

HIPAA DISCLOSURE

Uses and Disclosure of Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective as of September 18, 2017

USES AND DISCLOSURE OF HEALTH INFORMATION

ACTIVE RECOVERY is committed to protecting the privacy of the personal and health information we collect or create as part of providing health care services to our clients, known as "Protected Health Information" or "PHI". PHI typically includes your name, address, date of birth, billing arrangements, care, and other information that relates to your health, health care provided to you, or payment for health care provided to you. PHI DOES NOT include information that is de-identified or cannot be linked to you.

This notice of Health Information Privacy Practices (the "Notice") describes ACTIVE CARE duties with respect to the privacy of PHI, ACTIVE RECOVERY'S use of and disclosure of PHI, client rights and contact information for comments, questions, and complaints.

ACTIVE RECOVERY'S PRIVACY PROCEDURES AND LEGAL OBLIGATIONS

ACTIVE RECOVERY obtains most of its PHI directly from you, through care applications, assessments and direct questions. We may collect additional personal information depending upon the nature of your needs and consent to make additional referrals and inquiries. We may also obtain PHI from community health care agencies, other governmental agencies or health care providers as we set up your service arrangements.

ACTIVE RECOVERY is required by law to provide you with this notice and to abide by the terms of the Notice currently in effect. Active Recovery reserves the right to amend this Notice at any time to reflect changes in our privacy practices. Any such changes will be applicable to and effective for all PHI that we maintain including PHI we created or received prior to the effective date of the revised notice. Any revised notice will be mailed to you or provided upon request.

ACTIVE RECOVERY is required by law to maintain the privacy of PHI. Active Recovery will comply with federal law and will comply with any state law that further limits or restricts the uses and disclosures discussed below. In order to comply with these state and federal laws, Active Recovery has adopted policies and procedures that require its employees to obtain, maintain, use and disclose PHI in a manner that protects client privacy.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as outlined below, Active Recovery will not use or disclose your PHI without your written authorization. The authorization form is available from Active Recovery 25 South Main Street Suite 202 Centerville, Utah 84014.

You have the right to revoke your authorization at any time, except to the extent that Active Recovery has taken action in reliance on the authorization.

The law permits Active Recovery to use and disclose your PHI for the following reasons without your authorization:

For Your Treatment: We may use or disclose your PHI to physicians, psychologists, nurses and other authorized health care professionals who need your PHI in order to conduct an examination, prescribe medication or otherwise provide health care services to you.

To Obtain Payment: We may use or disclose your PHI to insurance companies, government agencies or health plans to assist us in getting paid for our services. For example, we may release information such as dates of treatment to an insurance carrier in order to obtain payment.

For Our Health Care Operations: We may use or disclose your PHI in the course of activities necessary to support our health care operations such as performing quality checks on your employee services. We may also disclose PHI to other persons not in Active Recovery's workforce or to companies who help us perform our health services (referred to as "Business Associates") we require these business associates to appropriately protect the privacy of your information.

As Permitted or Required by The Law: In some cases, we are required by law to disclose PHI. Such as disclosures that may be required by statute, regulation court order, government agency, or we reasonably believe an individual to be a victim of abuse, neglect or domestic violence: for judicial and administrative proceedings and enforcement purposes.

For Public Health Activities: We may disclose your PHI for public health purposes such as reporting communicable disease results to public health departments as required by law or when required for law enforcement purposes.

For Health Oversight Activities: We may disclose your PHI in connection with governmental oversight, such as for licensure, auditing and for administration of government benefits. The Utah Department of Human Services is an example of an agency that oversees Active Recovery's operations.

To Avert Serious Threat to Health and Safety: We may disclose PHI if we believe in good faith that doing so will prevent or lessen a serious or imminent threat to the health and safety of a person or the public.

Disclosures of Health-Related Benefits or Services: Sometimes we may want to contact you regarding service reminders, health related products or services that may be of interest to you, such as health care providers or settings of care, or to tell you about other health related products or services offered at Active Recovery. You have the right not to accept such information.

Incidental Uses and Disclosures: Incidental uses and disclosures of PHI are those that cannot be reasonably prevented, are limited in nature and that occur as a by-product of a permitted use or

disclosure. Such incidental uses and disclosures are permitted as long as Active Recovery uses reasonable safeguards, and uses or discloses only the minimum amount of PHI necessary.

To Personal Representatives: We may disclose PHI to a person designated by you to act on your behalf and make decisions about your care in accordance with state law. We will act according to your written instructions in your chart and our ability to verify the identity of anyone claiming to be your personal representative.

To Family and Friends: We may disclose PHI to persons that you indicate are involved in your care or the payment of care. These disclosures may occur when you are not present, as long as you agree and do not express an objection. These disclosures may also occur if you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest. We may also disclose limited PHI to public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in caring for you. You have the right to limit or stop these disclosures.

YOUR RIGHTS CONCERNING PRIVACY

Access to Certain Records: You have the right to inspect and copy your PHI in a designated record set except where State law may prohibit client access. A designated record set contains medical and billing, and case management information. If we do not have your PHI record set but know who does, we will inform you how to get it. If our PHI is a copy of information maintained by another health care provider, we may direct you to request the PHI from them. If Active Recovery produces copies for you, we may charge you up to \$1.00 per page up to a maximum fee of \$50.00. Should we deny your request for access to information contained in your designated record set, you have the right to ask for the denial to be reviewed by another health care professional designated by Active Recovery.

Amendments to Certain Records: You have the right to request certain amendments to your PHI if, for example, if you believe a mistake has been made or a vital piece of information is missing. Active Recovery is not required to make the requested amendments and will inform you in writing of our response to your request.

Accounting of Disclosures: You have the right to receive an accounting of disclosures of your PHI that were made by Active Recovery for a period of six (6) years prior to the date of your written request. This accounting does not include for purposes of treatment, payment, health care operations or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health purposes or in response to a subpoena or court order.

Restrictions: You have the right to request that we agree to restrictions on certain uses and disclosures of your PHI, but we are not required to agree to your request. You cannot place limits on uses and disclosures that we are legally required or allowed to make.

Revoke Authorizations: You have the right to revoke any authorizations you have provided, except to the extent that Active Recovery has already relied upon the prior authorization.

Delivery by Alternate Means or Alternate Address: You have the right to request that we send your PHI by alternate means or to an alternate address.

Complaints & How to Contact Us: If you believe your privacy rights have been violated, you have the right to file a complaint by contacting Active Recovery at the address and/or phone number indicated below. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human services in Washington, D.C. Active Recovery will not retaliate against you for filing a complaint.

Active Recovery
25 South Main Street Suite 202
Centerville, Utah 84014.

If you believe your privacy rights have been violated, you may make a complaint by contacting U.S. Department of Health and Human Services HIPAA Privacy Officer or Department Secretary. No individual will be retaliated against for filing a complaint. Please be aware that mail sent to the Washington D.C area offices takes an additional 3-4 days to process due to changes in mail handling resulting from the Anthrax crisis of October 2001.

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201/Toll Free: 1-877-696-6775

I ACKNOWLEDGE THAT I HAVE REVIEWED, UNDERSTAND, AND RECEIVED A COPY OF THE NOTICE REGARDING THE USE AND DISCLOSURE OF MY HEALTH INFORMATION:

RESTRICTION REQUEST:

I request a restriction on the Use or Disclosure of my PHI as follows:

Client signature: _____ Date: _____

Witness signature: _____ Date: _____