

# Therapy Partners, Inc.

## 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.**

During your treatment at Therapy Partners, Inc., therapists, and other caregivers may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Therapy Partners, Inc.. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

### **Your medical information may be used and disclosed for the following purposes:**

- **Treatment:** We may use your information to provide, coordinate, and manage your care and treatment. For example, a Therapy Partners, Inc. therapist may share your medical information with another therapist for a consultation or a referral.
- **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Therapy Partners, Inc. so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations:** We may use and disclose medical information about you for Therapy Partners, Inc.'s health care operations. Health care operations are the uses and disclosures of information that are necessary to run Therapy Partners, Inc. and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff and therapists in caring for you.
- **Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments. We may also contact you with information about new or alternative treatments or other health care services.
- **To People Assisting in Your Care.** Therapy Partners, Inc. may disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a supply for you. If you are able to make your own health care decisions, Therapy Partners, Inc. will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, Therapy Partners, Inc. will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.
- **Research:** Federal law permits Therapy Partners, Inc. to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate.

- **As Required by Law:** We will disclose medical information about you when we are required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat.
- **To Business Associates:** Some services are provided by or to Therapy Partners, Inc. through contracts with business associates. Examples include Therapy Partners, Inc.'s, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

**Your medical information may be released in the following special situations:**

- **Military and Veterans:** If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are permitted to do so by law. We may also release medical information about foreign military personnel to the appropriate foreign military authority as permitted by law or with written consent.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health:** We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:
  - Preventing or controlling disease, injury or disability;
  - Reporting births and deaths;
  - Reporting child abuse or neglect, or some other forms of abuse;
  - Reporting reactions to medications or problems with products;
  - Notifying people of recalls of products they may be using;
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
  - Reporting to the FDA as permitted or required by law.
- **Health Oversight Activities:** Therapy Partners, Inc. may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, we will disclose medical information about you only in response to a valid court order, administrative order, a grand jury subpoena, or a subpoena, discovery request, or other lawful process if certain conditions are met, or with your written consent.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a valid court order, summons, grand jury subpoena, warrant, or certain administrative requests or demands, or with your written consent.

- We may also release certain limited information to law enforcement for the following reasons:
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at our facility; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and we may disclose health records to a coroner or medical examiner so that they may execute their duties. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, or with your written consent.
- **Protective Services for the President and Others:** We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as permitted by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official in certain cases having to do with your care or the health and safety of others in the facility.

**You have the following rights regarding medical information we maintain about you:**

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Therapy Partners, Inc.
- If you wish to inspect and copy medical information, you must submit your request in writing to the manager at your treating clinic. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law.
- We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your therapist believes it will be harmful to your health, or could cause a threat to others. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Therapy Partners, Inc. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Request Amendment:** If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Therapy Partners, Inc.
- To request a change to your information, your request must be made in writing and submitted to the manager at your treating clinic. In addition, you must provide a reason that supports your request.

- Therapy Partners, Inc. may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by Therapy Partners, Inc., unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for Therapy Partners, Inc.;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.
- To request this list of disclosures, you must submit your request in writing to the manager at your treating clinic. Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could ask that we not use or disclose information about treatment that you received to other therapists or to your insurance company. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- To request restrictions, you must make your request in writing to the manager at your treating clinic. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you only at work or only by mail.
- To request confidential communications, you must make your request in writing to the manager at your treating clinic. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.
- **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time. This notice is on our website, [www.therapypartners.com](http://www.therapypartners.com).

### Changes to This Notice

The effective date of this notice is April 14, 2003. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If the terms of this notice are changed, Therapy

Partners, Inc. will provide you with a revised notice upon request, and we will post the revised notice on [www.therapypartners.com](http://www.therapypartners.com) in designated locations at Therapy Partners, Inc. affiliated clinics.

### **Complaints or Questions**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Therapy Partners, Inc., or to ask a question about this Notice, contact the clinic manager at your treating clinic. All complaints must be submitted in writing. ***You will not be penalized for filing a complaint.***

### **Other Uses of Medical Information**

Except as described above, Therapy Partners, Inc. will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.