

Exhibit A

BYL COLLECTION SERVICES, LLC'S  
HIPAA Notice of Privacy Practices

HIPAA Notice of Privacy Practices for BYL Collection Services, LLC.

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.

Contact for more information: Chief Compliance and Privacy Officer  
BYL Collection Services, LLC,  
PO. Box 1310  
Malvern, Pa. 19355

BYL Collection Services, LLC is a Third-Party Debt Collection Agency that collects medical debt. As such, BYL Collection Services, LLC has entered into Business Associate Agreements with HIPAA Covered Entities to protect the Personal Health and Electronic Protected Health Information that it receives, maintains, stores and transmits on behalf of the Covered Entity and the Covered Entities' Members.

Effective Date: The effective date of this Notice of Privacy Practices is: 05/01/2019

Notice Summary:

Your Rights. You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices. You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures. We may use and share your information as we:

- Help manage the health care treatment you receive
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- 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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

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 both the right and choice to tell us to:

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

*If you are not able to tell us your preference, for example if you are unconscious, 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.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

**OUR USES AND DISCLOSURES** How do we typically use or share your health information? We typically use or share your health information in the following ways.

For treatment, payment or health care operations. (45 C.F.R. §164.502(a)(1)(ii); 45 C.F.R. §164.506). Payment includes the activities undertaken by a Covered Entity to obtain reimbursement for the provisions of health care; determination of eligibility coverage including coordination of benefits or the determination of cost sharing amounts; adjudication of subrogation of health benefit claims; billing, claims management, collection activities. (45 C.F.R. §501), and communications with the consumer.

**Minimum Necessary Requirement:** We shall use, disclose, and request only the minimum amount of your Protected Health Information (PHI) needed to accomplish the intended purposes of the use, disclosure or request. (45 C.F.R. §164.502(b); 45 C.F.R. §164.514(d)). For example, for payment activities, we are required to limit our disclosures of your Protected Health Information (PHI) to the minimum amount necessary to accomplish the collection activities.

How else can we use or share your health information? We are allowed or required to share your information in other ways (But only upon approval of the Covered Entity) – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see, [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- 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 state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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.

#### OUR RESPONSIBILITIES

Our responsibilities include:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will 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, and a copy will be provided to you.

**ADDITIONAL INFORMATION:** If you have any questions about this notice, your HIPAA rights, requests, complaints, or your records stored or transmitted by BYL Collection Services, LLC please contact:

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Chief Compliance and Privacy Officer  
BYL Collection Services, LLC,  
PO. Box 1310  
Malvern, Pa. 19355

FOR MORE INFORMATION ABOUT THIS NOTICE:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

