

## JOINT NOTICE OF PRIVACY PRACTICES, HEALTH INFORMATION EXCHANGE AND UNENCRYPTED INFORMATION

### JOINT NOTICE of PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, Centered will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

#### I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Client Consent. Centered will use and disclose protected health information in the following ways:

1. Treatment. Treatment refers to the provision, coordination, or management of health care (including mental health care) and related services by one or more health care providers. For example, Centered staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.
2. Payment. Payment refers to the activities undertaken by a health care provider (including mental health care) to obtain or provide reimbursement for the provision of health care. For example, Centered will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payors may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment.
3. Health Care Operations. Health Care Operations refers to activities undertaken by Centered that are regular functions of management and administrative activities. For example, Centered may use your health information in monitoring the service quality, staff training and evaluation, medical reviews, legal services, auditing function, compliance programs, business planning, and accreditation, certification, licensing, and credentialing activities.
4. Contacting the client. Centered may contact you to remind you of appointments, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, and to tell you about health related benefits or other services that might be of benefit to you.
5. Required by Law. Centered will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information, provided that you have been given specific notice and an opportunity for a hearing; (c) where there is legal duty to warn or take action regarding imminent danger to a specific person or persons; (d) when required to report certain communicable diseases and certain injuries; and (e) when a Coroner is investigating the client's death.
6. Health Oversight Activities. Centered may disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the

health care system, government health care benefits programs, regulatory programs, or determining compliance with program standards.

7. Crimes on the premises or observed by Centered personnel. Crimes that are observed by Centered staff that are directed toward staff or occur on the Center's premises will be reported to law enforcement.

8. Business Associates. Some of the functions of Centered are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

9. Research. Centered may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation and applicable state laws are followed.

10. Involuntary Clients. Information regarding clients who are being treated involuntarily, pursuant to the law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

11. Family Members. Except for certain minors, incompetent clients, or involuntary clients, and in other limited circumstances, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed. 12. Fund Raising. Centered, or its fund raising Foundation, may contact clients as part of its fund raising activities. In such case Centered will disclose only limited information about clients including: demographic information (name, address, other contact information, age, gender, and date of birth); dates of health care provided; department of services; treating physician; whether there was a positive or negative outcome; and health insurance status. If a client does not want us to contact them for fundraising efforts, the client has the right to opt out of receiving such communications.

B. Client Authorizations or Release of Information. Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission, including (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of your protected health information for marketing purposes; and (iii) disclosures that constitute the sale of your protected health information. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## II. YOUR RIGHTS AS A CLIENT

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information Centered has regarding you, in the designated record set. There are

some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Centered staff for the appropriate form.

B. Amendment to Your Record. You have the right to request that Centered amend your protected health information. Centered is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Centered staff for the appropriate request form.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures Centered has made regarding your protected health information in the six (6) years immediately preceding your request. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed Authorization. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Centered staff for the appropriate request form.

D. Additional Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for your treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request unless your request is that we not disclose information to a health plan for payment or health care operations activities when you have paid for services that are the subject of the information out of pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To make a request, ask Centered staff for the appropriate request form.

E. Alternative Means of Receiving Confidential Communication. You have the right to request that you receive communication of protected health information from Centered by alternative means or at alternative locations. For example, if you do not want Centered to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Centered staff for appropriate request form. F. Copy of this Notice. You have a right to obtain a paper copy of this Notice upon request at any time, even if you have agreed to receive this Notice electronically.

### III. ADDITIONAL INFORMATION

A. Privacy Laws. Centered is required by State and Federal law to maintain the privacy of protected health information. In addition, Centered is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.

B. Terms of this Notice and Changes to the Notice. Centered is required to abide by the terms of this Notice, or any amended Notice that may follow. Centered reserves the right to change the terms of the Notice and to make the new Notice provision effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in the Centered's service delivery sites and will be available upon request.

C. Any person who alleges that a non medical mental professional has violated the licensing laws

related to the maintenance of records of a client eighteen (18) years of age or older, must file a complaint or other notice with the licensing board within seven (7) years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will retain individual records for adults for seven (7) years from the date of discharge and for individuals who are under eighteen (18) years of age when admitted to the agency, until the individual is twenty eight (28) years of age.

D. Breach Notification. Centered is required to notify you following a breach of your protected health information that has not been secured in a certain manner.

E. Complaints Regarding Privacy Rights. If you believe Centered has violated your privacy rights, you have the right to complain to Centered management. To file your complaint, call the Privacy Officer at 303 425 0300, toll free at 1 800 201 5264 or TTY at 303 432 5540. You also have the right to complain to the officer for the Office of Civil Rights, U.S. Department of Health and Human Services, 999 18th Street, Suite 417, Denver, CO 80202, 303 844 2024; 303 844 3439 (TTY); 303 844 2025 (FAX).

F. Additional Information. If you desire additional information about your privacy rights at Centered, please call the Client and Family Advocate at Centered at 303 425 0300, toll free at 1 800 201 5264 or TTY at 303 432 5540.

G. Effective Date. This notice is effective March 1, 2022

#### HEALTH INFORMATION EXCHANGE

Centered endorses, supports, and participates in electronic Health Information Exchange (HIE) with Colorado Regional Health Information Organization (CORHIO) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patient's clinical information electronically with other physicians and health care providers that participated in the HIE network. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical to your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. You may choose to opt out of participation in the CORHIO HIE by contacting the Centered Compliance Officer and signing the opt out form, or cancel an opt out choice, at any time.

#### AUTHORIZATION FOR PROVISION OF UNENCRYPTED ELECTRONIC HEALTH INFORMATION (ePHI) AND USE OF THE UNENCRYPTED EMAIL

I, hereby authorize Centered's medical staff, clinical staff, and allied professional staff ("Centered") to provide copies of my Electronic Protected Health Information ("ePHI"), to me or my Personal Representative, in accordance with applicable Centered policies and procedures, in a format that is not Encrypted.

I understand and acknowledge that these types of communication and ePHI that are transmitted to me and are not Encrypted are subject to a risk of interception and/or unauthorized access by third parties, including but not limited to my employer, if I utilize work email for communications described here. I understand and agree that Centered shall not be liable or responsible for interception of, or unauthorized access to, my ePHI or email that is provided or transmitted to me by Centered in a form that is not Encrypted. Further, Centered is not responsible for safeguarding ePHI that has been

provided to me and that is not Encrypted (e.g., if a CD ROM or other device is used to provide unencrypted ePHI to me).

Centered also has the right to refuse to provide ePHI to me on external portable media provided by me (e.g., CD ROM or flash drive) if Centered determines there is an unacceptable level of risk to its systems and security in utilizing such external portable media. Where Centered has made such a determination, Centered will use email to communicate and provide ePHI to me.

All capitalized terms used and not otherwise defined in this Authorization shall have meanings set forth in the Health Insurance and Portability Accountability Act of 1996 ("HIPAA") and/or its accompanying regulations.

This Notice is effective on [3.1.22].