

SCIENCEWORKS BEHAVIORAL HEALTHCARE, LLC

NOTICE OF PRIVACY PRACTICES

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

I. SCIENCEWORKS BEHAVIORAL HEALTHCARE, LLC (“ScienceWorks”) PLEDGE REGARDING HEALTH INFORMATION: ScienceWorks understands that health information about you and your health care is personal. ScienceWorks is committed to protecting health information about you. ScienceWorks creates a record of the care and services you, which is needed 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 ScienceWorks. This notice will tell you about the ways in which ScienceWorks may use and disclose health information about you. This notice also describes your rights to the health information that ScienceWorks maintains, and describes certain obligations ScienceWorks has regarding the use and disclosure of your health information. ScienceWorks is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- ScienceWorks may can change the terms of this Notice from time to time to comply with current requirements and best practices, and such changes will apply to all information maintained by ScienceWorks. The new Notice will be available upon request via hardcopy or electronically.

II. RETENTION: ScienceWorks will retain your information in accordance with the appropriate statutory limitation periods as required by local law, in line with our legitimate business purposes for as long as you are an active client or for as long as needed to provide you with our services, as required in order to comply with our legal obligations, a court order or to defend or pursue legal claims, in line with industry codes of practice, to resolve disputes and enforce our agreements.

III. SECURITY: ScienceWorks takes commercially reasonable steps to protect the integrity and confidentiality of personally identifiable and health information that you may share with us. However, please be aware that no security measures are perfect or impenetrable and we cannot guarantee the absolute security of your information.

We will do our part to protect your information, but it is important for you to protect your information as well. In addition, we do not control the actions of anyone with whom you may choose to share information. As such, you should be cautious about the access you provide to others when using ScienceWorks resources, and the information you choose to share when using said resources.

ScienceWorks utilizes third party software from other companies with whom we engage as service providers. These third parties store and process data as a service to ScienceWorks pursuant to written agreements that comply with all applicable laws and regulations.

IV. HOW SCIENCEWORKS MAY USE AND DISCLOSE HEALTH INFORMATION

ABOUT YOU: The following categories describe different ways that ScienceWorks uses and discloses health information. For each category of use or disclosure, this Notice will attempt to provide an explanation and corresponding example. Note that these explanations and examples are for the benefit of your understanding of this Notice and nothing more. Not every use or disclosure in a category will be listed. However, all of the ways that ScienceWorks is permitted to use and disclose information will fall within one of the categories.

When disclosing health information, ScienceWorks will make every reasonable effort to de-identify and limit personally identifiable information within the requirements of a given disclosure.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have 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. ScienceWorks 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, ScienceWorks would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in 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, ScienceWorks may disclose health information in response to a court or administrative order. ScienceWorks may also disclose health information about your child 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.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** ScienceWorks keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For our use 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 ScienceWorks in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate my 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. h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. ScienceWorks will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. ScienceWorks will not sell your PHI.

VI. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, ScienceWorks 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 my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the ScienceWorks 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. 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, ScienceWorks may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. ScienceWorks may use and disclose your PHI to contact you to remind you that you have an appointment with us. ScienceWorks may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

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

1. Disclosures to family, friends, or others. ScienceWorks 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.

VIII. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask ScienceWorks not to use or disclose certain PHI for treatment, payment, or health care operations purposes. ScienceWorks is not required to agree to your request, and 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.
3. The Right to Choose How We Send PHI to You. You have the right to ask ScienceWorks to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and ScienceWorks 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. ScienceWorks 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 ScienceWorks may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures ScienceWorks Has Made. You have the right to request a list of instances in which ScienceWorks has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Authorization. ScienceWorks will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list provided will include disclosures made in the last six years unless you request a shorter time. ScienceWorks will provide the list to you at no charge, but if you make more than one such request in the same calendar year, ScienceWorks may 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 ScienceWorks correct the existing information or add the missing information. We may say “no” to your request, but 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 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.

For help or additional information, please email info@scienceworkshealth.com