

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

This notice describes how OhioGuidestone and its subsidiary organizations, including A Renewed Mind (collectively, "Our Agency"), use or disclose your Protected Health Information (PHI).

Definitions:

Individually Identifiable Health Information is health and demographic information collected from an individual (whether oral or recorded in any form or medium) that (i) is created or received by Our Agency and (ii) relates to (a) the past, present, or future physical or mental health or condition of an individual, (b) the provision of health care to an individual, or (c) the past, present, or future payment for the provision of health care to an individual, and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information is Individually Identifiable Health Information that is (i) transmitted by electronic media, (ii) maintained in electronic media, or (iii) transmitted or maintained in any other form or medium.

Protected Health Information excludes Individually Identifiable Health Information (i) in education records covered by the Family Educational Rights and Privacy Act (20 U.S.C. 1232g), (ii) in records described at 20 U.S.C. 1232g(a) (4)(B)(iv), (iii) in employment records held by Our Agency in its role as employer, and (iv) regarding a person who has been deceased for more than fifty (50) years.

Our Responsibilities:

Federal law requires that we maintain the privacy of your PHI and provide you with this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended from time to time. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain. We will promptly revise this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. The new notice will be available upon request, in our offices, and on our website. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new notice in which the material change is reflected.

How We May Use or Disclose PHI For Treatment, Payment and Health Care Operations:

For Treatment. We may use and disclose your PHI to coordinate or manage your care within Our Agency and with individuals or organizations outside of Our Agency that are involved in your care, such as your attending physician, other

health care professionals, contracted service providers or related organizations. For example certain service providers involved in your care may need information about your health condition in order for us to deliver services properly and appropriately.

For Payment. We may include PHI in invoices to collect or provide payment to or from third parties for the care you receive through Our Agency. For example, some PHI is transmitted for Medicaid billing.

To Conduct Health Care Operations. We may use and disclose PHI for our own operations and as necessary to provide quality care to all of our service consumers. Our Agency is licensed, certified, and accredited by a number of outside entities. When these entities conduct reviews of the agency to determine compliance with their regulations, they may need to review your case record. We have quality improvement and compliance staff that conduct internal reviews as well. These staff members may review your case record from time to time to make sure staff are providing and documenting your services correctly. Health care operations may also include activities designed to improve health or reduce health care costs, protocol development, case management and care coordination, professional review and performance evaluation, review and auditing, including compliance reviews, medical reviews, legal services, and business management and administrative activities of Our Agency.

How We May Use or Disclose PHI for Appointment Reminders or Treatment Alternatives:

We may use and disclose your PHI to contact you as a reminder that you have an appointment. We may use or disclose your PHI to advise you or recommend possible service options or alternatives that might be of benefit to you.

Disclosures You May Authorize US to Make:

We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions; we may not use or disclose PHI for marketing, or in any manner which would constitute a sale, without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, **you may revoke that authorization in writing at any time.**

Other Specific Uses or Disclosures:

When Legally Required. We will disclose your PHI when required by any Federal, state or local law.

In the Event of a Serious Threat to Life, Health or Safety.

We may, consistent with applicable law and ethical standards of conduct, disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health or safety or the health and safety of the public.

When There Are Risks to Public Health.

Our Agency may disclose your PHI for public activities and purposes allowed by law in order to prevent or control disease, injury or disability, report disease or adverse reactions to medications, injury and vital events such as birth or death; conduct public health surveillance, investigations, and interventions; or notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect or Domestic Violence.

We will notify the government authorities if we believe a consumer is a victim of abuse, neglect or domestic violence. We will make this disclosure when required or authorized by law, or when the consumer agrees to the disclosure.

To Conduct Health Oversight Activities.

We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings.

We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or, in response to a subpoena, discovery request or other lawful process, if we determine that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding health information. Under Ohio law, some requests may require a court order for the release of any confidential medical information.

For Law Enforcement Purposes. As permitted or required by law, we may disclose specific and limited PHI about you for certain law enforcement purposes.

For Research Purposes. We may, under very select circumstances, use your PHI for research. Before we disclose any of your PHI for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process, unless otherwise prohibited as with Medicaid.

For Specific Government Functions. Federal regulations may require or authorize us to use or disclose PHI to facilitate

specific government functions relating to military and veterans; national security and intelligence activities; protective services for the President and others, medical suitability determinations; and inmates and law enforcement custody.

For Worker's Compensation. We may use or disclose your PHI for worker's compensation or similar programs.

Transfer of Information at Death. In certain circumstances, we may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.

Organ Procurement Organizations. Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.

For Fundraising Efforts. We may contact you for fundraising efforts, but you have the right to opt-out of such communications.

Your Rights With Respect To PHI:

You have the following rights regarding the PHI that we maintain:

Right to a Personal Representative. You may identify persons to us who may serve as your authorized personal representative, such as a court appointed guardian, a properly executed and specific power-of-attorney granting such authority, 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. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on your disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or abide by it unless the request concerns disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to health care service for which the provider has been paid out of pocket in full. To request such restrictions, please contact your OhioGuidestone/A Renewed Mind service provider or the agency Privacy Officer at 440.260.8226.

Right to Receive Confidential Information. You have the right to request that we communicate with you in a confidential manner. For example, you may ask us to conduct communications pertaining to your health information only with you privately, with no family members present. If you wish to receive confidential communications, please contact your OhioGuidestone/A Renewed Mind service provider or the Privacy Officer at 440.260.8226.

We may not require that you provide an explanation for your request and will attempt to honor any reasonable requests.

Right to Inspect and Copy Your PHI. Unless your access to your records is restricted for clear a documented treatment reasons, you have a right to see your PHI upon request. You have the right to inspect and copy such health information, including billing records, at a reasonable time and place. A request to inspect and/ or for a copy of your record containing your PHI may be made to your OhioGuidestone/A Renewed Mind service provider or the Privacy Officer at 440.260.8226.

If you request a copy of your health information, Our Agency can charge for the labor for copying the PHI requested (whether in paper or electronic form), supplies for creating the paper copy or electronic media, postage and preparing an explanation or summary of the PHI.

Right to Amend Your PHI. You have the right to request that we amend your records, if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment of records must be made in writing to your OhioGuidestone/A Renewed Mind service provider or the Privacy Officer at 434 Eastland Road Berea, Ohio 44017. We may deny the request if it is not in writing, or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information that you are permitted to inspect and copy, or if in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of including a written statement from you and may not include changing, defacing or destroying any necessary information related to your health care.

Right to Know What Disclosures Have Been Made. You have the right to request an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research- The request for an accounting must be made in writing to your OhioGuidestone/A Renewed Mind service provider or the Privacy Officer at 434 Eastland Road Berea, Ohio 44017. Accounting requests may not be made for periods of time in excess of six (6) years prior to the date to the date on which the accounting is requested. We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you authorized or asked us to make). We will provide the first accounting you request during any 12 month period without charge. Subsequent accounting requests may be subject to a reasonable, cost based fee.

Right to a Paper Copy of This Notice. You have a right to

receive a paper copy of this Notice at any time, even if you received this Notice previously. To obtain a paper copy, please contact your OhioGuidestone/A Renewed Mind service provider or the Privacy Officer at 440.260.8226.

Notice of Confidentiality of Substance Use Disorder Client Records. Confidentiality of Substance Use Disorder client records maintained by our Agency is protected by Federal Law and Regulations. Generally, our Agency will not convey to a person or entity outside of this agency that a client attends or receives services for substance use disorder or disclose any information identifying a client as having a substance use disorder unless:

- a) The client consents in writing;
- b) The disclosure is allowed by court order;
- c) The disclosure is made to medical personnel in a medical emergency; or
- d) The disclosure is made to qualified personnel for research, audit or program evaluation.

Federal Law and Regulations do not protect any information about a crime committed by a client, either at our Agency or against any person who works for our Agency, or about any threat to commit such a crime.

Federal Laws and Regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

A complete copy of Federal Laws, 42 U.S.C. 290 DD-3, and 42 U.S.C.EE-3 and Title 42 of the Code of Regulations, Part 2 are available upon request.

Where to File a Complaint:

You have a right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights set forth in this Notice. Any complaints to us shall be made in writing to your OhioGuidestone/A Renewed Mind service provider or the Privacy Officer at 434 Eastland Road Berea, Ohio 44017. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

You may also file a written complaint with the Secretary of US Department of Health and Human Services, 200 Independence Avenue SW, Washington DC. 20201 or call toll free (877) 696 - 6775, by e-mail to OCR Complaint @hhs.gov., or by phone (312)886-2359, by Fax (312) 886-1807 or TDD (312) 353-5693.

Contact Person

We have designated the Privacy Officer as our contact point for all issues regarding consumer privacy and your rights under this Notice. **If you have questions regarding this Notice, please contact your OhioGuidestone/A Renewed Mind service provider or the Privacy Officer at 434 Eastland Road Berea, Ohio 44017 or by phone at 440.260.8226.**