

Notice of Privacy Practices

CONNECTION THERAPY GROUP

7003 Chadwick Drive, Building One, Suite 140 Brentwood, TN
541 N. Mt. Juliet Road, TOTTY Building, Suite 2303-D Mt. Juliet, TN

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information. Please review this notice carefully.

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information, or PHI). In conducting business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will provide a copy of the current Notice at your request. If you have questions about this Notice, please contact:

Connection Therapy Group
7003 Chadwick Drive Suite 140
Brentwood, TN 37027

We may use and disclose your PHI in the following ways: The following categories describe the different ways in which we may use and disclose your PHI.

Treatment

Our practice may use your PHI to treat you. Treatment is when one provides, coordinates, or manages your health care and other services related to your health care. For example, we may ask you to have laboratory tests (such as blood or urine tests), and may use the results to help me reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when a prescription is ordered for you. We may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose

your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.

Payment

Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive. We do not bill insurance or third-party payers for services. We may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

Health Care Operations

Our practice may use and disclose your PHI to conduct business and in the performance/operation of this practice. As examples of the ways in which we may use and disclose your information for operations, the practice may use your PHI to evaluate the quality of care you received, or to conduct cost-management and business planning activities for the practice. We may disclose your PHI to other health care providers and entities to assist in their health care operations.

Use

Use applies to activities within the practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Optional Treatment Options

Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

Optional Health-Related Benefits and Services

Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Optional Release of Information

This practice may use or disclose PHI for purposes of treatment, payment, or health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when asked for information for purposes outside of treatment, payment, or health care operations, the practice will obtain an authorization from you before releasing this information. A specific authorization will be needed before releasing Psychotherapy Notes. “Psychotherapy Notes” are notes that contain information about conversations during a private, group, joint, or family therapy sessions which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. “Psychotherapy Notes” are necessarily more private and contain much more personal information about you hence, the need for increased security of the notes. “Psychotherapy Notes” are not the same as your “progress notes” which provide the following information about your care each time you have an

appointment: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. You may revoke all such authorizations (for PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) your provider has relied on that information, or (2) if the authorization were obtained as a condition of obtaining insurance coverage as law provides the insurer the right to contest the claim under the policy.

Optional Release of Information to Family/Friends

Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you (you will need to sign a release if you are over the age of 18 years). Minors ages 14 to 18 years will be asked to sign a release of information to discuss general progress and treatment with parents/guardians.

Disclosures Required by Law

Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

Use and Disclosure of Your PHI in Certain Special Circumstances

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public health risks. The practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. Health oversight activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal

procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and similar proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death believed to be a result from criminal conduct
- Regarding criminal conduct in our office
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Optional Deceased patients. Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

6. Optional Organ and tissue donation. Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Optional Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions: (A) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (B) The research could not practicably be conducted without the waiver, (C) The research could not practicably be conducted without access to and use of the PHI.

8. Serious threats to health or safety. Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. I also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' compensation. Our practice may release your PHI for workers' compensation and similar programs.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential communications. You have the right to request that the practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Connection Therapy Group, specifying the requested method of contact or the location where you wish to be contacted.. You may also note your preference on your New Patient paperwork. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting restrictions. You have the right to request a restriction in the use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in the use or disclosure of your PHI, you must make your request in writing to Connection Therapy Group 7003 Chadwick Drive Suite 140 Brentwood, TN 37027. Your request must describe in a clear and concise fashion:

- The information you wish restricted
- Whether you are requesting to limit our practice's use, disclosure or both,
- To whom you want the limits to apply.

3. Inspection and copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Connection Therapy Group 7003 Chadwick Drive Suite 140 Brentwood, TN 37027 in order to inspect and/or obtain a copy of your PHI. The practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of the denial. Another licensed health care professional chosen by us will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Connection Therapy Group 7003 Chadwick Drive Suite 140 Brentwood, TN 37027. You must provide us with a reason that supports your request for amendment. The practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures the practice has made of your PHI for purposes not related to treatment, payment or operations. Use of your PHI as part of the routine patient care in our practice is not required to be documented – for example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Connection Therapy Group 7003 Chadwick Drive Suite 140 Brentwood, TN 37027. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before August 1, 2019. The first list you request within a 12-month period is free of charge, but the practice may charge you for additional lists within the same 12-month period. The practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a paper copy of this notice. You are entitled to receive a paper copy of the notice of privacy practices. You may ask us to give you a copy of this notice at any time.

7. Breach Notification. The HITECH Act of 2009 requires that healthcare providers and other covered entities (such as Business Associates) promptly notify affected individuals when there has been a breach of protected health information (PHI). Health Care providers who experience a breach of information affecting 500 or more individuals must report the breach to the HHS secretary and the media. Breaches affecting fewer than 500 individuals will be reported to the HHS Secretary on an annual basis. The regulations also require that the Business Associates notify the health care provider or covered entity of any breaches at or by the Business Associate.

8. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Connection Therapy Group 7003 Chadwick Drive Suite 140 Brentwood, TN 37027. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

9. Right to provide an authorization for other uses and disclosures. The practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care. Again, if you have any questions regarding this notice

or our health information privacy policies, please contact Connection Therapy Group 7003 Chadwick Drive Suite 140 Brentwood, TN 37027

Provider Duties Regarding Your PHI

Your provider is required to, and has rights to, the following:

1. Your provider is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI.
2. Your provider has the right to change the privacy policies and practices described in this notice. You will be notified of such changes. Unless notice is given, your provider is required to abide by the terms currently in effect.