

NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), limits the uses and disclosures of Protected Health Information ("PHI"). For these purposes, PHI means any information, including genetic information, (oral or recorded in any form or medium) that is created or received by health care provider (among others), identifies an individual and relates to: the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. PHI excludes information in education and employment records or regarding persons who have been deceased for more than 50 years.

❖ OUR OBLIGATIONS

As a health care provider, ACE Psychological Services, LLC (sometimes referred to as "we") is required by law to maintain the privacy of PHI and, upon request, provide you with notice of our legal duties and privacy practices with respect to PHI and to notify you if a breach of your unsecured PHI occurs.

We are required to abide by the terms of this Notice until it is no longer in effect. We reserve the right to revise the terms of this Notice. If we revise this Notice, the revised Notice may apply to all the PHI that we have on the effective date of the revision, as well as to PHI created or received after that date. The revised Notice will be available upon request.

❖ USES AND DISCLOSURES

This document will serve as your notice that we may use or disclose your PHI, without your authorization, in any one or more of the following ways:

We are required to disclose your PHI to you upon your request subject to some limitations described later.

We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services in conjunction with that Department's regulatory authority over HIPAA compliance.

We may use and disclose your PHI to carry out treatment, payment, or health care operations.

- **Treatment** - We may use or disclose your PHI to perform our professional services for you.

- **Payment** - We may use or disclose your PHI to obtain payment for the healthcare services we provided. This may include disclosure to any employee benefit plan that covers our services on your behalf. We may use or disclose your PHI in judicial or administrative proceedings regarding payments for health care services we provided.
- **Healthcare Operations** - We may use or disclose your PHI in order to support our business activities as a health care provider. These activities may include, but are not limited to, training physicians and employees and quality assessment.

We participate in an organized health care arrangement through OhioHealth Group, Ltd. (Health4). Health4 consists of an organized system of health care in which multiple covered entities participate. Through Health4, we participate in joint activities that include utilization review, quality assessment and improvement activities, and certain payment activities. We may disclose your PHI to other participants in this organized health care arrangement in order to facilitate the healthcare operations activities of Health4.

We may disclose your PHI to our agents (referred to as "business associates" in HIPAA regulations) in the course of our operations as a health care provider; for example, we may disclose your PHI to a person who transcribes our notes into medical records.

We may disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and/or to family or other individuals involved in your health care with your consent.

We may use or disclose your PHI to the extent required by federal or state law. The use or disclosure will be made in compliance with such federal or state law.

We may use or disclose your PHI for research purposes, provided an appropriate authority such as the Institutional Review Board has waived requirement for individual authorization for disclosure.

We may disclose your PHI to health oversight governmental agencies for such agencies authorized activities.

We may disclose your PHI for law enforcement purposes such as responses to legal processes or requests for information about identification or location, or injuries to victims of crimes.

We may disclose your PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of the public.

We may disclose your PHI for national security purposes.

We may disclose your PHI for public health activities relating to controlling disease, communicable

diseases, injuries, disabilities, or bioterrorism.

We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, or in connection with other lawful processes.

We may disclose your PHI to a coroner or medical examiner for such officials to perform their authorized duties. We may disclose your PHI to a funeral director in order for a funeral director to perform authorized duties.

We may disclose your PHI to comply with worker's compensation laws and other similar programs.

Disclosures, incidental to the permitted disclosures describes above, may occur.

Other uses and disclosures of your PHI will be made only with your written authorization. Those uses and disclosures are limited to (1) psychotherapy notes, (2) marketing purposes, and (3) the sale of your PHI. You may revoke such an authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

❖ YOUR INDIVIDUAL RIGHTS

- **Inspection and copying** — You have the right to inspect, under most circumstances, with exceptions that we can discuss if they apply, in which case you will be able to name another mental health therapist and I will turn them over to him or her, the PHI about you or about your minor child that is contained in our designated record set. Our designated record set contains medical, billing and payment records that we generate, have generated, and use to perform health care for you. You have the right to obtain a copy, (in electronic or paper form), for a reasonable fee, of all or part of the designated record set of your PHI, subject to some limitations. For example, you may not inspect or copy information complies in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding.
- **Restriction of PHI** — You have the right to request a restriction of use or disclosure of your PHI, or your minor child's PHI, for treatment, payment, or health care operations. You should understand that this restriction may hamper treatment or payment for your health care services. You should make this requests in writing, specifically designating the PHI that you want us to refrain from disclosing. We are not required to agree to the restrictions that you may request, unless your request involves (1) disclosures for the purpose of carrying out payment or health care operations, or (2) services or items for which you have paid us in full.
- **Request of confidential communications** — You have the right to request to receive confidential communications from us by alternative means or at an alternative location if customary disclosure would endanger you. We will accommodate reasonable requests, within our ability to comply, at a reasonable fee.

- **Paper copy** – You have the right to request a paper copy of this Notice, even if you agree to receive the Notice electronically
- **Complaints** – You have the right to complain to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Privacy Contact of your complaint. We are not permitted to retaliate against you for filing a complaint.

❖ **HIPAA PROCEDURES AND OTHER LIMITATIONS**

HIPAA regulations also provide for certain procedures for implementing your rights as summarized above. This Notice is a summary, not a definitive description of HIPAA rights and requirements, and HIPAA may impose additional limitations on your rights.

❖ **EFFECTIVE DATE**

This Notice is effective beginning January 1, 2022

I have been offered a copy of the HIPAA agreement and policy.

Signature

Date