

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” (or “PHI” for short) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services including the payment for your health care.

We are required by law to maintain the privacy of your PHI and to provide you with this notice informing you of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices at the time of your next appointment. We will also post the revised notice in our office.

**A. Confidentiality of Your PHI:** Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws.

1. **The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).** The Department of Health and Human Services issued the following regulations: “Standards for Privacy of Individually Identifiable Health Information”. We call these regulations the “HIPAA Privacy Regulations”. We may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require us to comply with Pennsylvania laws that are more stringent and provide greater protection for your PHI.

2. **Pennsylvania Mental Health Confidentiality Laws.** Pennsylvania laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, we are not permitted to disclose or release PHI in response to a Pennsylvania subpoena. We will comply with the Pennsylvania laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.

**B. Uses and Disclosures of Protected Health Information:**

1. **We may use and disclose your PHI for treatment, payment and health care operations.** Your PHI may be used and disclosed by us and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Following our examples of the types of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

(a) **For Treatment:** It is necessary for us to use your PHI to care for you. We may disclose your PHI to another health care provider such as your primary care physician for your treatment.

(b) **For Payment:** With your authorization, we may use and disclose medical information about you so that we can receive payment for the treatment services provided to you. Unless, the disclosure is for payment to Conditions for Change, LLC, and the PHI pertains solely to health care items or service that you or another person paid for without using any insurance plan funding.

(c) **For Health Care Operations:** We may use and disclose your PHI in order to support our business activities such as carry out health care operations; quality assessment and improvement activities; medical, legal, and accounting reviews; business planning and development; licensing and training.

We will disclose identifiable health information only to the extent reasonably necessary to perform the above-mentioned activities of our practice. In some instances, we may need to use or disclose all of the information, while other times, we may need to use or disclose only certain information.

C. **Uses and Disclosures Requiring An Authorization:** We may use or disclose PHI for purposes outside of treatment, payment, and health care operations or as provided below in Section D when your appropriate authorization is obtained. You may revoke all such authorizations at any time provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization and disclosed the PHI.

D. **Other Uses and Disclosures That Do Not Require Your Authorization**

1. **As Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

2. **For Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers) and peer review organizations performing utilization and quality control. If we disclose your PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

3. **In Medical Emergencies:** We may use or disclose your PHI in a medical emergency situation to medical personnel only. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

4. **Suspicion of Child Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.

5. **For Deceased Clients:** We may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

6. **For Research Purposes:** We may disclose PHI to researchers if: (a) an Institution Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (d) the researchers agree not to re-disclose your protected health information except back to Conditions for Change, LLC.

7. **Criminal Activity on Program Premises/Against Program Personnel:** We may disclose your PHI to law enforcement officials if you have committed a crime on program premises or against program personnel.

8. **By Court Order:** We may disclose your PHI if the court issues an appropriate order and follows required procedures.

E. **Your Rights Regarding your Protected Health Information:** Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

1. **You have the right to inspect and copy your Protected Health Information.** You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the record. A "designated record set" contains medical and billing records and any other records that the program uses for making decisions about you. Your request must be in writing. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial of access. If the record is electronic, we will provide you access to your electronic record in electronic format so long as it is readily producible in electronic form or format. If not, we will provide you with a paper copy. You may also request/authorize us to send a copy of your record

to a third party designated by you when the request is in writing, signed by you, and you provide clear direction as to the person and their location who is to receive the record copy. We may charge you for postage, etc. Please contact Jennifer Erickson if you have questions about access to your medical record.

2. **You may have the right to amend your Protected Health Information.** You may request, in writing, that we amend your PHI that has been included in a designated record set. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of it. Please contact the Conditions for Change, LLC's Privacy Officer if you have questions about amending your medical record.

3. **You have the right to receive an accounting of some types of Protected Health Information disclosures.** You may request an accounting of disclosures for a period of up to six years, excluding disclosures made to you, made for treatment purposes or made as a result of your authorization. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact Jennifer Erickson if you have questions about accounting of disclosures.

4. **You have a right to receive a paper copy of this notice.** You have the right to obtain a copy of this notice from us. Any questions should be directed to Jennifer Erickson.

5. **You have the right to request added restrictions on disclosures and uses of your Protected Health Information.** You have the right to ask us not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your case. Your request for restrictions must be in writing and we are not required to agree to such restrictions. Except that we must agree to the request of an individual to restrict disclosure about the individual to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full. This request for restriction cannot be terminated by Conditions for Change, LLC. Please contact Jennifer Erickson if you would like to request restrictions on the disclosure of your PHI.

6. **You have a right to request confidential communications.** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable, written requests. We may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. We will not ask you why you are making the request. Please contact Jennifer Erickson if you would like to make this request.

F. **Breaches:** We are required by law to protect the privacy of your PHI and to notify affected individuals following a breach of unsecured PHI.

G. **Marketing and Sale of your PHI:** We will not engage in any marketing activities, as that term is defined under HIPAA and we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization. Other uses of your PHI not addressed in this Notice will require your authorization.

H. **Complaints:** If you are concerned that we have violated your privacy rights, you may file a complaint in writing to us by notifying Jennifer Erickson. We will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services as follows: 200 Independence Avenue, S.W.; Washington, D.C. 20201; (202) 619-0257.