

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED IN ACCORDANCE WITH THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE ACT OF 1985 CHAPTER 122C, AND HOW INDIVIDUALS CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PLEDGE REGARDING HEALTH INFORMATION: Caladrius Therapy, PLLC understands that health information about individuals and their health care is personal. Caladrius Therapy, PLLC is committed to protecting health information about individuals. Caladrius Therapy, PLLC creates a record of the care and services individuals receive from them. This record is needed to provide quality care and to comply with certain legal requirements. This notice applies to all of the records of care generated by this mental health care practice. This notice will inform individuals about the ways in which Caladrius Therapy, PLLC may use and disclose health information about them. Caladrius Therapy, PLLC also describes individuals' rights to the health information kept about them and describes certain obligations regarding the use and disclosure of their health information. Caladrius Therapy, PLLC is required by law to:

- Ensure that protected health information (“PHI”) that identifies individuals is kept private.
- Give individuals this notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

Caladrius Therapy, PLLC reserves the right to make changes to this Notice and to make such changes effective for all past PHI created and maintained about individuals, and for PHI that may be created and maintained in the future. If and when this Notice is changed, a copy will be posted in the office at a prominent location. A new copy will also be provided upon request. Individuals are encouraged to discuss any questions regarding this Notice with their provider.

II. HOW CALADRIUS THERAPY, PLLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that Caladrius Therapy, PLLC may use and disclose health information. For each category of uses or disclosures, Caladrius Therapy, PLLC will explain what is meant and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways Caladrius Therapy, PLLC is permitted to use and disclose information will fall within one of the categories.

1. For Treatment, Payment, or Health Care Operations: Federal privacy rules 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. Caladrius Therapy, PLLC may also disclose protected health information for the treatment activities of any health care provider. This too can be done without written authorization. For example, if a clinician were to consult with another licensed health care provider about a patient's condition, Caladrius Therapy, PLLC would be permitted to use and disclose the person's health information, which is otherwise confidential, in order to assist

the clinician in diagnosis and treatment of the patient's 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 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.

2. Lawsuits and Disputes: If an individual is involved in a lawsuit, Caladrius Therapy, PLLC may disclose health information in response to a court or administrative order. Caladrius Therapy, PLLC may also disclose health information about a 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 inform the individual about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes: Caladrius Therapy, PLLC does keep "psychotherapy notes" as that term is defined, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 2. a. For use in treating the individual. b. For use in training or supervising mental health practitioners to help them improve their skills in counseling or therapy. c. For use in defending Caladrius Therapy, PLLC in legal proceedings. d. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required 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.
3. Marketing Purposes: Caladrius Therapy, PLLC will not use or disclose your PHI for marketing purposes.
4. Sale of PHI: Caladrius Therapy, PLLC will not sell your PHI in the regular course of its business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Caladrius Therapy, PLLC can use and disclose your PHI without your Authorization, as specified in G.S. 122C 52-56, 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. This includes reporting suspected abuse, or preventing or reducing a serious threat to anyone's health or safety; maintaining vital records, such as births or deaths; preventing or controlling disease, injury, or disability; notifying a person regarding potential exposure or potential risk for spreading a communicable disease; reporting reactions to drugs or problems with products or devices.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order. Caladrius Therapy, PLLC may also disclose PHI in order to defend its practice or providers in legal proceedings or investigations conducted by Health and Human Services to determine compliance with the Privacy Rules.
5. For law enforcement purposes, including reporting crimes.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes.
8. Specialized government functions.

9. For workers' compensation purposes.
10. Appointment reminders and health-related benefits or services.

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

1. Disclosures to family, friends, or others.

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

1. The Right to Request Limits on Uses and Disclosures of Your PHI.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.
3. The Right to Choose How Caladrius Therapy, PLLC Sends PHI to You.
4. The Right to See and Get Copies of Your PHI.
5. The Right to Get a List of the Disclosures Caladrius Therapy, PLLC Has Made.
6. The Right to Correct or Update Your PHI.
7. The Right to Get a Paper or Electronic Copy of this Notice.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2018

Acknowledgment of Receipt of Privacy Notice

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 below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Signature (or legal guardian if applicable)_____

Client Name (or legal guardian if applicable)_____

Date_____