

James Bush, LPC-MHSP-TEMP

NOTICE OF PRIVACY PRACTICES

Effective Date: May 20, 2013

This Notice was most recently revised on January 11, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT ME AT 615-229-6205

About This Notice

I am required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining my privacy practices with regard to that information. You have certain rights—and I have certain legal obligations—regarding the privacy of your Protected Health Information, and this Notice also explains your rights and my obligations. I am required to abide by the terms of the current version of this Notice.

How I May Use and Disclose Your Protected Health Information

I may use and disclose your Protected Health Information in the following circumstances:

For Treatment. I may use Protected Health Information to give you medical treatment or services and to manage and coordinate your care. For example, I may disclose Protected Health Information to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice, such as referring or specialist physicians.

For Payment. I may use and disclose Protected Health Information so that I can bill for the treatment and services you get from us and can collect payment from you, an insurance company, or another third party. For example, I may need to give your health plan information about your treatment in order for your health plan to pay for that treatment. I may also tell your health plan about a treatment you are going to receive to find out if your plan will cover the treatment. If a bill is overdue, I may need to give Protected Health Information to a collection agency to the extent necessary to help collect the bill, and I may disclose an outstanding debt to credit reporting agencies. James Bush, LPC-MHSP-TEMP, may contact me and leave a message via mail, e-mail, or via a phone call or to another alternative location any items that assist the practice in carrying out treatment, payment, and other health care operations. I have the right to request that James Bush, LPC-MHSP-TEMP restrict how they use or disclose my private health information. I am not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. I may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you. James Bush, LPC-MHSP-TEMP may mail to my home, e-mail, or call my home or other alternative location and leave a message or in reference to any items that assist the practice in carrying out treatment, payment, and other health care operations, such as appointment reminders, insurance items and including calls pertaining to my clinical care, including

laboratory test results, among others. I have the right to request that James Bush, LPC-MHSP-TEMP, restrict how they use or disclose my private health information. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

Minors. I may disclose the Protected Health Information of minor children to their parents or guardians unless such a disclosure is otherwise prohibited by law.

Personal Representative. If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), I will treat that person as if that person is you with respect to disclosures of your Protected Health Information.

As Required by Law. I will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety. I may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But I will only disclose the information to someone who may be able to help prevent the threat.

Business Associates. I may disclose Protected Health information to my business associates who perform functions on my behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, I may use another company to do my billing, or to provide transcription or consulting services for me. All of my business associates are obligated, under contract with me, to protect the privacy of your Protected Health Information.

Military and Veterans. If you are a member of the armed forces, I may release Protected Health information as required by military command authorities. I also may release Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. I may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. I may disclose Protected Health Information for public health activities. This includes disclosures to: (1) I person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability, (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if I believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or I am required or authorized by law to make that disclosure.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, I may disclose Protected Health Information In response to a court or administrative order. I also may disclose Protected Health Information In response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. I may also use or disclose your Protected Health information to defend ourselves If you sue us.

Law Enforcement. I may release Protected Health Information if asked by a law enforcement officer for the following reasons: In response to a court order, subpoena, warrant, summons or similar process; to

identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime; about a death believed to have been the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

National Security. I may release Protected Health Information to authorized federal officials for national security activities authorized by law. For example, I may disclose Protected Health Information to those officials so they may protect the President.

Coroners, Medical Examiners, and Funeral Directors. I may release Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

Newsletters and Other Communications. I may use your Protected Health information to communicate to you by newsletters mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our practice is participating.

Psychotherapy Notes. Under most circumstances, without your written authorization I may not disclose the notes a mental health professional took during a counseling session. However, I may disclose such notes for treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, I may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and Disclosures That Require Me to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care. I may disclose Protected Health Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. But before I do that, I will provide you with an opportunity to object to and opt out of such a disclosure whenever I practicably can do so.

Disaster Relief. I may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster, I will provide you with an opportunity to agree or object to such a disclosure whenever I practicably can do so.

Your Written Authorization is Required for Other Uses and Disclosures

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to me will be made only with your written authorization. If you do give me an authorization, you may revoke it at any time by submitting a written revocation to our office and I will no longer disclose Protected Health Information under the authorization. But disclosure that I made in reliance on your authorization before you revoked it will not be affected by the revocation.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of Protected Health Information. Please check with our Privacy Officer for information about the special protections that do apply.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

Right to Inspect and Copy. You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. But you do not have a right to inspect or copy psychotherapy notes. I may charge you a fee for the costs of copying, mailing or other supplies associated with your request. I may not charge you a fee if you need information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I may deny your request in certain limited circumstances. If I do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and I will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. I may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Security Breach. I am required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after I discover the breach. "Unsecured Protected Health Information" is Protected Health Information that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

- a short description of what happened, the date of the breach and the date it was discovered;
- the steps you should take to protect yourself from potential harm from the breach;
- the steps I am taking to investigate the breach, mitigate losses, and protect against further breaches; and
- contact information where you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date, I will post a notice of the breach on our website or in a major print or broadcast media.

Right to Request Amendments. If you feel that Protected Health Information I have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. I may deny your request if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (4) is accurate and complete. If I deny your request you may submit a

written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but I may also include a rebuttal statement.

Right to an Accounting of Disclosures. You have the right to ask for an "accounting of disclosures," which is a list of the disclosures I made of your Protected Health Information. I am not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations purposes, (unless the disclosures were made through an electronic medical record, in which case you have the right to request an accounting of those disclosures that were made during the 3 years before your request, (2) disclosures made with your authorizations, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than 6 years before your request. Your request should indicate in what form you would like the accounting (for example, on paper or by e-mail). The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, I may charge you for the reasonable costs of providing the accounting. I will tell what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

Right to Request Restrictions. You have a right to request a restriction or limitation on the Protected Health Information I use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information I disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. I am not required to agree to your request. If I agree, I will comply with your request unless I terminate our agreement or the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket in full for a specific item or service, you have the right to ask that Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.

Right to Request Confidential Communications. You have the right to request that I communicate with you only in certain ways to protect your privacy. For example, you may request that I contact you by mail at a special address or call you only at your work number. You must make any such request on writing and you must specify how or where I am to contact you. I will accommodate all reasonable requests. I will not ask you the reason for your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to James Bush, LPC-MHSP-TEMP. I may ask you to fill out a form that I will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your provider directly. To get a paper copy of this Notice, contact our office by phone or mail.

Changes To This Notice

The effective date of the Notice is stated at the beginning. I reserve the right to change this Notice. I reserve the right to make the changed Notice effective for Protected Health Information I already have as well as for any Protected Health Information I create or receive in the future. A copy of our current notice is available by request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

To file a complaint with us, contact our office at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hlpaa/, for more information. There will be no retaliation against you for filing a complaint.