

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. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 1, 2018.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION:

Therapeutic Alliance Group understands that health information about you and your health care is personal. Therapeutic Alliance Group is committed to protecting health information about you. Therapeutic Alliance Group creates a record of the care and services you receive from services provided by the group. Therapeutic Alliance Group needs 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. This notice will tell you about the ways in which Therapeutic Alliance Group may use and disclose health information about you. Therapeutic Alliance Group also describes your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

Therapeutic Alliance Group is required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Therapeutic Alliance Group can change the terms of this Notice, and such changes will apply to all the information Therapeutic Alliance Group has about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW THERAPEUTIC ALLIANCE GROUP MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that Therapeutic Alliance Group uses and discloses health information. For each category of uses or disclosures Therapeutic Alliance Group will explain what Therapeutic Alliance Group mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways Therapeutic Alliance Group is 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 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. Therapeutic Alliance Group may also disclose your PHI 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 PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. Therapeutic Alliance Group may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

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, Therapeutic Alliance Group may disclose health information in response to a court or administrative order. Therapeutic Alliance Group may also disclose health information about you or your minor child(ren) 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:

1. **Psychotherapy Notes.** Therapeutic Alliance Group clinicians do keep "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 use in treating you.
 - b. For 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 use in defending Therapeutic Alliance Group in legal proceedings instituted by you.
 - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate Therapeutic Alliance Group's 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.** Therapeutic Alliance Group will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if Therapeutic Alliance Group requests a review from you and plans to share the review publically online or elsewhere to advertise my services or my practice, Therapeutic Alliance Group will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," Therapeutic Alliance Group will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, Therapeutic Alliance Group will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to Therapeutic Alliance Group via the contact form on our website (www.tagtreatment.com) or via certified mail to our address listed at the top of this notice. Once Therapeutic Alliance Group has received your written withdrawal of consent, Therapeutic Alliance Group will remove your review from the website and from any other places where Therapeutic Alliance Group has posted it. Therapeutic Alliance Group cannot guarantee that others who may have copied your review from the original post/website or from other locations will also remove the review. This is a risk that Therapeutic Alliance Group wants you to be aware of, should you give Therapeutic Alliance Group permission to post your review.

3. **Sale of PHI.** Therapeutic Alliance Group will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, Therapeutic Alliance Group can use and disclose your PHI without your Authorization for the following reasons. Therapeutic Alliance Group has to meet certain legal conditions before Therapeutic Alliance Group can share your information for these purposes:

1. Appointment reminders and health related benefits or services. Therapeutic Alliance Group may use and disclose your PHI to contact you to remind you that you have an appointment. Therapeutic Alliance Group may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that they offer.
2. 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.
3. 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.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if Therapeutic Alliance Group is allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. 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.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, Therapeutic Alliance Group may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

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

Disclosures to family, friends, or others: You have the right and choice to tell Therapeutic Alliance Group that Therapeutic Alliance Group may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. 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 Therapeutic Alliance Group not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Therapeutic Alliance Group is not required to agree to your request, and Therapeutic Alliance Group may say "no" if Therapeutic Alliance Group believes 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 the disclosure 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 Therapeutic Alliance Group sends PHI to You. You have the right to ask Therapeutic Alliance Group to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and Therapeutic Alliance Group will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that Therapeutic Alliance Group has about you. Ask us how to do this. Therapeutic Alliance Group will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. Therapeutic Alliance Group may charge a reasonable cost based fee for doing so.
5. The Right to Get a List of the Disclosures Therapeutic Alliance Group has made. You have the right to request a list of instances in which Therapeutic Alliance Group has disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask Therapeutic Alliance Group to make). Ask Therapeutic Alliance Group how to do this. Therapeutic Alliance Group will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Therapeutic Alliance Group will give you will include disclosures made in the last six months. Therapeutic Alliance Group will provide the list to you at no charge, but if you make more than one request in the same year or request a longer time period to research, ITherapeutic Alliance Group 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 Therapeutic Alliance Group corrects the existing information or add the missing information. Therapeutic Alliance Group may say “no” to your request, but the group 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 email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. You can file a complaint if you feel Therapeutic Alliance Group has violated your rights by contacting Therapeutic Alliance Group using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. Therapeutic Alliance Group will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

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