

Zest Healthcare LLC

HIPAA Notice of Privacy Practices

Effective Date: May 30, 2025

—

Important Notice

This Notice describes:

- How your medical information may be used and disclosed
- How you can access this information

We are required by federal law to:

- Provide you with this Notice
- Protect the privacy and security of your Protected Health Information (“PHI”)

—

Section 1 – Purpose

This Notice explains:

- How we may use and share your PHI
- Your rights regarding your PHI
- Our legal obligations under HIPAA and related federal and state laws

—

Section 2 – Our Legal Duties

We are legally required to:

1. Maintain the privacy and security of your PHI.
2. Follow the terms of this Notice while it is in effect.
3. Notify you if a breach of unsecured PHI occurs.
4. Abide by any stricter state privacy laws when applicable.

—

Section 3 – How We May Use and Disclose Your PHI Without Written Authorization

a) Treatment

We may share PHI with healthcare professionals to:

- Verify medical necessity for DME
- Obtain prescriptions or clinical documentation
- Arrange delivery and training for equipment

b) Payment

We may use or disclose PHI to:

- Verify your coverage and eligibility
- Submit claims to your health plan
- Obtain payment or reimbursement for services

- Coordinate payment with billing and claims vendors

c) Healthcare Operations

We may use PHI for:

- Quality assessment and improvement
- Regulatory compliance and CMS supplier standards
- Audits, fraud detection, and compliance monitoring
- Shipping, returns, and warranty coordination

d) Required or Permitted by Law

We may disclose PHI:

- When required by federal or state law
- For public health reporting and disease prevention
- To prevent or reduce a serious threat to health or safety
- In response to court orders, subpoenas, or law enforcement requests

e) Reproductive Health Privacy

In compliance with the 2024 Final Rule:

- We will not disclose PHI related to reproductive health care for enforcement purposes without federally required attestation
- This section will be updated as needed to remain compliant

—

Section 4 – When Authorization Is Required

We must obtain your written or electronic authorization before:

- Using PHI for marketing
- Selling PHI to third parties
- Any other purpose not described in this Notice

Note: You may revoke any authorization at any time in writing, except where we have already relied on it.

—

Section 5 – Your Rights Regarding Your PHI

You have the right to:

1. Access your PHI in paper or electronic format.
2. Request amendments if you believe your PHI is inaccurate.
3. Receive an accounting of certain disclosures.
4. Request restrictions on how we use or share your PHI (we may not always be required to agree).
5. Request confidential communications (e.g., alternate mailing address or phone number).
6. File a complaint with us or with HHS if you believe your rights have been violated — without fear of retaliation.

—

Section 6 – Privacy & Security Safeguards

We follow the HIPAA Security Rule using:

- Administrative safeguards: Policies, staff training
 - Physical safeguards: Secure facilities, locked storage
 - Technical safeguards: Encryption, access controls, secure transmissions
-

Section 7 – Breach Notification

If your unsecured PHI is compromised:

- We will notify you promptly
 - Notification will follow HIPAA's Breach Notification Rule
-

Section 8 – Changes to This Notice




We may change the terms of this Notice at any time.

- Changes apply to all PHI we maintain
 - Updated versions will have a new effective date
 - Notices will be posted on our website and available upon request
-

Section 9 – Contact Information

Privacy Officer

Zest Healthcare LLC

-  Email: info@zesthealthcare.net
 -  Phone: (856) 208-0278
 -  Mailing Address: 27 Stevens Ln, Martinsville, NJ 08836
-

Section 10 – Acknowledgment of Receipt

By entering your full name and checking the acknowledgment box on the Intake & Assignment of Benefits (AOB) Form, you confirm that:

- You have been provided access to and reviewed Zest Healthcare LLC's Notice of Privacy Practices
- Your acknowledgment is recorded electronically and has the same legal effect as a written signature under applicable electronic signature laws.