

NOTICE OF PRIVACY PRACTICES

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.

Our Pledge/Promise

Core is committed to protecting your personal health information. Your privacy is important to us and we respect the need for secure practices and policies that protect you and your health information. Under the HIPAA Privacy Rule, Core is required by federal law to provide detailed notice of our privacy practices and to provide detail on how we may use or disclose your Protected Health Information (PHI) .

This notice will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights. This Notice applies to all records about care provided to you by any of the Core Clinical Partners subsidiaries.

How we may use and disclose medical information about you

The following categories describe different ways that we may use and disclose your health information without your written authorization. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. We abide by all applicable laws related to the protection of this information.

- **Treatment.** We may use medical information about you to provide you with medical treatment and to coordinate and manage your care. We may disclose medical information about you to doctors, nurses, medical students, or other Hospital personnel who are involved in taking care of you. For example: emergency services, medical transportation providers, medical equipment providers, and other healthcare facilities involved in your care
- **Payment.** We may use and disclose your medical information so that we can bill and collect payment for the treatment and services provided to you. We may also tell your health plan about a treatment you are going to receive and other relevant information about your health to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our providers in caring for you. We may disclose medical information about you to train our staff. We also may use the information to identify ways to more efficiently manage our organization and operations.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Please note that even if you object, we may still share information as necessary under emergency circumstances. If you would like to object to our use or disclosure of medical information about you in the above circumstances, please advise our Privacy Officer.
- **As Required by Law.** We may use or disclose medical information about you when we are required to do so by federal, state, or local law.

- **Law Enforcement/Legal Proceedings.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **For Judicial or Administrative Proceedings.** We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena
- **State-specific Requirements.** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law
- **Additional Uses and Disclosures of Your Medical Information NOT requiring authorization.** We may use or disclose your medical information without your authorization (permission) to the following individuals, or for other purposes permitted or required by law, including:
 - To tell you about, or recommend, possible treatment alternatives
 - To inform you of benefits or services we may provide
 - To authorized federal officials for intelligence, counterintelligence, or other national security activities
 - To the military if you are a member of the armed forces and we are authorized or required to do so by law
 - To authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons
 - To governmental, licensing, auditing, and accrediting agencies
 - To a correctional institution as authorized or required by law if you are an inmate or under the custody of law enforcement officials
 - To comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault
 - For public health purposes***
 - To Funeral Directors as necessary for them to carry out their duties
 - To facilitate organ, eye or tissue donation
 - To a government authority authorized by law to receive reports of abuse, neglect, or domestic violence
 - To public or private entities authorized by law or by its charter to assist in disaster relief efforts.
- **Additional Uses and Disclosures of Your Medical Information requiring authorization.** For any category of use or disclosure that is not described above or authorized by law, we must obtain your written authorization. You may revoke your written authorization at any time by submitting a written revocation to the Privacy Officer. Revocation will be effective except to the extent that we have already acted upon it. We will obtain your written authorization in the following instances:
 1. **Highly Sensitive Information.** Federal and state law may require us to obtain your written authorization to disclose highly sensitive health information under certain circumstances. Highly sensitive health information is health information that is: (1) in a therapist's psychotherapy notes; (2) about mental illness or developmental disabilities; (3) in alcohol and drug abuse treatment program records; (4) in HIV/AIDS test results;

- (5) about genetic testing; or (6) sexual assault. Sometimes the law even requires us to obtain a minor patient's authorization to disclose this highly sensitive information to a parent or guardian.
2. **Research.** If required by law, we will obtain your written authorization before using or disclosing your health information for research purposes.
 3. **Marketing.** We will obtain your written authorization before using patient information about you to send you any marketing materials. However, we may provide you with marketing materials in a face-to-face encounter or give you a promotional gift of minimal value without your authorization. We may also communicate with you about products or services relating to your treatment, care settings or alternative therapies without your written authorization.
 4. **Communication for Appointment Reminders and Treatment Alternatives.** We will obtain your authorization prior to contacting you about appointment reminders and treatment alternative if we are receiving payment for such communication.
 5. **Sale of PHI.** We are required to obtain your prior written authorization prior to sending communications about non-health related products/services or to give/sell your PHI.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that we maintain about you:

- **Right to Inspect and Copy.** With a few limited exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that may be used to make decisions about your care. To inspect or copy medical information about you, you must submit your request in writing and state specifically what medical information you want to inspect or copy. Requests should be sent to: *PATIENT BILLING or PRIVACY*. We may charge you a reasonable fee for providing you a copy of your records. If we keep your information in an electronic format, you may request that we provide it to you in that format and we will do so if it would be feasible. In the instance your request is denied, we will inform you of the basis for the denial and explain your rights with regards to having the denial reviewed.
- **Right to Amend.** You have a right to ask us to amend medical information about you. If you believe health information, we have about you is incomplete or incorrect, you may request an amendment. Any such request must be made in writing and specifically state why you think the amendment is appropriate. Requests should be sent to: *PATIENT BILLING or PRIVACY*. If we accept your request, in whole or in part, we will inform you of our acceptance and amend your records. We cannot change what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if you ask us to amend information that:

1. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. is not part of the medical information maintained by us;

3. would not be available for you to inspect or copy; or
 4. is determined by us to be accurate and complete.
- **Right to an Accounting of Disclosures.** You have a right to request an accounting of disclosures of your medical information made by us for up to six (6) years prior to the date on which you request the accounting. Not included in such an accounting are disclosures:
 1. For treatment, payment, and health care operations,
 2. Made directly by you or your family or friends or people involved in your care
 3. That are incident to another use or disclosure.
 4. Made pursuant to your written authorization
 5. For certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes)
 6. For disaster relief purposes

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided below. We will respond to your request within 60 days unless otherwise required or specified. The list provided will include disclosures made within the last six years unless a shorter period is specified. The first request within a 12 month period will be free, all subsequent requests within that 12 month period may be charged to you at cost.

- **Right to Request Restrictions.** You have the right to request restrictions to the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations, that we disclose to those who may be involved in your care or in instances where you have paid out of pocket and in full for your care. In all other instances, while we will consider a patient's restriction request, we are not required to agree to it. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

To request restrictions, you must make your request in writing to the Privacy Officer at the address provided below.

- **Right to Receive Confidential Communications.** You have the right to request how and where we communicate with you about medical matters. For example, you may request we send mail instead of email to your home address instead of your office address. You also have the right to limit the amount of health information we disclose about you to someone who is involved in your care or the payment of your care. We will agree to your request if it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.
- **Right to be Notified in the Event of a Breach.** You have a right to be notified should your medical information be compromised or used or disclosed in a way that is inconsistent with law.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may request a copy of this Notice at any time. Copies of this Notice are available electronically at coreclinicalpartners.com, or by contacting the Privacy Officer.

Changes to Privacy Practices and This Notice

We reserve the right to change our privacy practices and this Notice at any time. We reserve the right to make such changes applicable to all medical information that we already maintain, including information obtained prior to the effective date of the new notice, as well as information received or created after the change.

We encourage periodic review of our privacy practices to stay updated on how we are protecting your information. A copy of the current Notice is available on Core Clinical Partners website. At any time, you may request a copy of the current Notice by contacting the Privacy Officer.

Use of Unsecure Electronic Communications

There are risks associated with communicating via unsecure electronic communication. Your messages may be misaddressed, intercepted, forwarded, stored, or utilized in a way that you do not intend. It is important you understand these risks before engaging in unsecure correspondence.

If you correspond with Core or any of our providers via unsecure electronic communication, such as personal email or text message, we may respond to you in the same way correspondence was received and to the same e-mail address or phone number.

By choosing to correspond with us via unsecure communication, you are acknowledging and agreeing to accept these risks. Email communications should never be used in a medical emergency and is not a substitute for professional medical advice.

Questions/Complaints

If you believe your privacy rights have been violated, you may file a written complaint with us or the United States Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

If you have any questions regarding our privacy practices or to file a complaint with Core, please contact:

Privacy Officer

3330 Cumberland Blvd SE, Suite 500

Atlanta, GA 30339

Phone: (404)500-8147

Email: privacy@coreclinicalpartners.com

Effective Date: 7/12/2021