

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!

SPOSETO THERAPY, LLC

EFFECTIVE 8/29/2022

PURPOSE OF THE PRIVACY NOTICE

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, initiate payment, conduct health care operations, and for other purposes permitted or required by law. The Sposeto Therapy, LLC does reserve the right to make changes in this Notice of Privacy Practices. The notice describes your rights to access and control of your Protected Health Information. Protected Health Information is information about you, including demographic information that may identify you and that relates to your past, present, or future physical mental health, mental health condition, and related health services.

WHO WILL FOLLOW THIS NOTICE

This notice describes the Privacy Policies of the Sposeto Therapy, LLC as they apply to all employees, consultants, and associates of Sposeto Therapy, LLC. The Sposeto Therapy, LLC maintains further policies, procedures, and practices to ensure effective implementation of Privacy Practices. We want to ensure that you have a copy of this Privacy Notice, and we have your written acknowledgement of your receipt of this notice.

OUR PLEDGE REGARDING PUBLIC HEALTH INFORMATION

The Sposeto Therapy, LLC considers the personal information you share with us as confidential and to be protected. We take care to protect and safeguard this privacy in how we record, file, store and when we will release information. A record of care and services that you received through us is created and maintained by us. This notice applies to all those records of your care. We are required by law to:

1. Make sure that health information that identifies you is kept private.
2. Provide you this notice of our legal duties and Privacy Practices regarding your health information.
3. Follow the terms of the notice that is currently in effect. We may change the term of our notice at any time. Any new or changed notice will be effective for all Protected Health Information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by contacting the office or asking for one at the time of your appointment.

This Notice of Privacy Practice further explains our policies and the expectation that by law will be observed in the disclosure of Personal Health Information.

1. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The Sposeto Therapy, LLC uses and discloses health information in each category listed below which examples are provided in order to explain what is meant. The examples are not intended to describe all specific uses or disclosures of health information.

- A. **Uses and Disclosures for Treatment:** We will use and disclose your health information with your consent which you give us in writing at time of the intake. With your further written authorization, we may also use and disclose your health information to coordinate and manage your healthcare and related services. For example, with authorization, we may disclose information to a case manager, or another service provider you are working with. Staff may discuss your care in case consultation conference. We do make the exception that unless you object, you give us consent and we will not seek further authorization from you to release the minimum necessary information to those you involve in helping to arrange appointments and travel to labs and pharmacies. Unless further expectations are noted by law and are noted in the Privacy Notice, the center will release information for treatment on the basis of your authorization. In emergency conditions we may accept your verbal authorization only until you can provide this authorization to us in writing. An authorization is a written document that explains in detail the communication you are authorizing, which you have signed and which a copy will be made available to you.
- B. **Use and Disclosure for Payment:** We will secure your written consent to release information for payment of services as a part of the consent to participate in treatment. Based on your consent, we may use or disclose your health information without your further authorization, so that services you receive are billed to, and payment is collected from your health plan, third-party payer or to the employer. For example, we may disclose your health information to help determine eligibility, to determine if services are necessary, or are appropriate to justify charges, is it part of your health plans review of utilization of services, or to justify continued services. Our staff will review each request. If the request goes beyond what we consider to be the minimum necessary information to address the question, we may ask for your further involvement and authorization.
- C. **Use and Disclosure for Health Care Operations:** Your consent to treatment provides that we may use and disclose health information about you without your further authorization for your own internal healthcare operations. These uses are necessary to run our organization and ensure quality of care. These actions may include, by the way of example, quality improvement, reviewing performance of clinicians, training and clinical functions, licensing, and accreditation. We may use healthcare information by de-identifying it so data can be used for planning and service delivery without its personal identification. We may provide your health information to your health plan to assist them in performing their own healthcare operations. We may also use and disclose your health information to contact you to remind you of your

appointment or changes to your appointments. Unless you have requested a restriction that has been accepted by the Sposeto Therapy, LLC. We may do so by the way of phone contacts to numbers you have designated including leaving telephone messages, e-mail, and mail.

2. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR FUTURE AUTHORIZATION BUT WHICH YOU HAVE THE RIGHT TO OBJECT

The Sposeto Therapy, LLC will secure your consent to treatment at the time of intake that provides for our being able to convey limited information to parties involved in your services for appointments, travel, labs, and pharmacies which you have the right to object. The center will release the minimum necessary information to those who are involved in helping to arrange services which includes travel and appointments, laboratory and pharmacy assistance. Examples include a spouse who you have asked to call to arrange for an appointment, a family member who calls to help arrange transportation, or a family member who is assisting you with a medical refill at a pharmacy. Only that information needed to address the specific service coordination request will be given under such circumstance. Situations that require more information or which are ongoing in nature will be situations where we will seek your further authorization. The Sposeto Therapy, LLC may also contact you in scheduling of appointments or for appointment reminders and may transmit disclosures by fax transmissions.

3. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION OR OPPORTUNITY TO OBJECT

Federal and state law set the conditions under which the Sposeto Therapy, LLC may release your health information without either your consent or authorization and are listed below.

- a. Reporting suspected child abuse or neglect.
- b. Reported suspected adult dependent abuse or neglect.
- c. Responding to a court order.
- d. Disclosures and legal proceedings.
- e. Responding to a dangerousness to self or others.
- f. To a correctional officer for purposes of treatment of safety.
- g. National security provisions.
- h. Health oversight activities including accreditation, audits, investigation, and regulation review.
- i. Under limited circumstances specific and limited information may be provided by a mental health professional to parents, children, spouse, or siblings of adults with chronic mental illness.
- j. To law enforcement where there may have been a gunshot wound, where a crime has occurred against us or to help in an emergency where there is a dangerous person to self or others or to assist in location in an emergency.
- k. To the Food and Drug Administration to report such things as adverse effects of prescribed medication.

- l. Inmates if you're an inmate of a Correctional Facility.
 - m. We are required under law to inform you when such a disclosure is made unless it is to be a harm and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with requirements of HIPAA.
 - n. You have the right to accounting of disclosures.
4. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WITH YOUR PERMISSION

The Sposeto Therapy, LLC initiates and continues treatment based on your Informed Consent which you provide in written writing to us, and which is further acknowledged in this Privacy Notice. The center treats the personal information you give to us as confidential. Unless it meets a condition noted elsewhere in this Privacy Notice, the center will require your permission and authorization to release an exchange information, unless one of the exceptions under law applies. Those exceptions are noticed in this Privacy Notice. This means we will ask you for your specific authorization to release information to a designated party, for a specific purpose covering specific information in which is time or duration limited. You will be asked to sign this authorization after reviewing and agreeing to its consents. The Sposeto Therapy, LLC maintains a release of information form for the express purpose is of securing your authorization in writing. The release is reciprocal allowing us to release and to exchange information with the party you designated unless you limit the release to a one-way communication release which can be noted on our form. The center will release the minimum necessary information to address the release of information. You have the right to a copy of the authorization and to revoke this authorization at any time which will only affect any future communications. The center must receive the revocation in writing, and it will only cover the release of information form the date the revocation becomes effective.

5. HOW WE WILL COMMUNICATE WITH YOU

Unless you provide us a reasonable alternative means of communication, the Sposeto Therapy, LLC will communicate with you through the telephone numbers and mailing address you provide. Alternative means must be given to the center in writing and agreed to by us. All reasonable requests will be accommodated. Unless you object and request restrictions, the request the center will communicate with you by mail and telephone around such issues as appointments or returning a phone calls. This includes the necessity of leaving a message at the numbers you have designated. Your authorization and communication extent to oral, written, and electronic transmission. When responding to requests for authorized information, we will receive and send information by fax transmissions when mail and phone contact to the other party are not timely to address the information needed.

6. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The Sposeto Therapy, LLC recognizes that you have the following rights regarding your health information

- A. The right to request restrictions of your health information and on certain uses and disclosures of your health information. This means you may make further restrictions on the use of potential protected health information and treatment, payment, or healthcare operations. We're not obligated to agree to the restrictions if there is a good reason. If we agree to the requested restriction, we may not use or disclose your protected information unless in an emergency. You may request a restriction by contacting and discussing the issue with our privacy officer.
- B. The right to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable request in contacting you. We may also condition this accommodation by asking you that you provide us with information as to how appointments may be handled on specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis of your request. You must make your request in writing to our privacy officer.
- C. The right to inspect and copy protected health information unless it is considered to be a serious harm or otherwise limited by law. Under federal law, however, you may not inspect psychotherapy notes, information compiled in reasonable anticipation of, or for use in civil, criminal, or administrative action or proceeding, and protected health information that is subjected to law, that prohibits access. Depending on the circumstances a decision to deny access may be reviewed. In some circumstances, you may have the right to have the decision reviewed. Please contact our privacy officer if you have questions.
- D. You may have the right to amend your protected health information. This means you may request an amendment of your protected health information about your designated record as long as we maintain this information. In certain cases, we may deny your request. If we deny your request, you have the right to file statement of disagreement with us and we may prepare a rebuttal and provide you with a copy. Please contact our privacy officer if you have questions about the amendment of your health information.
- E. The right to receive accounting of disclosures of your protected health information for purposes other than treatment, payment, or healthcare operations.
- F. The right to have a copy of the Privacy Notice. You receive a copy of this notice from us upon request even if you have agreed to the acceptance of the notice electronically you will find our Privacy Notice of this center on your Client Portal.

7. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that the Sposeto Therapy LLC may have violated your privacy rights, or you disagree with the decision we have made about your access to your information, you may file a complaint with our privacy officer at the phone number 515-654-5658. We would like to address these concerns immediately. The center will take no retaliatory action

against your complaint if you file a complaint with the privacy officer regarding the Privacy Practices.

8. SPOSETO THERAPY, LLC RESPONSIBILITIES TO THIS PRIVACY NOTICE

The Sposeto Therapy, LLC agrees to abide by the terms of this Privacy Notice currently in effect this Privacy Notice was developed on August 29th, 2022 and goes into effect on August 29th, 2022. The Sposeto Therapy, LLC reserves the right to make changes retroactively to this Privacy Notice and we'll post any changes in advance of their effective date. Changes made by Sposeto Therapy, LLC will be reflected in a revised Privacy Notice that will be available to you.