

COMPASSIONATE BEHAVIORAL HEALTH

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR RESPONSIBILITIES

We are committed to your privacy.

In order to provide you with health care services and help you care for your health; we gather information about you. We will collect and maintain certain demographic information about you including your name, telephone number and address. We may ask you for certain information about your history of illness or injury, your family history, and other information related to your physical or mental health. Information about care you received at another hospital or clinic may be sent to us in writing or electronically. Your doctors and staff may make notes on their observations of you and record your test results and medication history. We refer to all of this information as your health information. It is kept in your medical record. We also maintain other records regarding the cost of your medical care and payment for the provision of the services we provide you.

We understand that your health information is private to you. We keep information about you to care for you and to meet legal and other requirements. The law requires us to protect your health information, to provide you this Notice of Privacy Practices (also a Tennessee Notice), and to follow the terms and conditions of the notice currently in effect.

WHO IS COVERED BY THIS NOTICE

This notice covers Compassionate Behavioral Health, LLC doing business as Compassionate Behavioral Health ("CBH"), and its respective departments and units, personnel, volunteers, students, and trainees. This notice also covers other health care providers that come to Compassionate Behavioral Health facilities to care for patients (such as physicians, therapists and other health care providers not employed by Compassionate Behavioral Health), unless these other health care providers give you their own notice of privacy practices that describe how they will protect your protected health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We typically use and disclose your health information as follows:

Treatment — We may use and disclose your health information to provide, coordinate, or manage your healthcare and other related services or products. For example, we may disclose information about you to doctors, nurses, social workers, chaplains, and other clinicians and professionals, both inside and outside of Compassionate Behavioral Health, to coordinate and provide you with services such as prescriptions, lab work, x— rays or referrals.

Payment — We may use and disclose your health information to obtain payment for your healthcare services and other related services. For example, we may tell your health plan or medical insurer about treatment you have received or are going to receive in order to obtain payment or determine whether your insurance plan will cover it.

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Health Care Operations — We may use and disclose your health information to support our health care services. This may include quality assessment and improvement, care management, and reviewing the qualifications of health professionals. For example, we may use your health information to assess your care or satisfaction with our services, and use the results to continually improve the quality of care, to disclose your health information to other entities that perform various activities for us such as billing or auditing, and to disclose to other providers who have treated you.

Patient Contacts — At times, we may contact you to set up or remind you about future appointments, provide information about treatments and health—related benefits or services that may be of interest to you.

Business Associates — We may disclose health information to our business associates that perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. Business associates are obligated to protect your information just like we are.

People Involved in Your Care — When appropriate, we may disclose relevant health information about you to people involved in your care or involved in the payment for your care, such as a family member, friend, or emergency contact. If you do not want this information shared, you can request that it not be shared. In case of an emergency, or if you are incapacitated, we may disclose your health information as necessary if we determine that it is in your best interest, based on our professional judgment.

Research — Medical research is critical to the advancement of medical care and treatment. As allowed by law, we may use or disclose your health information to conduct or participate in research if we have removed any information that would individually identify you from it, such as your name, address or medical record number. We, however, will not disclose health information that identifies you or can be used to identify you for research purposes without obtaining your consent or following state law procedures for attempting to make a good faith effort to obtain your consent. Unless you object, we may also contact you to see if you are interested in participating in approved clinical research trials for which you may be eligible.

We are allowed or required to share your health information for the following purposes:

Public Health Purposes — We may disclose health information for public health purposes, including to report vital statistics (such as births and deaths); to report adverse reactions to medications; to notify people of product recalls; to report and control disease (such as cancer or tuberculosis), injury, or disability; and to report communicable diseases.

Abuse and Neglect — We may disclose health information to the proper authorities about possible abuse or neglect of a child or vulnerable adult.

Health Oversight Activities — We may disclose health information to health oversight agencies that oversee our operations, including government, licensing, auditing, and accrediting agencies.

To Avert a Serious Threat — We may disclose health information to help prevent a serious and imminent threat to the health or safety of a person or the public.

Organ Donation. We may disclose health information to organ donation agencies.

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Workers' Compensation — We may disclose health information to comply with the requirements of workers' compensation laws or similar programs.

Data Breach Notification Purposes — We may use or disclose health information as required to cooperate with authorities in investigations and to provide legally required notices of unauthorized access to or disclosure of health information to the Secretary of Health and Human Services.

Military Personnel / National Security and Intelligence Activities — We may release health information to authorized officials from the armed forces or for intelligence, counterintelligence, or other national security activities.

Correctional Facility — We may disclose the health information of a person in custody to law enforcement or a correctional facility if necessary: i) for that person's health care; ii) to protect health and safety of that person or others, including law enforcement; or iii) for the safety and security of the correctional facility.

Law Enforcement — We may disclose health information to law enforcement officials, including to identify a suspect, fugitive, material witness, or missing person; about the victim of a crime (under limited circumstances); about a death believed to be the result of criminal conduct; about a crime committed on our premises; or when to an emergency, to report a crime.

Legal Process — We may disclose health information in response to a court or other legal order, subpoena, or other legal documents.

Death — We may release health information to a coroner, medical examiner, or funeral director to identify a

deceased person, determine the cause of death, or otherwise as necessary to carry out their duties, including arrangements after death.

Required or Permitted by Law — We may use or disclose health information as required or permitted by law, including, to report gunshot wounds and other injuries that may have resulted from an unlawful act.

Health Information and State Law — Release of health records under Minnesota law usually requires the signed permission of a patient or a patient's representative. Exceptions include you having a medical emergency, you seeing a related provider for treatment, and other releases required or allowed by law.

We also participate in an integrated health information systems with other providers and share health information on our patients with those providers. All participating providers have agreed to a set of standards relating to their use and disclosure of health information available through the system and these standards are intended to comply with all state and federal laws. For example, another participating provider who provides services to you will have the ability to access your health information that we shared within the system. Such providers may use the health information for payment, treatment, and healthcare related operations.

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WITH YOUR AUTHORIZATION

Except as described in this notice or required or permitted by law, we will not use or disclose your health information without your permission. At times, we may ask you to provide specific written permission to use or disclose your health information. We will not use or disclose your health information for marketing, for a sale of health information, or for most sharing of psychotherapy notes, unless we have permission from you. If you give us permission, you may withdraw it at any time by submitting a written request to Compassionate Behavioral Health.

REVOCAION OF AUTHORIZATION

If you give us an authorization for the use or disclosure of your health information, you may revoke it at any time by submitting a written revocation. However, disclosures that have been made in reliance on your authorization before you revoked it will not be affected by the revocation. You may submit the revocation to

Compassionate Behavioral Health.

YOUR RIGHTS

Patient Access — You, or another person named by you, have the right to inspect and request a copy of your health information. If you wish to access your health information, please submit a written request to Compassionate Behavioral Health. If you request an electronic copy of your health information, we will try to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If your health information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or, if you prefer, a readable hard copy form. We may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with a request, or for the labor associated with transmitting an electronic copy, unless you need the information for a claim for benefits under the Social Security Act or any other state or federal needs—based benefit program. We will respond to your request within 30 calendar days after receipt of your request. If we need additional time to respond to your request, we will notify you in writing. We may deny your request in certain limited circumstances. If we deny your request, we will respond to you in writing. This will include the reason and describe any rights you have to a review of the denial.

Amendment — You have the right to request amendments to your health information if you feel the records are incorrect or incomplete. If you wish to have your health information corrected or updated, please submit a written request to Compassionate Behavioral Health. Tell us what you want changed and why. We will respond to you in writing. If we deny your request, we will explain why, and you will have an opportunity to appeal that denial.

List of Disclosures — You have the right to request an accounting of certain disclosures of your health information that we have made. This list includes disclosures made by Compassionate Behavioral Health for purposes that did not require your authorization nor were for the purpose of treatment, payment or health care operations. Examples include abuse and neglect reporting. You can request an accounting by submitting a written request to Compassionate Behavioral Health. Your request must state a time period, which may not be

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longer than six years and may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting, we will notify you in advance of the cost involved.

Notice of a Breach — You have the right to be notified upon a breach of any of your unsecured health information.

Restrictions on Use or Disclosure — You have the right to request restrictions on how we use and disclose your health information for treatment payment or operations. To request a restriction, please submit a written request to Compassionate Behavioral Health. In your request, you must let us know: (1) what information you want to limit; (2) whether and how you want to limit the use and/or disclosure; and (3) to whom you want the limits to apply. We are not required to agree to your requests.

You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. We are not required to agree to your requests; however, if we do agree, we will comply with your request unless the information is needed for emergency treatment.

If you paid for a specific health care item or service out of pocket in full and have requested that we not bill your health plan for that item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to the health plan for purposes of payment or health care operations. We will honor that request unless the disclosure is required by law

Alternate Communications — You have the right to request that we provide your health information to you in a confidential manner. For example, you may request that we send your health information by an alternate means (e.g., in a sealed envelope, rather than a postcard) or to an alternate phone number or address (e.g., calling you at a different telephone number, or sending a letter to you at your office address rather than your home address). We will attempt to accommodate any reasonable requests.

Paper Copy of Notice — You may receive a paper copy of our current Notice of Privacy Practices.

REFUSAL TO GIVE INFORMATION

The law provides that you may refuse to give information that we request from you. If you do refuse, we may not know enough about you to provide the care you need. In addition, we may encounter billing problems that may result in you having to pay for services, which may be covered by insurance, health plans, or government programs. In some instances, if you do not provide certain information, we may not be able to treat you. Purposely giving us wrong information may result in an investigation or charge of fraud.

QUESTIONS AND COMPLAINTS

If you have questions or concerns about the release of your health information (for example, access to records, restrictions on disclosure and revocation of authorization), please contact the Health Information Management department.

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Compassionate Behavioral Health will provide care, treatment and services within its capability and mission, and in compliance with law and regulation.