



PRIVACY PRACTICES NOTICE

PROTECTED HEALTH INFORMATION (PHI)

PHI refers to any information in the medical record that could potentially identify you. It includes information about your past, present, and expected future health or condition. Some examples of PHI include but are not limited to name, address, date of birth, phone number, medical record, genetic information, and billing records.

MEDICAL RECORDS

Your medical records are used to provide treatment, conduct healthcare operations, bill, and receive payments. Examples of these activities include 1) Review of treatment to ensure appropriate care, 2) Electronic or mail delivery of billing for treatment to you or other authorized payers, 3) Appointment reminder telephone calls, e-mails and/or text messages, 4) Review of records to ensure completeness and quality of care.

FEDERAL AND STATE REQUIREMENTS

Evolve Psychiatry is required by law to maintain your privacy and protected health information. Evolve Psychiatry is required to abide by the terms of this Notice for as long as it remains in effect. Evolve Psychiatry reserves the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information. Evolve Psychiatry is required to notify you in the event of a breach of your unsecured protected health information. Evolve Psychiatry is also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act ("HIPAA").

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Authorization and Consent: Except as outlined below, Evolve Psychiatry will not use or disclose your protected health information for any purpose other than treatment, payment or health care operations unless you have signed a form authorizing such use or disclosure. You have the right to revoke such authorization in writing, with such revocation being effective once Evolve Psychiatry receives the information; however, such revocation shall not be effective to the extent that Evolve Psychiatry takes any action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Uses and Disclosures for Treatment: Evolve Psychiatry will make uses and disclosures of your protected health information as necessary for your treatment. Doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to your course of treatment that may include procedures, medications, tests, etc.

Uses and Disclosures for Payment: Evolve Psychiatry will make uses and disclosures of your protected health information as necessary for payment purposes. During the normal course of business operations, Evolve Psychiatry may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. Evolve Psychiatry may also use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations: Evolve Psychiatry will make uses and disclosures of your protected health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, Evolve Psychiatry may use and disclose your protected health information for purposes of improving clinical treatment and care.

Individuals Involved In Your Care: If you are unavailable, incapacitated, or facing an emergency medical situation and Evolve Psychiatry determines that a limited disclosure may be in your best interest, Evolve Psychiatry may disclose your protected health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. Evolve Psychiatry may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates: Certain aspects and components of care at Evolve Psychiatry are performed through contracts with outside persons or organizations, such as auditing, accreditation, strategy and systems consultants, data collection, billing, administrative and legal services, etc. At times it may be necessary for Evolve Psychiatry to provide your protected health



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information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, Evolve Psychiatry requires these associates to appropriately safeguard the privacy of your information.

Appointments and Services: Evolve Psychiatry may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request, and Evolve Psychiatry will accommodate reasonable requests by you to receive communications regarding your protected health information from Evolve Psychiatry by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voicemail or sent to a particular address, Evolve Psychiatry will accommodate reasonable requests. With such a request, you must provide an appropriate alternative address or method of contact.

Other Uses and Disclosures: Evolve Psychiatry is permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization for the following:

- Any purpose required by law;
- Public health activities such as required reporting of immunizations, disease, injury, birth and death, or in connection with public health investigations;
- If Evolve Psychiatry suspects child abuse or neglect; if Evolve Psychiatry believes you to be a victim of abuse, neglect or domestic violence;
- To the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls;
- To your employer when Evolve Psychiatry has provided health care to you at the request of your employer;
- To a government oversight agency conducting audits, investigations, civil or criminal proceedings;
- Court or administrative ordered subpoena or discovery requests
- To law enforcement officials, as required by law, if Evolve Psychiatry believes you have been the victim of abuse, neglect or domestic violence. Evolve Psychiatry will only make this disclosure if you agree or when required or authorized by law;
- To coroners and/or funeral directors consistent with law;
- If necessary to arrange an organ or tissue donation from you or a transplant for you;
- If you are a member of the military, Evolve Psychiatry may also release your protected health information for national security or intelligence activities; and
- To workers' compensation agencies for workers' compensation benefit determination.

DISCLOSURES REQUIRING AUTHORIZATION

Psychotherapy Notes: Evolve Psychiatry must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which Evolve Psychiatry may disclose psychotherapy notes, without obtaining your written authorization, including the following:

- To carry out certain treatment, payment or healthcare operations (e.g., use for the purposes of your treatment, for our own training, and to defend ourselves in a legal action or other proceeding brought by you),
- To the Secretary of the Department of Health and Human Services to determine our compliance with the law,
- For health oversight activities authorized by law,
- To medical examiners or coroners as permitted by state law, or
- For purposes of preventing or lessening a serious or imminent threat to the health or safety of a person or the public, as required by law

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Access to Your Protected Health Information: You have the right to copy and/or inspect much of the protected health information that Evolve Psychiatry retains on your behalf. For protected health information that Evolve Psychiatry must maintain in any electronic designated record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Requests for access must be made on *Release of Health Information Form* the Evolve Psychiatry patient portal. You will be charged a copying fee and actual postage and supply costs for mail processing of your protected health information. If you request additional copies, you will be charged additional processing fees for copying and postage.

Amendments to Your Protected Health Information: You have the right to request in writing that protected health information that Evolve Psychiatry maintains about you be amended or corrected. Evolve Psychiatry is not obligated to



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make requested amendments but will give each request careful consideration. All amendment requests, must be in writing, signed by you or legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, Evolve Psychiatry may notify others if it is believed that such notification is necessary. You may obtain an *Amendment Request Form* from the front office person or individual responsible for medical records.

Accounting for Disclosures of Your Protected Health Information: You have the right to receive an accounting of certain disclosures made by us of your protected health information after April 14, 2003. Requests must be made in writing and signed by you or your legal representative. *Accounting Request Forms* are available from the front office person or individual responsible for medical records. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.

Restrictions on Use and Disclosure of Your Protected Health Information: You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment, or health care operations. Evolve Psychiatry is not required to agree to most restriction requests but will attempt to accommodate reasonable requests when appropriate. You do, however, have the right to restrict disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf, has paid Evolve Psychiatry in full. If Evolve Psychiatry agrees to any discretionary restrictions, Evolve Psychiatry reserves the right to remove such restrictions as deemed appropriate. Evolve Psychiatry will notify you of a restriction imposed in accordance with this paragraph. You also have the right to withdraw, in writing or orally, any restriction by communicating your desire to do so to the individual responsible for medical records.

Right to Notice of Breach: Evolve Psychiatry is required by law to protect the privacy and security of your protected health information through appropriate safeguards. Evolve Psychiatry will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

The patient hereby gives consent for Evolve Psychiatry to use and disclose protected health information (PHI) about the patient to carry out treatment, payment and healthcare operations.

ACKNOWLEDGEMENT

By signing this notice, I acknowledge that I understand and agree to the terms of this agreement.