

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.

- A. Our Commitment to Your Privacy.** Advocare, LLC, and each of its Care Centers (collectively "Advocare") is dedicated to maintaining the privacy of your Protected Health Information ("PHI"). Protected Health Information is information about you, including demographic information, which may identify you and which relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for your health care. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the privacy and security of your PHI. This Notice of Privacy Practices (this "Notice") describes how we may use and disclose your PHI to carry out treatment, payment and health care operations and for other purposes which are permitted or required by law. It also describes your rights to access and control your PHI.
- B. Our Responsibilities.** We must follow the duties and privacy practices described in this Notice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We will not use or share your PHI other than as described in this Notice, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.
- C. How We May Use and Disclose Your PHI.** The following are examples of the types of uses and disclosures of your PHI by Advocare.
- 1. We typically use and share your PHI in the following ways, without your specific written permission to do so:**
 - a. Treatment:** We will use and disclose your PHI to provide, coordinate and manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we may disclose your PHI to another physician who may be treating you or to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
 - b. Payment:** Advocare may use and disclose your PHI in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits).
 - c. Health Care Operations:** Advocare may use and disclose your PHI to operate our business. For example, Advocare may use your PHI to evaluate the quality of care you received from us. We may share your PHI with third party "business associates" that perform various activities (for example, billing or transcription services) for Advocare. Whenever an arrangement between Advocare and a business associate involves the use or disclosure of your PHI, we will have a written contract which contains terms to protect your PHI's privacy.
 - 2. We are also allowed or required to share your PHI in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.**
For more information, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.
 - a. Public Health Activities:** We may share your PHI in certain situations such as to report information about births or deaths; helping with product recalls; reporting adverse reactions to medications; preventing disease; reporting suspected abuse, neglect, or domestic violence; or preventing or reducing a serious threat to anyone's health or safety. We are also required by law to report vaccinations to state immunization registries (NJIS in New Jersey, PIERS in Pennsylvania, DelVAX in Delaware). New Jersey children under age 7 are automatically enrolled with opt-out available at njis.nj.gov. Delaware includes all patients with no opt-out. Pennsylvania and New Jersey require adults to consent to vaccine registry reporting.
 - b. Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law. For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative or criminal investigations, proceedings 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.
 - c. Legal Proceedings:** We may disclose your PHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process. Substance Use Disorder (SUD) treatment records prepared by an SUD program under federal law 42 CFR Part 2 that have become part of your Advocare medical record will not be used or disclosed in legal proceedings against you unless we have received written consent from you or the request for such records is accompanied by a court order and/or subpoena that meets the requirements of 42 CFR Part 2.
 - d. Law Enforcement/Criminal Activity:** We may disclose PHI for law enforcement purposes. For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; or for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
 - e. Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner, medical examiner, or funeral director when an individual dies. We can also share your PHI with organ procurement organizations.
 - f. Research:** In limited circumstances, we may use or disclose PHI to conduct medical research.
 - g. Special Government Functions:** We may use or disclose PHI for special government functions such as military, national security, and presidential protective services. We may use or disclose your PHI as necessary to correctional institutions or law enforcement officials having lawful custody of you.
 - h. Workers' Compensation:** We may disclose your PHI as authorized by and to the extent needed to comply with workers' compensation laws and other similar legally established programs.
 - i. To Avoid Harm:** In order to avoid a serious threat to the health or safety of you, another person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 - j. Childhood immunizations:** We may disclose an immunizations list to schools required to obtain proof of immunization prior to admitting the student, so long as we have obtained and documented the patient's or patient's legal representative's "informal agreement" to the disclosure.
 - k. Decedents:** In certain circumstances, we may disclose PHI about a decedent to family and others involved in the decedent's health care or payment for health care. Other disclosures may require written authorization from the executor or administrator of the decedent's estate.
- 3. We are also allowed to use and disclosure your PHI in the following ways, provided you to have an opportunity to object or agree prior to the use or disclosure.**
- a. Others Involved in Your Health Care or Payment for your Care:** Unless you object, we may disclose to a member of your family, a close friend, or any other person you identify, your PHI which directly relates to that person's involvement in your health care or payment for your health care. If you are not present or able to agree or object to the use or disclosure of the PHI, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or other individuals involved in your health care.
 - b. Health Information Exchange/Patient Portal:** Consistent with federal law, Advocare participates in the following Health Information Exchanges and/or e-prescribing health networks (collectively, "HIE(s)"): (i) New Jersey Health Information Network; (ii) CommonWell Health Alliance; (iii) CareQuality; (iv) SureScripts Network Alliance; and (v) other HIEs in which Advocare may determine to participate, in its discretion, from time to time. The purpose of an HIE is to provide an electronic information system through which physicians, healthcare facilities, pharmacies and other healthcare providers authorized to participate in the HIE (collectively, "Healthcare Providers") can share PHI electronically in connection with their provision of healthcare services to patients, thereby improving the overall quality of health care services provided to patients and to avoid duplication and inefficiencies. HIEs are governed by a strict set of rules designed to protect patient confidentiality and the privacy and security of patient information. Advocare electronically shares your PHI with the HIE, including information regarding sensitive diagnoses (such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse). This Notice describes how Advocare and other Healthcare Providers can electronically access and use your PHI if needed to provide treatment to you, may use and disclose your PHI through the HIE and how you may "Opt-Out" (as described

below) from having your information automatically shared through the HIE. For example, if you receive a blood test result from Advocate and also receive care from another Healthcare Provider (who also participates in the HIE), Advocate and your other treating Healthcare Provider can share your blood test result electronically through the HIE, as long as they are otherwise authorized to do so. However, if you Opt-Out (as described below), your PHI will not be made electronically available through the HIE, but will continue to be used, accessed and disclosed/released by Advocate as needed (in accordance with this Notice and applicable law).

If you do not wish to allow Healthcare Providers involved with your care to electronically share your PHI with one another through the HIE as explained in this Notice, you must submit an "HIE Opt-Out Form" to Advocate. You may obtain an "HIE Opt-Out Form" from your Advocate Care Center or by visiting the following website: <https://www.advocaredoctors.com>. Your Opt-Out request will be processed within three (3) business days of receipt by Advocate. In addition, Advocate maintains a patient portal through eClinicalWorks, a secure online tool which permits patients to view their PHI through a secure, encrypted portal from the Advocate home webpage.

4. In the following cases, we will not use or disclose your PHI without your written permission.

- a. Marketing Purposes:** We will obtain your written authorization prior to using or disclosing your PHI for marketing purposes. However, we are permitted to provide you with marketing materials in a face-to-face encounter, without obtaining a marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining a marketing authorization. In addition, as long as we are not paid to do so, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products which may be beneficial to your health and then contact you about the services and products.
- b. Sale of PHI:** We will not sell your PHI without your prior written authorization.
- c. Fundraising:** Advocate does not use or disclose patient PHI or records for fundraising purposes. In the event it does, Advocate will provide all patients, including those whose medical record include SUD records that have originated from a SUD program under federal law, with a clear and conspicuous opportunity to elect not to receive any fundraising communications.
- d. Psychotherapy Notes:** We will not use or disclose your psychotherapy notes without your written authorization, unless the use or disclosure is to carry out specific treatment, payment, or health care operations activities, or the use or disclosure is otherwise required or permitted by law.

D. Your Rights. When it comes to your PHI, you have the following rights:

- 1. Inspect and Copy Records:** You can ask to look at or get an electronic or paper copy of your PHI which we have, but you must make the request in writing—ask us how to do this. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within thirty (30) days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed when applicable. If you request a copy of your information, we may charge you a reasonable, cost-based fee. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. Please note: If you are the parent or legal guardian of a minor, certain portions of the minor's records may not be accessible to you. For example, records relating to care and treatment to which the minor is permitted to consent himself/herself (without your consent) may be restricted unless the minor patient provides an authorization for such disclosure.
- 2. Ask Us to Limit What We Use or Share:** You may ask us, in writing, not to use or share certain PHI for treatment, payment or our operations. While we will consider your request, we are not required to agree to it, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" to such request unless a law requires us to share that information.
- 3. Confidential Communications:** You can ask us to communicate with you in a specific way (for example, home or mobile phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- 4. Amendment:** You can ask us to correct your PHI that you think is incorrect or incomplete. You must make this request in writing to Advocate, including your reason to support the requested amendment. We may say "no" to your request, but we'll tell you why in writing within 60 days.

5. Accounting of Disclosures: You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why. You must make your request for an accounting of disclosures of your PHI in writing to Advocate. We'll provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

6. Receive a Copy of This Notice: You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

E. Changes to the Terms of this Notice. We can change the terms of this Notice, and the changes will apply to all information we have about you. Any new Notice will be available upon request and posted in each Care Center and on our website at <https://www.advocaredoctors.com>.

F. How to Complain About Our Privacy Practices. You can complain if you feel we have violated your rights described in this Notice by contacting us using the information listed below. You also may file a complaint with the Secretary of the Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint. If you have any questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer at:

Privacy Officer
Advocate, LLC
Lake Center Executive Park
401 Route 73 North, Building 10, Suite 320
Marlton, NJ 08053
Telephone: 856.872.7055