



**TRAJECTOR**  
MEDICAL



# Notice of Privacy Practices

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Our Responsibilities

August 25, 2023

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## Introduction:

# Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

While Trajector Medical is not an entity covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we voluntarily adopt certain measures as an internal best practice. We maintain the privacy of health information that identifies you, called protected health information (PHI), and this document provides you with notice of our duties and privacy policies regarding PHI.

We train our personnel to protect your privacy, which includes a sanction policy to discipline employees who breach your privacy and confidentiality or fail to uphold our privacy policies and standards. We also take action to mitigate any breach of your privacy or confidentiality. Trajector Medical is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI. We take this commitment seriously.

We will not use or disclose your PHI without your consent or authorization except as described in this Notice, in the Medical Evidence Development Agreement, or as otherwise required by law. We will work with you to ensure you can receive certain information about the PHI we hold in trust.

Where state data privacy laws impose alternate or additional standards, we follow the practices shown here subject to those requirements. See our Trajector Medical Detailed US Privacy Notice at [Trajector.com/privacy](https://trajector.com/privacy).

**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.**

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# When it Comes to Your Health Information, You Have Certain Rights.

You have the right to:

- 1. Get a copy of your paper or electronic medical record.** We only have documents that you supplied us, except in very narrow circumstances. You can ask for an electronic copy of the documents you've provided us by asking your Trajector Medical representative for a PHI release form, and if you need help with the request process, or mailing, contact the Privacy Office at [Privacy@Trajector.com](mailto:Privacy@Trajector.com).

We will provide a copy or a summary of your health information typically within 30 days of your request. We may charge a reasonable, cost-based fee. If we deny your request, we will explain the reasons and your right to seek review.

- 2. Ask us to correct your paper or electronic medical record (Amendment and Correction).** You can ask us to correct health information about you that you think is incorrect or incomplete.

We will not make corrections to your supplied medical records, as those records did not originate with us. You should contact the provider who created those records.

We may say "no" to your request, such as where the record is accurate and complete, but we'll tell you why in writing typically within 60 days.

- 3. Request Confidential Communications (Communication by Alternate Means).**

Since our e-mail communications are not encrypted, it is the policy of Trajector Medical not to use e-mail for sharing confidential information unless you make a specific request for us to do so. For e-mail communications you address to us, please keep in mind that communications via e-mail are not secure. Although it is unlikely, there is a possibility that information you include in an e-mail can be intercepted and read by other parties besides the person to whom it is addressed.

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 comply with all reasonable requests.

- 4. Ask us to limit what we use or share (Request Restrictions).** You can ask us not to use or share certain health information for consulting services, payment, or our operations.

We will make reasonable efforts to comply with your request, but we may say “no” if it would affect consulting objectives or if the law requires us to share certain information.

Your revocation of consent or authorization to use or disclose your PHI will not apply to PHI we have already released under your prior consent or authorization.

- 5. Get a copy of this privacy notice.** You can ask for a paper copy of this notice, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- 6. Choose someone to act for you.** We can share information about you with someone you approve, such as a spouse, relative, or friend.

Please ask your Trajector Medical representative how to designate your authorized representative, or email [Privacy@trajector.com](mailto:Privacy@trajector.com).

It is important to note that only the client can fill in our form. If the client is unable to fill in the form, a power of attorney or other court order is required. Let your Trajector Medical representative know if this is the case.

- 7. File a complaint if you feel your rights are violated.** You can complain if you feel we have violated your rights by contacting our designated Privacy Complaint Officer by email at [Privacy@trajector.com](mailto:Privacy@trajector.com).

We will not retaliate against you for filing a complaint.

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# Your Choices About What We Share

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 information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have the choice to tell us to:

- a. Share your information with your family, close friends, or others involved in your care.
- b. Share information in a disaster relief situation.

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

We will not share any identifying information in the following ways unless you give us written permission:

- a. Sale of your information.
- b. Sharing of psychotherapy notes (unless required by a court order or requested by a government entity).



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# Our Uses and Disclosures **Without** Authorization

We may use and/or disclose your information for many different reasons. In certain situations, which are described within this notice, your written authorization must be obtained to use and/or disclose your PHI. However, your written authorization is not required for the following uses and/or disclosures by Trajector Medical for payment or medical consulting.

We typically use or share your health information in the following ways:

## **To Provide Consulting Services**

We can use your health information and share it with other employees who are performing activities in support of the medical consultation. *Example: A person on the medical records review team assigned to your case sees mention of a health condition and consults with a licensed Physician Assistant that we partner with regarding the notation.*

## **To Run Our Organization (Medical Consulting Operations)**

We can use and share your health information to run our business, improve your consulting experience, and contact you when necessary. *Example: We use information about you to see how quickly your claim was processed in comparison with others.*

## **Marketing**

We may contact you to provide information about services that may meet your consulting objectives or be of interest to you. If we contact you to provide marketing information for products or services, you have the right to opt out of receiving such communications. Please email [privacy@trajector.com](mailto:privacy@trajector.com) to opt out. If we receive compensation from another entity for the marketing, we must obtain your signed authorization. *Example: Trajector Medical identifies a medical condition that is part of a class action lawsuit occurring outside of the Department of Veterans Affairs (VA) and provides the client with information about additional compensation opportunities in addition to VA disability compensation.*

## **Processors**

We provide some services through contracts with processors. Examples include certain diagnostic tests, medical records review services, customer service representatives, and the like. When we use these services, we may disclose your health information to the processors so that they can perform the function(s) that we have contracted with them to do. To protect your health information, however, we require the processors to appropriately safeguard your information.

## **Communication With Family**

While we employ licensed health professionals, we do not treat patients. We do not disclose your personal health information to individuals unless you provide your consent. We provide an authorized representative designation form for this purpose, and we can evaluate powers of attorney or legal orders of guardianship for this purpose as well.

## The Federal Department of Health and Human Services (DHHS)

We may disclose your health information to DHHS if necessary to be in compliance with its standards. Example: A hacker unlawfully gains access to client records and our Privacy Officer reports this breach to DHHS.

## To Bill for Our Services (Payment Purposes)

We can use and share your health information to bill and get payment from you for medical consulting services we have provided. *Example: We give information about you to a collection agency after nonpayment.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways that do not require authorization (except with respect to certain highly confidential information described within). We would meet any conditions described by law before we would share your information for these purposes.

### Help with Public Health and Safety Issues

We can share health information about you for certain situations, such as:

- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

### Comply with the Law

We will share information about you if local, state or federal laws require it.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law;
- For special government functions such as military, national security; and presidential protective services.

### Respond to Lawsuits and Legal Actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.



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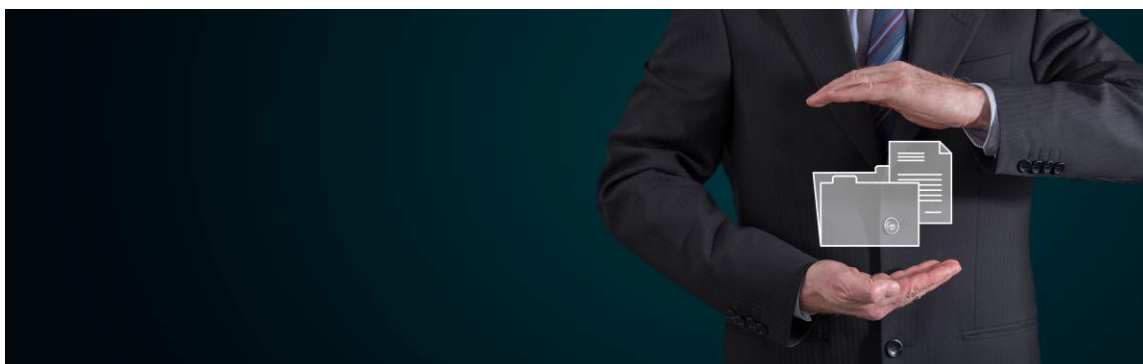
## Uses and Disclosures **with** Written Authorization

We will ask for your written authorization for any other use and/or disclosure of your PHI which was not described above. If you authorize us to use and/or disclose your PHI, you can later revoke that authorization and stop any future use or disclosure of your PHI under that prior authorization. You can revoke an authorization by providing a written request of such revocation to our Privacy office at (888) 988-3837 or by emailing [privacy@trajector.com](mailto:privacy@trajector.com)

## Highly Confidential Information

Even though Trajector Medical does not treat patients, we routinely obtain large medical files that may contain all categories of medical information from prior treatment. Certain state and federal laws require special privacy protections for certain highly confidential information about you, including the subset of your PHI that: (i) is maintained in psychotherapy notes; (ii) is about services for mental health treatment; (iii) is about services for alcohol or drug abuse or addiction by substance use programs; or (iv) involves genetic information or information about Sickle Cell Anemia, HIV/AIDS, or sexually transmitted diseases (“Highly Confidential Information”). We must generally get your authorization to disclose any Highly Confidential Information about you, but may disclose it without first getting authorization in the following circumstances:

1. **Psychotherapy notes.** In general, we will not use or disclose information recorded by a mental health professional to document or analyze conversations with you in therapy, unless you authorize us to do so. However, we can use or disclose such PHI without your authorization for the following purposes.
  - a. A mental health or medical specialist on our staff may use those mental health records of past treatment to provide medical consulting.
  - b. In limited situations, we can use or disclose such PHI in connection with mental health training that occurs at one of our facilities.
  - c. We can use or disclose PHI to comply with law, public health, health oversight, or to avoid harm.



**2. Mental Health Treatment.** Information regarding your mental health treatment may be used by or disclosed to those whom you have authorized, including healthcare providers. Information regarding your mental health treatment may be disclosed when ordered by a court or otherwise required by law, such as reporting suspected child abuse or reports to the department of health or other regulatory agencies. We may also use or disclose mental health treatment information for purposes of program evaluation. In an emergency, information regarding your mental health treatment may be used or disclosed to prevent someone, (including you) from, being harmed.



**3. Drug and alcohol treatment records.** The confidentiality of alcohol and drug user related PHI which is maintained by the substance use and prevention programs is protected by federal law and regulations. In general, we may not tell a person outside the program that you attended the program, or disclose any information identifying you as an alcohol or drug user unless:

- you consent in writing;
- pursuant to an agreement with a processor;
- pursuant to medical consulting for a condition already disclosed or to be disclosed in support of a VA disability claim; and
- as allowed by court order.

Federal laws and regulations do not protect any PHI about suspected child abuse or neglect from being reported under state law applicable to appropriate state or local authorities. (See 42 U.S.C. Sec. 290dd-3 and 42 U.S.C. Sec. 290ee-3 for Federal laws and 42 C.F.R. part 2 for Federal regulations).

**4. HIV/AIDS-Related Information.** HIV/AIDS-related information, STD-related information, and Sickle Cell Anemia-related information are all subject to special protection. We will disclose such information to others who are not qualified to act as your personal representative without your written authorization only as permitted by law.

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# Our Responsibilities

Our commitment to you is to:

- Maintain the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- 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.)

## 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 website.

## If You Have Any Questions

Please feel free to call our Privacy office at (888) 988-3837 or email [Privacy@trajector.com](mailto:Privacy@trajector.com).



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### ***Who Are We?***

**We are an evidence-based medical consulting company with over 1000 team members helping veterans win benefits they deserve.**

### ***We Help You***

**Our job is to curate your medical evidence to support your application for the benefits you medically and ethically deserve. We have a personalized process to do just that.**