

SEEDS OF HOPE CHILD & YOUTH SERVICES, LLC

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE: June 5, 2023

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. SEEDS OF HOPE CHILD & YOUTH SERVICES, LLC'S PLEDGE REGARDING HEALTH INFORMATION:

Seeds of Hope Child & Youth Services, LLC (Seeds of Hope) understands that health information about you and your health care is personal. Seeds of Hope is committed to protecting health information about you. Seeds of Hope creates a record of the care and services you receive. 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. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information that is kept about you, and describe 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 legal duties and privacy practices with respect to health information.
- 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 my office, and on my website.

II. HOW SEEDS OF HOPE 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 the meaning 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 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 diagnosis and treatment of your mental health condition. (to collect payment for your care; may transmit PHI regarding treatment to entities paying for your services such as Medicaid, Medicare and/or insurance companies; disclose PHI to obtain pre-authorization for services; and/or include PHI on invoices to collect payment from you, a person responsible for payment or other third parties)

- 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 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.
- Seeds of Hope may use and disclose your PHI for MH operations such as: 1)quality assurance and improvement activities, 2)case management and care coordination, 3)professional review and performance evaluations, 4)auditing, including compliance reviews, 5)medical reviews, 6)legal services, and 7)business management and general administrative activities.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. 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 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 Seeds of Hope 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. As a psychotherapist/MH agency, we will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist/MH agency, we will not sell your PHI in the regular course of my business.

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, local 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 (risks to public health to prevent or control a disease, injury or disability; report disease, injury and vital events such as birth or death; conduct public surveillance, investigations and interventions; notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease)

3. If it is believed, in good faith and consistent with applicable law and ethical standards, that it is necessary to prevent or decrease serious and imminent threat to your life, health or safety or the life, health or safety of another individual or the public.
4. For health oversight activities, including audits and investigations, inspections or licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation that does not fall under health oversight activities. For example, if your PHI is not directly related to your receipt of health care or public benefits.
5. 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.
6. In accordance with applicable law, Seeds of Hope will disclose your PHI to fulfill legal obligations to report to legal authorities suspected child abuse or neglect. We may also release your PHI, as required by law, if we have reasonable belief that you are a victim of abuse, neglect, or domestic violence.
7. For law enforcement purposes, including reporting crimes occurring on our premises.
8. To coroners or medical examiners, when such individuals are performing duties authorized by law.
9. 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. (under very limited circumstances)
10. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; specified government functions; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
11. 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.
12. 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. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
13. Transfer of information at death. In accordance with applicable law, Seeds of Hope may disclose PHI to funeral directors, medical examiners and coroners.

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

1. 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. BUSINESS ASSOCIATES: Certain components of our services are performed through contracts/agreements with outside persons/organizations/businesses, such as auditing, accreditation, claims

payment, billing, data compilation, legal services and others. At times, it may be necessary to provide certain parts of your PHI to one or more of these persons/organizations/businesses. In all cases, Seeds of Hope requires that these Business Associates appropriately safeguard the privacy and security of your PHI.

VII. 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 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 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 Seeds of Hope Sends PHI to You.** You have the right to ask that Seeds of Hope contacts you in a specific way (for example, home or office phone) or to send mail to a different address, and 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 Seeds of Hope 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 me 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 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.
8. **The Right to a Personal Representative.** You may identify a person(s) to serve as your authorized representative, such as a court-appointed guardian, a properly executed and specific power of attorney granting such authority or a Durable Power of Attorney for Health Care, if it allows such person to act when you are able to communicate on your own, or other method recognized by applicable law. Seeds

of Hope may however, reject a representative if, in our professional judgement, we determine that it is not in your best interest.

FILING A COMPLAINT:

If you believe that your privacy rights have been violated, you may file a written complaint with Seeds of Hope Child & Youth Services by mailing it to: 246 Main Street, Suite C, Byesville, OH 43723, calling: 740-340-1174 or emailing to marlayna.adamic@seedsofhope.hush.com.

You may also file a written complaint within 180 days of a violation of your rights with the Secretary of the US Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201 or call toll free 877-696-6775, by email to OCRCompliant@hhs.gov or Region V, Office for Civil Rights, US Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601; voice phone (312) 886-2359, fax (312) 886-1807 or TDD (312) 353-5693.

FURTHER INFORMATION:

If you have questions regarding this Notice of Privacy Practices, please contact Seeds of Hope Child & Youth Services, owner, Marlayna Adamic at 740-340-1174.