



Notice of Privacy Practices for Brain Solutions

This notice describes how medical information about you may be used and disclosed, as well as how you can get access to this information. Please review carefully. Effective date September 25, 2017.

Introduction

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"), 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 are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices.

How will we use and disclose information about you?

Treatment: Your 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 with authorization.

Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you such as: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided 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.

Health Care Operations: We may use or disclose your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law: Under the law: we must disclose your PHI to you upon your request, 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, and disclose your PHI to a state or local agency authorized to receive reports of abuse or neglect of a child or vulnerable adult. Federal, state, or local laws do not require patient consent to disclose information which is required to be reported.

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

Deceased Patients: We may disclose PHI regarding deceased patients as mandated by state and federal laws, or to a family member or friend that was involved in your care or payment for care prior to death, based on prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies: We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as possible after the resolution of the emergency.

Family Involvement in Care: We may disclose information to close family members or friends directly involved in your treatment based on your written consent, verbal consent, or as necessary to prevent serious harm.

Health Oversight: If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

Coroners, Medical Examiners: Brain Solutions may disclose medical information concerning deceased patients to coroners or medical examiners to assist them in carrying out their duties

Law Enforcement: We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written

consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness 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, or in connection with a crime on the premises.

Specialized Government Functions: We may review requests from U.S. military command authorities and disclose your PHI based on your written consent if you have served as a member of the armed forces. Authorities include the department of Veterans Affairs, authorized officials for national security and intelligence reasons, the Department of State for medical suitability determinations, mandatory disclosure laws, and the need to prevent serious harm.

Information with Additional Protection: Certain types of medical information may have additional protection under state or federal law. For instance, medical information about alcohol abuse treatment, psychotherapy notes, genetic testing, or court ordered mental health evaluations.

Health Information Exchange (HIE): We are a participating provider in a non-profit, non-governmental health information exchange (HIE) called Health Current. Healthcare providers, and health plans better coordinate your care by securely sharing your health information. You have certain rights regarding HIE under state and federal law. Information is shared for treatment, care coordination, care or case management, and transition of care planning and population health services. Federal and state laws, such as HIPAA, protect the confidentiality of your health information. You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current: 1. You may “opt out” of having your information available for sharing through Health Current.

Other Uses and Disclosures: Other uses and disclosures not described in this Notice will be made only with your written authorization such as sale of medical information. You may revoke such an authorization by sending us a written request.

What are your rights?

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Jonathan C. Mackey at Brain Solutions PLLC, 1835 W Chandler Blvd, Suite 100, Chandler, AZ 85224.

Right of Access to Inspect and Copy: 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/medical and billing records and any other records that are used to make decisions about your care. 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 or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend: If you feel 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. If we deny your request for 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. Please contact the Privacy Officer if you have any questions.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a healthcare item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Request Confidential Communication: You have the right to request that we communicate with you about health matters in a way you feel is more confidential. 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.

Breach Notification: If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice: You have the right to a copy of this notice. You may obtain a copy of the notice from our web site at www.brainsolutionscenter.com or obtain a paper copy at the office.

Changes to this notice

We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, or providing a copy upon request.

Do you have any concerns, complaints, or questions?

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Jonathan C. Mackey at Brain Solutions PLLC, 1835 W Chandler Blvd, Suite 100, Chandler, AZ 85224 by calling (480) 779-9050 or with the Secretary of Health and Human Services 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.