights and the Texas State Medical Board (for Texas residents). The person listed above can provide you with the appropriate addresses upon request or you may visit www.hhs.gov/ocr and http://www.tmb.state.tx.us for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights, with a state agency, or with us.

_Effective Date: September 16, 2013_