

**CLARITY TOGETHER, LLC**

**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 THIS NOTICE CAREFULLY AND IF YOU HAVE ANY QUESTIONS ABOUT THE NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (or "PHI" for short) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services including the payment for your health care.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices sending a copy to you in the mail upon request or providing one to you at your next appointment.

**A. CONFIDENTIALITY OF YOUR PHI.**

Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws.

**1. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA").** The Department of Health and Human Services issued the following regulations: "Standards for Privacy of Individually Identifiable Health Information". We call these regulations the "HIPAA Privacy Regulations". We may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require us to comply with Pennsylvania laws that are more stringent and provide greater protection for your PHI.

**2. Pennsylvania Confidentiality Laws.** Pennsylvania laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, we are not permitted to disclose or release PHI in response to a Pennsylvania subpoena. In addition, any information acquired by me in the course of your treatment that is in our PHI is privileged under Pennsylvania law and we may not release this information without your authorization or court order. We will comply with the Pennsylvania laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.

**3. Confidentiality of Drug and Alcohol Abuse Records.** For individuals whose records include information relating to drug or alcohol abuse or dependency, Pennsylvania laws provide more protection for your PHI than the HIPAA Privacy Regulations. We will comply with the federal and Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

**B. HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION.**

1. **For Treatment.** Your PHI may be used and disclosed for the purpose of providing, coordinating, or managing your health care treatment and related services, to your primary care or other health care provider for your treatment.
2. **For Payment.** We may need to send a bill to you or whoever pays for your services and may include your PHI.
3. **For Health Care Operations.** We may use or disclose your PHI in order to support our business activities such as business management and general administrative duties; quality assessment and improvement activities; medical, legal or accounting review; licensing, business planning and development; and training.
4. **Other Uses and Disclosures.** We may contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits of interest to you.

**C. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION, BUT SUBJECT TO YOUR OPPORTUNITY TO AGREE OR OBJECT**

1. **Your Opportunity to Agree or Object to Certain Uses and Disclosures.** We will obtain your written authorization prior to disclosing PHI to another person or party. However, it may be necessary to disclose your PHI without your written authorization when you are present and have the capacity to make health care decisions if, prior to the use or disclosure: we provide you with an opportunity to object (and you do not object), or we can reasonably infer from the circumstances, based upon our professional experience, that you do not object. If you are not present or the opportunity to obtain your agreement or objection cannot practicably be obtained due to your incapacity or an emergency, then we may in the exercise of professional judgment determine whether the disclosure is in your best interests and, if so, disclose only PHI that is directly relevant to that person's involvement in your care.
2. **Family Members or Personal Representative Involved in Your Healthcare.** Subject to your opportunity to agree or object, we may share your PHI with a family member, other relative, close personal friend, or any other person you identify (your "personal representative"). The PHI shared will be directly relevant to that person's involvement with your care or payment for services.
3. **Notification.** Subject to your opportunity to agree or object, we may use or disclose PHI to notify, or assist in the notification of (including identifying or locating) a personal representative of your location, general condition, or death.
4. **Disaster Relief.** Subject to your opportunity to agree or object, we may disclose your PHI to a public or private entity (e.g. the American Red Cross) authorized by law or by its charter to assist in disaster relief efforts.

**D. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION.**

Unless prohibited by more stringent Pennsylvania mental health, substance abuse laws or other laws, we are permitted to use or disclose your PHI without your authorization as follows:

1. **As Required By Law.** We will disclose your PHI when required to do so by federal or Pennsylvania law, such as reporting child abuse. Any use or disclosure must comply with and be limited to the relevant requirements of the law.
2. **Emergencies.** We may use or disclose your PHI in an emergency when use and disclosure of the PHI is necessary to prevent serious risk of bodily harm or death to you.
3. **Public Health Activities.** If required by federal or state law, we will disclose your PHI for public health activities in order to: prevent disease, injury or disability; report deaths, child abuse or neglect, and reactions to medications; notify a person who may be at risk for contracting or spreading a disease; or, notify appropriate government authorities if we believe you have been the victim of abuse, neglect or domestic violence, when required to do so by law or with your agreement. Only specific information required by law may be disclosed without your authorization.
4. **Health Oversight Activities.** If required by law, we may use or disclose PHI about you to a health oversight agency for such activities including audits, investigations, inspections and utilization review activities.
5. **To Avert a Serious Threat to Health or Safety.** We are also permitted to use and disclose your PHI if necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. We will only disclose PHI to someone who is able to help prevent or lessen the threat. However, more stringent state laws require that we exercise reasonable care to warn another person if you communicate a specific and immediate threat of serious bodily injury against a specific person or readily identifiable person. If we are providing services related to alcohol and drug abuse, we must obtain a court order before PHI may be disclosed to avert a serious threat to health and safety.
6. **Disclosures in Legal Proceedings.** Pennsylvania law prohibits us from disclosing PHI regarding mental health or drug and alcohol services in response to a subpoena, unless a court or administrative agency issues us an order to release your PHI.
7. **Law Enforcement Activities.** We are not permitted to disclose PHI regarding mental health or drug and alcohol services to Law Enforcement agencies or officials except pursuant to a court order or in special circumstances required by law.
8. **Special Situations.** We are not permitted to disclose PHI regarding mental health or drug and alcohol services except per your authorization, a court order or in special circumstances required by federal and Pennsylvania laws. We are permitted to disclose PHI related to: Military and Veterans agencies; National Security and Protective Services for the President and others; correctional facilities or if you are under the custody of a law enforcement official; a coroner or medical examiner to identify a deceased person or determine the cause of death; or to a funeral director as necessary to carry out their duties.

9. **Marketing and Sale of your PHI.** We will not engage in any marketing activities, as that term is defined under HIPAA and we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization.

E. **YOUR RIGHTS REGARDING YOUR PHI.**

1. **Right to Request Restrictions.** You have the right to request a limitation or a restriction on our use or disclosure of your PHI for treatment, payment or healthcare operations. You may also request that we limit the PHI we disclose to family members, friends or a personal representative who may be involved in your care. However, we are not required to agree to a restriction. If we do agree, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency care. You may request a restriction by making your request in writing, including: (a) what PHI you want to limit; (b) whether you want us to limit our use, disclosure or both; and (c) to whom you want the limits to apply. You may request access to your electronic health record in an electronic format and request that we transmit the information electronically directly to a designated third party recipient. We may charge you for this, but only for our labor costs in responding to your request.

2. **Right to Request Confidential Communication.** You have the right to request that communications be sent to you in a certain way or at an alternative location, such as, that we only contact you at your home or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for specific information. Please make this request in writing specifying how or where you wish to be contacted.

3. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI. However, you may not inspect or copy records compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; if the records were obtained from a person under a promise of confidentiality; or disclosure is likely to endanger the life and physical safety of you or another person. Depending on the circumstances, a decision to deny access may be reviewable. Please submit your request in writing. If you request a copy of your PHI, we may charge a fee for copying, mailing, or other related costs. You may request access to your electronic health record in an electronic format and request that we transmit the information electronically to a 3rd party recipient. We may charge you for this, but only for our labor costs.

4. **Right to Amend.** If you believe your PHI is incorrect, you have the right to submit a written statement qualifying or rebutting information in our records that you believe is erroneous or misleading. This statement will accompany any disclosure of your records. You also have the right to request an amendment of your PHI. We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend PHI that: was not created by us (unless the person or entity that created the information is no longer available to make the amendment); is not part of the record kept by us; the PHI is not subject to inspection or copying; or the record is accurate and complete. If we deny your request, you may appeal and file a statement of disagreement with us. We may prepare a rebuttal and will provide you with a copy of any such rebuttal.

5. **Right to Receive an Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of disclosures we have made of your PHI excluding

disclosures pursuant to: treatment, payment, or health care operations; authorizations signed by you; or disclosures to you, family members or your personal representative, or for notification purposes. You have the right to request an accounting of routine disclosures of PHI through an electronic health record for treatment, payment or health care operations. We must either (1) provide you with an accounting of all such disclosures made by us and by our business associates; or (2) provide you with an accounting of the disclosures we made and a list of our business associates, including their contact information, who will then be responsible for providing an accounting of such disclosures upon your request.

**6. Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request.

**F. COMPLAINTS.** If you believe we have violated your privacy rights, you have the right to file a complaint in writing. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Sarah Kennedy at 513-443-8105. To file a complaint with the Secretary of Health and Human Services, go to <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> and follow the instructions. **We will not retaliate against you for filing a complaint.**

The effective date of this Notice is 3/25/2022.