

Statement of Privacy Practices

This Statement of Privacy Practices describes how agilon health receives medical information about you and how it may be used and disclosed by agilon health. Please review it carefully.

Who We Are and How HIPAA Applies to Us

agilon health works with many health care providers (e.g., physician groups) and health plans (e.g., insurance companies) to provide services on behalf of these organizations that require access to medical information from these organizations. Under the federal privacy law known as HIPAA, the providers and health plans are known as “covered entities” and agilon health is known as a “business associate” of these providers and health plans. HIPAA permits covered entities to share medical information with us provided that we agree to use safeguards to protect the privacy of the medical information and subject to other restrictions. agilon health is not a covered entity, but as a business associate HIPAA also directly requires that we comply with certain rules designed to protect the security of medical information that we receive from covered entities.

Your Protected Health Information (PHI)

Throughout this Statement of Privacy Practices we will refer to your medical information as protected health information or “PHI.” Your PHI includes data that identifies you and relates to medical care received from health care providers or billing for those services by health plans.

Our Privacy Protections

We have adopted and will use appropriate safeguards intended to prevent the use or disclosure of your PHI other than as described in this Statement of Privacy Practices.

We have implemented administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that we create, receive, maintain, or transmit.

We also will take reasonable steps, including providing adequate training to our employees to ensure compliance with this Statement of Privacy Practices.

Permitted Uses of Protected Health Information

Providing Services to Covered Entities When Your PHI is Needed

Generally, agilon health may only use or disclose your PHI in ways permitted by the provider or health plan that sent us the PHI. These uses and disclosures depend on the services we provide for those organizations. As examples: (1) We may contract with a physician practice to help them with coding and billing and use the PHI to analyze the quality of care provided; (2) We might contract with a health plan to provide data analytics and use PHI to help find ways to improve care coordination and case management.

In addition, we may use the PHI that we hold for the management and administration of our business and to carry out our legal responsibilities. We may also disclose the PHI to others for the same purposes provided that the disclosure is required by law or that we obtain satisfactory written assurances from the recipient passing on these requirements to them (see section on “Contractors” below).

agilon health may use or disclose PHI to report violations of law to appropriate Federal and State authorities in certain circumstances.

Contractors (agilon health’s Business Associates)

We may share your PHI with our contractors who perform services on our behalf. These contractors are agilon health’s business associates and must agree in writing to protect the confidentiality of the PHI and have safeguards in place to protect the security of the PHI. For example, we may share your PHI with a document storage company that stores our business records.

Incidental Uses and Disclosures

There are certain incidental uses or disclosures of your PHI that happen while we are providing services or conducting our business. For example, a janitorial service may briefly see files in an office while it is being cleaned. We will make reasonable efforts to limit these incidental uses and disclosures.

Prohibited Uses and Disclosures

Uses and Disclosure Not Necessary to Perform Services

agilon health will not use or disclosure your PHI in any manner that is not reasonably necessary to provide the services we are performing for the provider or health plan that gave us the PHI, except for the management and administration of our own business as described above, as permitted by the HIPAA Privacy Rule, or as required by law.

Uses and Disclosure Not Permitted by the HIPAA Privacy Rule

agilon health will not use or disclosure your PHI in any manner that would not be permitted under the HIPAA Privacy Rule if done by the provider or health plan.

Marketing

We will not use or disclose your PHI for marketing purposes without your authorization. If we will get any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.

Sale of PHI

We will not sell your PHI to third parties without your authorization. Any such authorization will state that we will get remuneration in the transaction.

Compliance with State Laws

We will comply with applicable state laws that are more restrictive than HIPAA or provide additional protections.

Your Rights Regarding PHI

Restrictions

You may ask your providers and health plans not to use or share certain PHI for various purposes, including not to share it with us. These requests should be made directly to your provider or health plan and we will coordinate with them regarding any such request. Generally, covered entities are not legally required to accept restriction requests. However, if they do accept it, they are required to follow it.

Request Confidential Communications

You can ask that we send PHI to you at a different address or contact you about your health information in a certain way. For example, you may wish to have your PHI sent to a PO Box or a different address than your home address. We will say “yes” to reasonable requests that give specific directions of the alternative. To make a request, contact the Privacy Officer at the email address listed at the end of this Statement. You do not need to give a reason for your request.

Access

We are required to give a copy of the PHI that we maintain about you in a “designated record set” to the provider or health plan so that they may respond to requests from individuals for access to their PHI. Details regarding your right to request access to your PHI, including how you can make this request, will be described in the HIPAA Notice of Privacy Practices of your provider or health plan. These requests should be made directly to your provider or health plan. If we receive this request, we will forward it to the appropriate covered entity when possible.

Accounting of Disclosures

We are required to document certain instances when we disclose your PHI and make that information available to the provider or health plan so that they may respond to requests from individuals for this information. Details regarding your right to request an accounting of disclosures, including how you can make this request, will be described in the HIPAA Notice of Privacy Practices of your provider or health plan. These requests should be made directly

to your provider or health plan. If we receive this request, we will forward it to the appropriate covered entity when possible.

Amendment of PHI

We are required to amend your PHI that we maintain in a “designated record set” when instructed to do so by a provider or health plan. Details regarding your right to request amendment of your PHI, including how you can make this request, will be described in the HIPAA Notice of Privacy Practices of your provider or health plan. These requests should be made directly to your provider or health plan. If we receive this request, we will forward it to the appropriate covered entity when possible.

Minimum Necessary Restrictions

Generally, and to the extent practicable, we will only use or disclose the least amount of PHI that is necessary to carry out the intended purpose of the use or disclosure. We will also only receive from providers and health plans the least amount of PHI necessary for us to perform the services on their behalf as a business associate.

Notification of a Breach of PHI

We are required by law to notify a covered entity in the event of a breach of unsecured PHI. In turn, HIPAA requires that a covered entity notify any individual whose unsecured PHI is compromised in a breach.

Questions or Complaints

If you have any questions regarding this Statement of Privacy Practices please contact the Privacy Officer at ComplianceAH@agilonhealth.com or 833-668-8638.

You may contact the Department of Health and Human Services at this link to file a complaint if you believe that we have violated your privacy rights:
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Covered Entity Notice of Privacy Practices

For more information on how your providers or health plans may use or disclosure your PHI please contact that provider or health plan for their HIPAA Notice of Privacy Practices.

Changes to Our Privacy Practices

We will follow the terms of the Statement of Privacy Practices currently in effect. We can change the terms of this Statement of Privacy Practices and the changes will apply to all PHI we have about you. The new Statement of Privacy Practices will be available on our website. You are responsible for periodically visiting our website and this Statement of Privacy Practices to check for any changes.