Everest Therapy Solutions

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. Everest Therapy Solutions ("we," "us," or "our") is committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice, including records created by any clinician practicing at Everest Therapy Solutions. This notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights to the health information we keep about you, and describes certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information;
- Notify you following a breach of your unsecured PHI; and
- Follow the terms of the notice that is currently in effect.

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be

done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes. We do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your written authorization unless the use or disclosure is:

a. For use by the clinician who created them in treating you;

b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy;

c. For our use in defending ourselves in legal proceedings instituted by you;

d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA;

e. Required by law, and the use or disclosure is limited to the requirements of such law;

f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes;

g. Required by a coroner who is performing duties authorized by law; or

h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. We will not use or disclose your PHI for marketing purposes without your written authorization.

Sale of PHI. We will not sell your PHI in the regular course of our business.

Other Uses and Disclosures. Uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. If you provide us with an authorization, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except to the extent that we have already relied on it.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, we can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. For specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. For appointment reminders and health-related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI

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

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for in Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health

care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full. We are required to agree to this request.

3. **The Right to Choose How We Send PHI to You.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.

5. **The Right to Get a List of the Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.

7. **The Right to Get a Paper or Electronic Copy of This Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

VII. BREACH NOTIFICATION

We are required by law to maintain the privacy and security of your protected health information. We will notify you promptly, and in accordance with applicable law, if a breach occurs that may have compromised the privacy or security of your unsecured PHI.

VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint.

To file a complaint with us, contact Michael Chester, LPC, Privacy Officer, at michaelchester@everesttherapysolutions.com, by phone at 843-256-3322, or in writing at 887 Johnnie Dodds Blvd, Suite 210 & 218, Mount Pleasant, SC 29464.

To file a complaint with the Secretary of Health and Human Services, you may send a letter to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201; call 1-877-696-6775; or visit www.hhs.gov/ocr/privacy/hipaa/complaints.

IX. QUESTIONS ABOUT THIS NOTICE

If you have any questions about this Notice or about our privacy practices, please contact our Privacy Officer, Michael Chester, LPC, at michaelchester@everesttherapysolutions.com or 843-256-3322.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing electronically, you acknowledge that you have received a copy of the Everest Therapy Solutions Notice of Privacy Practices.

This acknowledgement is signed electronically. Your electronic signature has the same legal effect as a handwritten signature, and by signing electronically you consent to the use of an electronic signature and confirm that this Notice was made available to you in electronic form.