



## Your Information. Your Rights. Our Responsibilities.

### Version 1.0

**Effective Date: 03/01/2026**

**Last Updated: 03/01/2026**

This notice describes how health information about you may be used and disclosed by Chamber Cardio, Inc. ("Chamber") and how you can access this information. Please review it carefully.

Chamber provides care coordination, health navigation, and wellness support services. Chamber is not a clinical provider and does not practice medicine. However, in the course of providing these services, Chamber may receive, use, and disclose Protected Health Information ("PHI") about you as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations. This notice explains how we handle that information.

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## YOUR RIGHTS

When it comes to your health information, you have the right to:

- Get a copy of your electronic or paper health record
- Request a correction to your health record
- Request confidential communications
- 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

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## YOUR CHOICES

You have some choices in the way we use and share your information as we:

- Share information with your family and friends about your condition
- Answer coverage questions from your family or friends



- Provide disaster relief assistance
- Contact you for fundraising purposes
- Market our services or sell your information

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## OUR USES AND DISCLOSURES

We may use and share your information as we:

- Coordinate and support your health care
- Run our organization and improve our services
- Facilitate payment coordination with your health plan
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Respond to lawsuits and legal actions
- Address law enforcement and other government requests

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## HOW WE RECEIVE YOUR INFORMATION

Chamber may receive your PHI in the following ways:

**Directly from you.** You may provide information about yourself when you visit heartfirst.care, complete the heart health assessment, or communicate with Chamber's care coordination team by phone, text, email, video, or other electronic means.

**From your health plan or health care provider.** Your health plan, health care provider, or other Covered Entity may refer you to Chamber's program and share your health information with us in connection with that referral. Any such disclosure is made in accordance with that Covered Entity's own Notice of Privacy Practices and applicable law, including HIPAA. Chamber will use information received from a Covered Entity solely to provide the Services for which you have been enrolled or referred.

**Through health awareness tools.** If you complete the heart health assessment or other wellness tools available through heartfirst.care, the information you provide and any outputs generated by those tools may constitute PHI and will be handled in



accordance with this notice. Results from these tools are for general health awareness purposes only and do not constitute a clinical evaluation or diagnosis.

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## **YOUR RIGHTS IN DETAIL**

### **Get an electronic or paper copy of your health record**

You can ask to see or receive a copy of your health information that Chamber holds. We will provide a copy or summary usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Request a correction to your health record**

You can ask us to correct health information you believe is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.

### **Request confidential communications**

You can ask us to contact you in a specific way or at a specific address. We will honor all reasonable requests.

### **Ask us to limit what we use or share**

You can ask us not to use or share certain health information for care coordination, payment facilitation, or our operations. We are not required to agree to your request, and we may say "no" if it would affect our ability to provide Services to you.

### **Get a list of those with whom we've shared your information**

You can ask for an accounting of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures. We'll provide one accounting per year for free but may charge a reasonable fee for additional requests within 12 months.

### **Get a copy of this notice**

You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a 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 may exercise your rights and make choices about your health information. We will verify their authority before taking any action.



## File a complaint

You can file a complaint if you believe we have violated your privacy rights by contacting us at [security@chambercardio.com](mailto:security@chambercardio.com). You may also 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.

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## YOUR CHOICES IN DETAIL

For certain health information, you can tell us your preferences about what we share. Talk to us and we will follow your instructions.

### You have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care or the payment of 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 share your information if we believe it is in your best interest, or when needed to lessen a serious and imminent threat to health or safety.*

### We will never share your information for the following purposes without your written permission:

- Marketing purposes
- Sale of your information

**Fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again at any time.

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## OUR USES AND DISCLOSURES IN DETAIL

### Coordinate and support your health care

We use and share your health information to coordinate your care, communicate with your health care providers and health plan, and support your participation in a Chamber program.



*Example: Chamber shares relevant health information with your cardiologist to support a care coordination follow-up.*

### **Run our organization**

We use and share your health information to manage our operations, improve our services, and communicate with you as necessary.

*Example: We use information about your health history to ensure our care coordination team can provide you with relevant support.*

### **Facilitate payment coordination**

We may use and share your health information to facilitate coordination between you and your health plan in connection with services provided through a Chamber program.

*Example: We share information with your health plan to confirm your participation in a care coordination program for which they have referred you.*

### **Use of artificial intelligence**

As part of providing the Services, Chamber may use artificial intelligence ("AI") functionality to support care coordination, identify care gaps, prioritize outreach, and improve program effectiveness. Any use of AI functionality processes your health information consistent with this notice, our Terms and Conditions, and applicable law, including HIPAA. Chamber employs AI functionality with appropriate testing, controls, and ongoing oversight. AI-generated outputs are reviewed in the context of broader care coordination and do not constitute independent clinical recommendations.

### **Help with public health and safety issues**

We may share health information about you in certain situations, including:

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

### **Conduct research**

We may use or share your information for health research, subject to applicable legal requirements and ethical oversight.

### **Comply with the law**



We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wishes to verify our compliance with federal privacy law.

### **Address law enforcement and other government requests**

We may use or share health information about you:

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

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## **ELECTRONIC AND MOBILE COMMUNICATIONS**

Chamber may communicate with you by phone, SMS text message, email, video conferencing, or other electronic means in connection with your care coordination program. You have the right to opt out of SMS communications at any time by replying "STOP" to any text message, or by contacting us at [Insert Contact Information] through any other reasonable means. Chamber will honor all opt-out requests within 10 business days.

No mobile information, including SMS opt-in data and consent, will be shared with third parties or affiliates for marketing or promotional purposes. All such information is used solely to communicate with you in connection with the Services for which you have been enrolled or referred.

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## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 provide you with a copy upon request.



- We will not use or share your information other than as described here unless you provide written authorization. You may revoke that authorization in writing at any time.

For more information, visit:

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

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### **CHANGES TO THIS NOTICE**

We may change the terms of this notice at any time. Changes will apply to all health information we hold about you. When we make material changes, we will notify you by email and post the updated notice on our website at [heartfirst.care](http://heartfirst.care). The updated notice will also be available upon request at any time.

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*For questions about this notice or your privacy rights, please contact:*

**Chamber Cardio, Inc.** 853 New Jersey Ave SE, STE 200 Washington, DC 20003 or you can reach our Privacy Official at [security@chambercardio.com](mailto:security@chambercardio.com)