

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.**

YOUR RIGHTS

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

SEE PAGE 2

for more information on these rights and how to exercise them

YOUR CHOICES

- To tell family and friends about your condition
- Whether your information is shared in disaster relief situations
- If your information is included in a directory or other internal display
- If your information is shared for the provision of certain mental health services
- For your information to be used for marketing purposes
- For your information to be used for fundraising

SEE PAGE 3

for more information on these rights and how to exercise them

OUR USES & DISCLOSURES

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement & other government requests
- Respond to lawsuits and legal actions

SEE PAGES 3 & 4

for more information on these rights and how to exercise them



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Compliance Department: 502.568.7800

Email: compliance@shccs.com

YOUR RIGHTS

This section explains your rights and some of our responsibilities to help you.

<p>Get an electronic or paper copy of your medical record</p>	<ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your medical record and other health information. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct your medical record</p>	<ul style="list-style-type: none"> You can ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, 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” unless a law requires us to share that information.
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> 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.
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ We will not retaliate against you for filing a complaint

YOUR CHOICES

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a directory or other internal display, which may include your name and photograph. • If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
<p>In these cases we never share your information unless you give us written permission</p>	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
<p>In the case of fundraising</p>	<ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES & DISCLOSURES

We typically use or share your health information in the following ways:

<p>Treat you</p>	<ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. • We can use your health information to plan and document your care and treatment. 	<p>Example A: A doctor treating you for an injury asks another doctor about your overall health condition.</p> <p>Example B: Assist with your transition of care to persons arranging for or directly providing care to you following your discharge.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	<p>Example: We use health information about you to manage your treatment and services, including but not limited to contacting you to schedule appointments, provide treatment alternatives or to provide information regarding health related benefits or services you may be interested in learning about.</p>
<p>Bill for your services</p>	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. 	<p>Example: We give information about you to your health insurance plan so it will pay for your services.</p>

How else can we share your health information? We are allowed or required to share your information 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

<p>Help with public health and safety issues:</p>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
<p>Do Research</p>	<ul style="list-style-type: none"> • We can use or share your information for health research.
<p>Educate health professionals</p>	<ul style="list-style-type: none"> • We can use or share your information for the education of other healthcare professionals.
<p>Comply with the law</p>	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
<p>Respond to organ and tissue donation requests</p>	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations.
<p>Work with a medical examiner or funeral director</p>	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<p>Address workers’ compensation, law enforcement, and other government requests</p>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services.
<p>Respond to lawsuits and legal actions</p>	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.
<p>Business Associates</p>	<ul style="list-style-type: none"> • In our organization, some services are provided through contracts with business associates. When we contract with a business associate to provide services, we may disclose your medical information to them so they can perform the job we have contracted with them to perform. We require business associates to protect and safeguard your information under the same guidelines that we follow.
<p>Health Information Exchange</p>	<p>If we participate in a Health Information Exchange or HIE, which is permitted under law, we may share your health information electronically with this exchange to provide faster access to information and improved coordination of care to assist providers and others in making more informed decisions.</p>

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Contact Information for Questions, Additional Information, or to Report a Problem

If you have questions or would like additional information regarding the Notice of Privacy Practices, you may contact the Administrator or Compliance Liaison at the location providing your care or the Compliance Department at compliance@shccs.com or through the CAREline at 1-888-392-8886.

Language Assistance Services

If you do not speak English or need help with English, we will provide language assistance services for you at no additional cost. To request language assistance services, please contact the Facility's Social Services Director. If you believe that the Facility has failed to provide these services, you can file a grievance with the Facility's Social Services Director.

Nondiscrimination Statement

Signature complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or other legally protected status. If you believe that the Facility has discriminated against you, you can file a grievance with the Facility's Social Services Director.

State Law Requirements

Some states have health laws and regulations that are more stringent than the federal laws. In these cases, the uses and disclosures listed above may be more limited.

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. The new notice will be available upon request, in our office, and on our web site.

Effective: 9/23/2013; Revised 11/17/16; Revised 3/14/19

This Notice of Privacy Practices applies to the following organizations.

Signature HealthCARE Consulting Services, LLC and its affiliated providers and other entities.