

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

Multitudes Therapy Practice (MTP) is required by law to maintain the privacy of your health information. MTP is also required to provide you with a notice that describes MTP's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. If you have any questions about any part of this Notice or if you want more information about the privacy practices of MTP, please contact Ashley Floyd at 608-291-6336.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA") and regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI.

We reserve the right to change the privacy practices described in this notice in the event that the practices need to be changed to follow the law. We will make the new notice provisions effective for all the protected health information that we maintain. If we change our privacy practices, we will have them available upon request. This notice will also be posted on MTP's website (multitudestherapypractice.com) and at the location of service.

HOW MTP MAY USE OR DISCLOSE HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

The following categories describe the ways that MTP may use and disclose your health information. For each type of use and disclosure, we will explain what we mean and present some examples.

For Treatment:

Our PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

Our communications to you may be by telehealth, telephone, cell phone, email, patient portal, mail, or text. For example, we may use your information to call and remind you of an appointment or to refer your care to another physician. If another provider requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.

For Payment:

We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are making a determination of eligibility or coverage for insurance benefits; processing claims with your insurance company; reviewing services provided to you to determine medical necessity; or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations:

We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning, and compliance with the law. For example, we may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, therapist or staff review activities, licensing, and conducting or arranging for other business activities. For training or teaching purposes, PHI will be disclosed only with your authorization.

HOW MTP MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

The following categories describe the ways that MTP may use and disclose your health information without your authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. For each type of use and disclosure, we will explain what we mean and present some examples.

Required by Law:

We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order. In addition, we must make disclosures to the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Victims of Abuse, Neglect, or Violence:

We may disclose your PHI to a government authority that is authorized by law to receive reports of child or elder abuse, neglect, or violence.

Judicial and Administrative Proceedings:

We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, judicial proceeding, or similar process.

Medical Emergencies:

We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm.

Family Involvement in Care:

We may disclose information to close family members or friends directly involved in your treatment based on your consent (verbal OR written permission) or as necessary to prevent serious harm.

Health Oversight:

If required, we may disclose PHI to a health oversight agency authorized by law to conduct audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement:

We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order or similar document, for the purpose of identifying or locating a suspect, material witness, fugitive, or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, in connection with a crime on the premises, or for other law enforcement purposes. Under some limited circumstances we will request your authorization prior to permitting disclosure.

Specialized Government Functions:

Under certain and very limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations. We may review requests from the U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State of medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws, and the need to prevent serious harm.

Public Health:

If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of

preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety:

We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or less the threat, including the target of the threat. Disclosure is usually limited to law enforcement personnel who are involved in protecting the public safety.

Research:

PHI may only be disclosed after a special approval process or with your authorization.

Workers' Compensation:

Both state and federal law allow the disclosure of your health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.

Health Information:

We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

WHEN MTP IS REQUIRED TO OBTAIN AN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

YOUR HEALTH INFORMATION RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please contact Ashley Floyd, LMFT at 608-291-6336.

Right of Access to Inspect and Copy. Under the law, we must disclose your PHI to you upon your request. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health and billing records and any other records that are used to make decisions about your care. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto a thumb drive). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you, if the information is contained in separately maintained psychotherapy notes, or if your treatment involved more than one person in the therapeutic environment and a signed release is not obtained by the other party or parties. Our office will charge a reasonable, cost-based fee for copies. You may also request that a copy of your PHI be provided to another person. **Right to Amend.** If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. You must also provide a reason for your request. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. **Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures of your health information that we have made in compliance with federal

and state law. This list will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. For some types of disclosures, the list will also include the date and time the request for disclosure was received and the date and time the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. **Right to Request Restrictions.** You have the right to request restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a restriction of disclosure 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 the person other than the health plan on your behalf, has paid MTP in full. **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request. **Breach Notification.** Your provider is required by law to maintain the privacy of protected health information and provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information that qualifies under the federal healthcare privacy rules, including what happened and what you can do to protect yourself. **Right to a Copy of this Notice.** Upon your request, you may at any time receive a paper copy of this notice, even if you earlier agreed to receive this notice electronically. You may also access this notice at any time on the MTP website.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with your provider, Ashley Floyd, LMFT, or with the Secretary of the Health and Human Services Department at 200 Independence Avenue S.W., Washington, D.C. 20201, or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

If you have any questions or concerns regarding your privacy rights or the information in this notice, please contact Ashley Floyd, LMFT, at 608-291-6336.

The effective date of this Notice is July 18, 2022.