

Bonnie Edwards

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL/PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate our practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. In the event of a breach of your unsecured personal health information, we are required to notify you. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer at the number or email address listed at the end of this Notice of Privacy Policies. You will be asked to acknowledge receipt of this notice.

A. How We May Use or Disclose Your Health Information

We collect health information about you and store it in a chart. By law, we are required to ensure that your protected health information (referred to in this Notice of Privacy Practices as "PHI," "medical information" or "health information") is kept confidential. PHI consists of information created or received by us that can be used to identify you. It contains data about your past, present or future health or condition, the provision of health care services to you, or the payment for such services. Under the Health Information Portability and Accountability Act ("HIPAA"), we can use or disclose your PHI under the following circumstances:

1. **Treatment.** We may use or disclose your PHI in order to provide, coordinate or manage your medical care. For example, we disclose medical information to our employees and others within our practice who are involved in providing the care you need. In addition, we may share your medical information with other physicians or other health care providers who are not part of our practice and who will provide services to you and may provide you with their Notice of Privacy Practices. Or, we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also contact you to discuss your treatment, treatment alternatives or other health-related benefits or services we offer that may be of interest to you.
2. **Payment.** We may use and disclose PHI to obtain payment for the services we provide. For example, we might send PHI to your insurance company if required to obtain payment for services that we provide to you.
3. **Health Care Operations.** We may use and disclose your PHI as needed to operate our practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may also use and disclose this information as necessary for medical reviews, legal services and audits (including fraud and abuse detection and compliance programs) and business planning and management. Under HIPAA, we may share your PHI with our "business associates" that perform administrative or other services for us. An example of a business associate is Breakthrough Behavioral, Inc., which offers services in enabling the delivery of our mental health care services through the internet. We have a written contract with each of these business

associates that contains terms requiring them to protect the confidentiality of your PHI.

4. Appointment Reminders. We will use the email address, and home and work numbers which you provide to us in order to make or confirm your appointments. Unless you request otherwise, our staff will leave messages at these numbers with either appointment information or requests to contact us.

5. Notification and Communication with Family. We may disclose to a family member, your personal representative or another person responsible for your care, the PHI directly relevant to that person's involvement in your care or about your location, your general condition or death. In the event of an emergency, we may disclose information to public service organizations to facilitate your care. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in the event of a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

6. Required by Law. As required by law, we will use and disclose your PHI, but we will limit our use or disclosure to the relevant requirements of the law. For example, we may use or disclose PHI when the law requires us to report abuse, neglect or domestic violence, respond to judicial or administrative proceedings, respond to law enforcement officials or report information about deceased patients.

7. Public Health Activities. We may, and are sometimes required by law to, disclose your health information to public health authorities for public health activities such as: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence, reporting communicable disease or infection exposure, and reporting to the Food and Drug Administration problems with products and reactions to medications. Such disclosures shall be made consistent with the requirements of applicable federal and state law.

8. Health Oversight Activities. We may, and are sometimes required by law to, disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and state law.

9. Judicial and Administrative Proceedings. We may, and are sometimes required by law to, disclose your PHI in the course of an administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

10. Law Enforcement. To the extent authorized or required by law, we may disclose your PHI to a law enforcement official for purposes including (1) those required by law such as the reporting of certain types of wounds or other physical injuries, (2) compliance with legal processes including requirements of a court order, warrant, grand jury or administrative subpoena and other judicial or administrative summons, (3) limited information requests for identification and location purposes, (4) pertaining to victims of a crime, (5) suspicion that death has occurred as a result of criminal conduct, (6) where PHI constitutes evidence of criminal conduct that has occurred on the premises of our practice, and (7) medical emergencies where it is likely that a crime has occurred. If you are an inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correctional institution as authorized or required by law.

11. Coroners, Medical Examiners and Organ Donation. We may disclose your PHI to coroners or medical examiners for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral

director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed to organizations involved in procuring, banking, or transplanting organs and tissues for cadaveric organ, eye or tissue donation purposes.

12. **Research Purposes.** To the extent authorized by law, we may disclose your PHI to researchers conducting research that has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

13. **Public Safety.** We may, and are sometimes required by law to, disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims and for other public safety purposes. We may also disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

14. **National Security/Protective Services.** To the extent authorized or required by law, we may disclose your PHI for purposes including (1) military and veteran activities, (2) national security or intelligence activities, (3) protective services for the President or other authorized persons or foreign heads of state, (4) medical suitability determinations such as national security clearance, (5) correctional institutions and other law enforcement custodial situations, and (6) eligibility determinations for provision of public benefits under government programs.

15. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.

16. **Minors.** If you are an unemancipated minor, there may be circumstances in which we disclose health information about you to a parent, guardian, or other person acting in loco parentis, in accordance with our legal and ethical responsibilities.

17. **Change of Ownership.** In the event that our practice is sold or merged with another organization, we will transfer your medical records to the new owner, although you will maintain the right to request that copies of your health information be transferred to another health care provider or group. Please note that although certain disclosures described above do not require your prior authorization under HIPAA, under state law we may not be able to make certain disclosures listed above unless you authorize the disclosure.

B. When We May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose PHI without your written authorization. Specifically, an authorization is required for any use or disclosure of your PHI for marketing purposes, unless the communication is in the form of face-to-face communications made by us to you, or a promotional gift of nominal value provided by us. An authorization is required for any disclosure that constitutes the sale of PHI. Most uses and disclosures of psychotherapy notes require an authorization. If you do authorize us to use or disclose your PHI, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. **Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to impose. We reserve the right to accept or reject your request, unless you paid in full out of pocket for a healthcare item or service and you request that we do not notify your health plan that you have obtained such items or services. In that case, we must comply with your request. To the extent we have the right to accept or reject your request, we will notify you of our decision.

2. Right to Request Confidential Communications. You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a post office box or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by state law. We may deny your request under limited circumstances. In such an event, we will notify you in writing of the reason for the denial, whether you have the opportunity to have the denial reviewed and, if so, the process for reviewing the denial. In most cases there is an opportunity to review the denial. We will comply with the outcome of the review.

4. Right to Amend or Supplement. You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information. If we deny your request, we will provide you with information about our denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. Right to an Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your health information made by us for a period of up to six years. We are not required to provide you with an accounting of disclosures made to you for treatment purposes, made with your authorization and for certain other purposes. To obtain an accounting of disclosures, you must submit your request in writing. You are entitled to one accounting within any 12-month period. If you request a second accounting in a 12-month period, we may assess a reasonable fee.

6. Paper Copy. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer at the number or email address listed in Section E below.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice of Privacy Practices. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will post the current Notice of Privacy Practices on our website and will keep a copy of the current Notice of Privacy Practices posted in our reception area. We will offer you a copy at each appointment whether through telemedicine or in our offices.

E. Contact Us.

If you have questions about any part of this notice, complaints or if you want more information about your privacy rights, please contact our Privacy Officer by phone at 1-888-282-2522, or by email at privacy@breakthrough.com. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights

Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201
(202) 619-0403

You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I acknowledge receipt of this Notice of Privacy Practices.