



Hometown Behavioral Health, LLC
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on November 9, 2022.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. HBH PLEDGE REGARDING HEALTH INFORMATION:

Hometown Behavioral Health, LLC (AKA HBH) and its providers understand that health information about you and your health care is personal. HBH is committed to protecting health information. HBH creates records of care and services received from HBH providers to patients. Health records are needed to provide patients with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this behavioral/mental health care practice. This notice explains reasons and situations in which disclosure of health information about you may be essential to your treatment. Also described are your rights to the health information kept about you and described certain obligations HBH has regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my contracting office(s), and on my website.

II. HOW HBH MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that HBH uses and discloses health information. Not every use or disclosure in a category will be listed. However, all ways HBH is permitted to use and disclose information falls within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the



patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. HBH may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. HBH may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, HBH may disclose health information in response to a court or administrative order. HBH may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** HBH keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 1. For my use in treating you.
 2. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 3. For my use in defending myself in legal proceedings instituted by you.
 4. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 5. Required by law and the use or disclosure is limited to the requirements of such law.
 6. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 7. Required by a coroner who is performing duties authorized by law.
 8. Required to help avert a serious threat to the health and safety of others.

2. **Marketing Purposes.** HBH will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if HBH requested a review from you and plan to share the review publicly online or elsewhere to advertise services, HBH would provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," HBH would send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, HBH would have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to HBH via the email address or via certified mail to HBH mailing address. Once HBH has received your written withdrawal of consent, your review would be removed from the HBH website and from any other places it was posted. HBH cannot guarantee that others who may have copied



your review from the HBH website or from other locations will also remove the review. This is a risk that HBH wants you to be aware of, should you give me permission to post your review.

3. **Sale of PHI.** I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, HBH can use and disclose your PHI without your Authorization for the following reasons. HBH must meet certain legal conditions before sharing your information for these purposes:

1. Appointment reminders and health related benefits or services. HBH may use and disclose your PHI to contact you to remind you that you have an appointment with me. HBH may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits offered.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although HBH preference is to obtain an Authorization from you before doing so if allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on HBH premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to provide permission to HBH to provide or disclose your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency or crisis situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask HBH not to use or disclose certain PHI for treatment, payment, or health care operations purposes. HBH is not required to agree to your request, and HBH may say "no" if such confidence would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care



operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How HBH Sends PHI to You. You have the right to ask HBH to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and HBH will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that HBH has about you. Ask HBH how to do this. HBH will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. HBH may charge a reasonable cost-based fee for doing so.
5. The Right to Get a List of the Disclosures HBH Has Made. You have the right to request a list of instances in which HBH has disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask HBH to make). Ask HBH how to do this. HBH will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list HBH will give you will include disclosures made in the last six years unless you request a shorter time. HBH will provide the list to you at no charge, but if you make more than one request in the same year, HBH will charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that HBH correct the existing information or add the missing information. HBH may say “no” to your request but will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from HBH.
11. The Right to File a Complaint. You can file a complaint if you feel HBH has violated your rights by contacting HBH using the information at the top of this Notice or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. HBH will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

HBH can change the terms of this Notice, and such changes will apply to all the information HBH has about you. The new Notice will be available upon request, in my consulting office(s), and on my website.