

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR INDIVIDUALLY IDENTIFIABLE MEDICAL INFORMATION, INCLUDING MENTAL HEALTH INFORMATION, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, Personicare Healthcare Network LLC (“Medical Provider”) will obtain, record, and use individually identifiable medical information about you that is Protected Health Information (“PHI” or “information”). Ordinarily, that information is confidential and will not be used or disclosed, except as described below.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Individual’s Consent. Medical Provider will use and disclose PHI in the following ways:

1. Treatment. Treatment refers to the provision, coordination, or management of health care, including mental health care, and related services by one or more medical providers. For example, Medical Provider will use your information to plan your course of treatment. As to other examples, Medical Provider may consult with other medical providers or and will provide the information necessary to complete those tasks.

2. Payment. Payment refers to the activities undertaken by Medical Provider to obtain or provide reimbursement for the provision of health care. Medical Provider will use and disclose your information to develop the underlying bills, invoices, and account balances that make up your Obligations, as that term is defined and used in your Patient Security, Assignment, and Authorization Agreement. The information will be provided to you, your attorneys, and other medical providers when Medical Provider believes it necessary or appropriate for your medical treatment. These disclosures will be reasonably limited to the minimum necessary, and may include information that identifies you, as well as your diagnosis, type of service, date of service, medical provider name/identifier, and other information about your condition and treatment.

3. Health Care Operations. Health Care Operations refers to activities undertaken by Medical Provider that are regular functions of management and administrative activities, among other things. For example, Medical Provider may use or disclose your health information in the monitoring of quality assessment and improvement activities, including case management and care coordination; conducting or arranging for medical reviews, audits, or legal services; business planning, development, management, and administration; and business management and general administrative activities of the Medical Provider. These disclosures will be reasonably limited to the minimum necessary to achieve the purpose of the activity.

4. Contacting You. Medical Provider may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

5. Required by Law. Medical Provider will disclose PHI when required by law or necessary for health care oversight. This includes, but is not limited to when (a) reporting child abuse or neglect; (b) a court orders release of information; (c) there is a legal duty to warn or take action regarding imminent danger to others; (d) an individual is a danger to self or others or gravely disabled; (e) a coroner is investigating an individual's death; or (f) to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, or regulatory compliance.

6. Crimes on the Premises or Observed by the Provider. Crimes that are observed by Medical Provider or Medical Provider's staff, crimes that are directed toward Medical Provider or Medical Provider's staff, or crimes that occur on the premises will be reported to law enforcement.

7. Business Associates. Some of the functions of Medical Provider may be provided by contracts with Business Associates. For example, some of the billing, legal, auditing, and management services may be provided by contracting with outside entities to perform those services. In those situations, PHI will be provided to those contractors as is needed to perform their contracted tasks. Business Associates are required to enter into an agreement maintaining the PHI privacy of the PHI released to them.

8. Research. Medical Provider may use or disclose PHI for research purposes if the relevant limitations of the HIPAA Privacy Rule are followed. 45 C.F.R. § 164.512(i).

9. Involuntary Treatment. Information regarding individuals who are being treated involuntarily, pursuant to law, will be shared with other medical providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

10. Family Members. Except for certain minors, incompetent individuals, or involuntarily treated individuals, PHI cannot be provided to family members without the individual's consent. In situations where family members are present during a discussion with the individual, and it can be reasonably inferred from the circumstances that the individual does not object, information may be disclosed in the course of that discussion. However, if the individual objects, PHI will not be disclosed.

11. Emergencies. In life threatening emergencies, Medical Provider will disclose information necessary to avoid serious harm or death.

A. Statements That Certain Uses and Disclosures Require Authorization. Medical Provider must obtain your authorization in order to use or disclose your PHI as follows: (1) for fundraising or marketing purposes; (2) to sell your PHI to a third party; and (3) most uses and disclosures of any psychotherapy notes.

B. Individual Authorization or Release of Information. Medical Provider may not use or disclose PHI in any other way than set forth in this Notice without a signed authorization. When you sign an authorization, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent Medical Provider has already taken action in reliance thereon.

II. YOUR RIGHTS AS AN INDIVIDUAL

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the PHI the provider has regarding you in what is known as a “designated record set.” If records are used or maintained as electronic health record, you have a right to receive a copy of the PHI maintained in the electronic health record in an electronic format. However, you do not have the right to inspect or obtain a copy of psychotherapy notes. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Medical Provider.

B. Amendment of Your Record. You have the right to request that Medical Provider amend your PHI. Medical Provider is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Medical Provider.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures Medical Provider has made regarding your PHI. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations (see above). In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed authorization. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Medical Provider.

D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your PHI. Unless you pay for your services out-of-pocket, Medical Provider does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask Medical Provider.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of PHI from Medical Provider by alternative means or at alternative locations. For example, if you do not want Medical Provider to mail bills

or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Medical Provider.

F. Sale of PHI. Medical Provider may sell Accounts Receivable related to services provided to you, which may include PHI related to the Accounts Receivable, if you authorize us to do so.

G. Breach Notification. In the event of any breach of your unsecured PHI, Medical Provider will notify you of such breach within sixty (60) days of the date Medical Provider learns of the breach.

H. Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

III. ADDITIONAL INFORMATION

A. Privacy Laws. Medical Provider is required by State and Federal law to maintain the privacy of PHI. In addition, Medical Provider is required by law to provide individuals with notice of Medical Provider's legal duties and privacy practices with respect to PHI. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. Medical Provider is required to abide by the terms of this Notice, or any amended Notice that may follow. Medical Provider reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. When the Notice is revised, the revised Notice will be posted on Medical Provider's website and will be available upon request.

C. Complaints Regarding Privacy Rights. If you believe the provider has violated your privacy rights, you have the right to complain to Medical Provider. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to

Andrea Oliver
Regional Manager, Office for Civil Rights
U.S. Department of Health & Human Services
999 18th Street, Suite 417
Denver, Colorado 80294,
Phone: (800) 368-1019
TDD: (800) 537-7697
Fax: (303) 844-2025

It is the policy of Medical Provider that there will be no retaliation for your filing of such complaints.

D. Contact Information. If you have questions about this Notice or desire additional information about your privacy rights, please contact our Privacy Officer at:

**Personicare Healthcare Network
9200 W Cross Drive, Suite 400
Littleton, CO 80123**

E. Effective Date. This Notice is effective March 2011

By signing below you acknowledge that you have received and understand this Notice of Privacy Practices:

Name (Print): _____

Patient Signature: _____

Date: _____